CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

(Do not fill up. For CSC use only) BALABA NAME EXTENSION (JR. SR) FIRST NAME **MIKAELA JOY** MIDDLE NAME 3. DATE OF BIRTH 18/8/2000 16. CITIZENSHIP **FILIPINO** n/dd/yyyy) 4. PLACE OF BIRTH BRGY. CAMBULA, DULAG, LEYTE If holder of dual citizenship, Pls. indicate country: 5. SEX FEMALE 17. RESIDENTIAL ADDRESS ZONE 7 6 CIVIL STATUS SINGLE N/A House/Block/Lot N Street division/Vill DULAG LEYTE 7. HEIGHT (m) 153 cm 8. WEIGHT (kg) 6505 50 ZIP CODE ZONE 7 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ use/Block/Lot No CAMBULA N/A 10. GSIS ID NO. Subdivision/Village Barangay DULAG LEYTE 11. PAG-IBIG ID NO. City/Municipality **Province** 12. PHILHEALTH NO. 13-250469299-3 ZIP CODE 13. SSS NO. 19. TELEPHONE NO. NA 14. TIN NO. 20. MOBILE NO. 09671226124 15. AGENCY EMPLOYEE NO mikaelajoybalaba@gmail.com 21. E-MAIL ADDRESS (if any) II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyvy) NAME EXTENSION (JR., SR) MABEN G. BALABA 29/1/1986 FIRST NAME DINO G. BALABA 29/3/1989 MIDDLE NAME KIM G. BALABA 20/2/1991 OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. ARTUGUE 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) RENATO (DECEASED) FIRST NAME GABRIOLA MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME BALABA MAXIMA FIRST NAME MIDDLE NAME (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUN SCHOLARSHIP ACADEMIC IEST LEVEL/ UNITS EARNED (if not graduated PERIOD OF ATTENDANCE UCATION/DEGREE/COURSE YEAR LEVEL HONORS RECEIVED (Write in full) From To WITH BASIC EDUCATION 2007 2013 ELEMENTARY **DULAG CENTRAL CHOOL** 2013 HONORS WITH SECONDARY EDUCATION 2013 2019 2019 ACLC COLLEGE OF TACLOBAN SECONDARY LEYTE NORMAL UNIVERSITY BACHELOR OF PHYSICAL EDUCATION 2019 2023 2023 GRADUATE COLLEGE GRADUATE STUDIES (Continue on separate sheet if necessary) malah DATE July 22, 2024 SIGNATURE CS FORM 212 (Revised 2017). Page 1 of 4

| CAREER | SERVICE/ RA 1080 (B | OARD/ BAR) UNDER SPECIAL | RATING | DATE OF EXAMINATION / | | | | LICENSE (if ap | plicable) |
|---|---------------------|----------------------------------|---|---|---|---|--------------------------|----------------|---------------------|
| 7. CAREER SERVICE/ RA 1080 (BOAF LAWS) CESI CSEE ELIGIBILITY / DRIVEI BOARD FOR PROFESSION | | DRIVER'S LICENSE (II Applicable) | | DATE OF EXAMINATION / PLACE OF EXAMIN | PLACE OF EXAMINAT | ION / CONFERN | IENT | NUMBER | Date of Validity |
| | | | | 17/3/2024 TACLOB | | AN CITY | | 2206905 | 7/8/2024 |
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| WORK E | XPERIENCE | Start from unur ranant wor | | Continue on separate sheet i ties should be indicate | | rience sheet. | | | |
| Include private employment. Start from your recent work) D 8. INCLUSIVE DATES (mm/dd/yyyy) E (Wite in full/Do not abor | | | NCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Formal '00-0") INCREMENT | STATUS OF APPOINTMENT | GOVT (Y/N) | |
| From | | | | | | 7000000 | - | N/A | N/A |
| October | November | Assistant Te | acher | | DSWD | 70000.00 | N/A | N/A | NIA |
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| | | | | (Continue on separate sheet | if necessary | 1 | | | |
| | NATURE | 4 | deta | overmore un separate siles | DATE | T | .000 | 7 22, 2024 | - |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | | | |
|---|---|--|--------------------|-----------------|---|---|--|--|
| 29. NAME & ADDRESS OF ORGANIZATION (WHIte in full) | | (mmiddlyyyy) From To | | NUMBER OF HOURS | | POSITION / NATURE OF WORK | | |
| N/A | | | To N/A | N/A | | N/A | | |
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| | | ntinue on separate s | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) INTE | ERVENTIONS/TRAINING PROGRAM | IS ATTENDED | neer it necessary) | | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS | | NDANCE (mm/dd/yyyy) From To | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY | | |
| (Write in full) | (Write in full) | | | | | | | |
| "Regional Pre-Service Teachers' Congress of the Philippine Association for Teachers and Educators (PAFTE) 8 Chapter" | | | 22/4/2023 | 3 | FOUNDATION | PAFTE 8 CHAPTER, TACLOBAN CITY | | |
| Sangguniang Kabataan Mandatory Training (SKMT) | | | 15/11/2023 | 7 | FOUNDATION | DILG | | |
| Participatory Barangay Develo | pment Planning | 23/11/2023 | 20/12/2023 | 360 | TECHNICAL | DILG | | |
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| | (Cor | ntinue on separate sh | eet if necessary) | 1 | | | | |
| VIII. OTHER INFORMATION | | | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. FACADEMIC DISTINCTIONS / RECOGNITIONS | 33. SOCIATION/ORGANIZATION (Write in full) | | | | | | |
| Drawing | | Guhit Pinas Leyte Chapter | | | | | | |
| Arnis Player | Arnis Player Broze Medalist in SCUAA 2019 | | | | | | | |
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| | | tinue on separate sh | eat If navers i | | | | | |
| SIGNATURE | mobalat | and a special size | a necessary) | DA | TE | JULY 22, 2024 | | |
| | U | | | | | CS FORM 212 (Revised 2017), Page 3 of 4 | | |

| 34. | Are you related by consanguinity or affinity to the appointing or recom- chief of bureau or office or to the person who has immediate supervisi- Bureau or Department where you will be apppointed, a. within the third degree? | | | | |
|-------------|--|---|--|--|--|
| | b. within the fourth degree (for Local Government Unit - Career Emplo | If YES, give details: | | | |
| | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offense? | If YES, give details: | | | |
| | b. Have you been criminally charged before any court? | If YES, give details: Date Filed: Status of Case/s: | | | |
| 36. | Have you ever been convicted of any crime or violation of any law, de or tribunal? | If YES, give details: | | | |
| 37. | Have you ever been separated from the service in any of the following from the rolls, dismissal, termination, end of term, finished contract or private sector? | If YES, give details: | | | |
| 38. | a. Have you ever been a candidate in a national or local election held election)? | If YES, give details: | | | |
| | b. Have you resigned from the government service during the three (3 promote/actively campaign for a national or local candidate? | If YES, give details: | | | |
| 39. | Have you acquired the status of an immigrant or permanent resident | If YES, give details (country): | | | |
| a b c | Solo Parents Welfare Act of 2000 (RA 8972), please answer the follow Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | If YES, please specify: If YES, please specify ID No: If YES, please specify ID No: | _ | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | That is a facility | | |
| | NAME | ADDRESS | TEL. NO. | | |
| | Rizalina B. Arias | Teacher 3- TIC | +63 910 722 2619 | | |
| | Cristina Khay Daya Sherlyne Anne C. Bureres | Fire Officer 1 Instructor, Division of Social Sciences | +63 927 877 6809 63 928 387 1160 | | |
| 42. | I declare under oath that I have personally accomplished this Personal | University of the Philippines Tacloban al Data Sheet which is a true, correct and co | | | |
| 1 | Covernment Issued ID (a Passport OSIS, SSS, PRC, Drive's Libraria, etc.) PLEASE INDICATE ID Number and Date of Issuance Covernment Issued ID: PRC Drucense/Passport No.: 2206905 | Signeture (Sign inside the bo) 07/22/24 Date Accomplished | Right Thumbmark | | |
| | SUBSCRIBED AND SWORN to before me this | , affiant exhibiting | his/her validly issued government ID as indicated above. | | |
| | | 100 | | | |