CS Form No. 212 Revised 2017									
PERSONAL DATA SHEET									
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person									
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.									
Print legibly. Tick appropriate boxes (	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fil up. F	or CSC use only)	
THE SOUR PRINCIPLE OF					1.0	1 1 1 1 1 1			
2. SURNAME	LEBANTE								
FIRST NAME	MERLIN					NAME EXTENSION (JR.	, SR)		
MIDDLE NAME	ROBLEDO		_						
<ol> <li>DATE OF BIRTH (mm/dd/yyyy)</li> </ol>	10/31/1992	16. CITIZENSHIP		✓ Filipi	no 🗆	Dual Citizenship			
							zation		
4. PLACE OF BIRTH	BRGY, KAGUMAY BAYBAY LEYTE	If holder of dual citize		Pls. indicate c					
5. SEX	☐ Male ☑ Female	please indicate the de	etalis.					~	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		Int. 18 (1)			LOWER		
	☐ Widowed ☐ Separated ☐ Other/s:		Hou	se/Black/Lat No.			Street KAMBONGGAN		
7 HEIGHT (m)			Sut	odivision/Village BAYBAY			Barangay		
7. HEIGHT (m)	1.52		ci	ty/Municipality		LEYTE Province			
8. WEIGHT (kg)	55	ZIP CODE						1	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Hou	se/Block/Lot No	a/Blackii at Na		LOWER Street		
10. GSIS ID NO.	N/A						KAMBONGGAN		
11. PAG-IBIG ID NO.	121154376676	1	Sut	BAYBAY			Barangay LEYTE		
12. PHILHEALTH NO.			Ci	ty/Municipality	y/Municipality		Province		
	13025340974-7	ZIP CODE	-	6521					
13. SSS NO.	06-3738590-7	19. TELEPHONE NO.			N/A			, <u> </u>	
14. TIN NO.	325-295-383-000	O 20. MOBILE NO.			09265986557				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	T-put	mer	lin.lebar	te08@gmail	.com		
IN FALLY A BEGING FOUND									
22. SPOUSE'S SURNAME	N/A	hung page and the con-	23. NAME of CHI	LDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME		NAME EXTENSION (JR., SR)			N/A	200			
MIDOLE NAME									
OCCUPATION	N/A				- 1	307 3	14.5		
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	LEBANTE								
FIRST NAME	ZACARIAS	ZACARIAS NAME EXTENSION (JR., SR)							
MIDDLE NAME	RALLOS								
25. MOTHERS MAIDEN NAME									
SURNAME	ROBLEDO								
FIRST NAME	MARIA FE								
MIDDLE NAME	COLANGO (Continue on separate sheet if necessary)								
######################################									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	TO	HIGHEST LEVEL/ UNITS EARNED (if not gradualed)	YEAR GRADUATED	SCHOLARSHIP! ACADEMIC HONORS RECEIVED	
ELEMENTARY	KAMBONGGAN ELEMENTARY SCHOOL	Primary Education	on	2000	2005		2005	2nd Honorable	
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL			2006	2009		2009	N/A	
VOCATIONAL / TRADE COURSE	ACEDILLA TECHNOLOGICAL INSTITUTE	Bartending NC	Bartending NCII		2010		2010	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science in Ag	pribusiness	2012	2015		2015	N/A	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master of Management, Major	in Agribusiness	2018	2019	18 units			
SIGNATURE	(Continue on separate sheet it necessary)								
OOMATURE				DA	TE		27-20	123 12017), Page 1 of 4	



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27. CAR		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	plicable)
SPECIAL LAWS/ CES/ CSEE RATING BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	TION / CONFER	MENT	NUMBER	Date of Validity		
	CSC Sub-Professional 80.23 8/8/2022 Maasin City								
				1					
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V COUNTY	W. T. D. O. Y.		(Co	ntinue on separate sheet	if necessary)				
	exhamenos	a Brillian Victoria	Comment Server College				1.71		<u></u>
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(mm/dd/yyyy) POSITION (Write in full/Do n				CCY / OFFICE / COMPANY MONTHLY SO not abbreviate) SALARY		SALARY/ JOB/ PAY GRADE (II applicable)& STEP	STATUS OF	GOVT SERVICE	
From	То	(*************************************	estricinate)	(write in ful	/Do not abbreviate)	SALARY	(Format '00-0'Y INCREMENT	APPOINTMENT	(K/N)
1/1/2021	12/31/2023	Clerk/dD	RC		e Change Research &	12,174.80		Job Order	Υ
1/1/2017	12/31/2020			Regional Climat	ement Center e Change Research &	_			
		SRA		Develop	ement Center	10,584.90		Job Order	Y
12/5/2016	12/31/2016	Encod	er	Regional Climate Change Research & Developement Center		6,080.00		Job Order	Y
2/15/2016	10/31/2016	Marketing A	ssistant	Riders Adventures LTD.Com		6,760.01		Probationary	N
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4, 1/01, UKITARY WORK OR HIVOLVII(150) 1	CONCORORGENERALISMO			laGallizza (10)	W.	- 1
29. NAME & ADDRESS OF ORG	INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A						
		tinue on separate s		)		
THE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS  (Wile In full)  (Wile In full)		INCLUSIVE	DATES OF DANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Training-Workshop on Risk Ass	esement 2023	From 9/11/2023	To 9/12/2023	2 days	- Terrental	VSU-OVPPRGAS/OVPAF
ISO 9001: 2015 Awareness/Re-awa		08/29/2023	08/29/2023	8 hrs	-	VSU-QAC
Training-Workshop on Risk Ass	essment 2022	11/24/2022	11/25/2022	2 days		VSU-OVPPRGAS/OVPAF
Monitoring of Accomplishme	nt CY 2021	11/18/2021	11/18/2021	3 hrs		VSU-OVPPRGAS
Virtual Awareness Seminar on RA No. 11032 of the Ea Government Service Delivery		7/21/2021	7/21/2021	4 hrs		Office of Legal Officer and the Office of the Director of Human Resource Management
Webinar presentation on Documents	s Tracking System	11/13/2020	11/13/2020	3 hrs		VSU HRIS /OVPAF
Training on Identification of proper and complete it parameters and Orientation of the Purchase Requ		8/28/2020	8/28/2020	8 hrs	-11	VSU-OVPPRGAS
ISO 9001: 2015 Awareness/Re-awa	areness Webinar	11/27/2020	11/27/2020	8 hrs		VSU-QAC
ALERT Communication P	Planning	1/21/2019	1/21/2019	8 hrs		OXFAM Philippines
Communities for Resilience (CORE) Mod	8/14/2018	8/17/2018	24 hrs		Climate Change Commission	
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पुत्तः कृत्वस्य स्थापनिकास स्थापनिकास ।	(Con	tinue on separate :	sheet if necessary	y)		
311.000	MON	-ACADEMIC DISTIN	ICTIONS I DECO	Chitron		NG PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE
31. SPECIAL SKILLS and HOBBIES	32.		e in full)	SKITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Photography						
Planting						
Photo Editing & Layouting (Lightroom, CANVA)						
	(Con	tinue on separate	sheet if necessar	y)		
SIGNATURE	C -			DA	\TE	11 - 27 - 2023 CS FORM 212 (Revised 2017). Page 3 of 4



b. within the fourth degree (for Local Government Unit - Career Employees)?    YES   NO   If YES, give details:	34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	∏ YES	√ NO				
b. Have you been criminally charged before any court?    YES   NO     YES   NO     YES   NO     YES   Spive details:   Date Flect:   Selatus of Casels:   Se	그리는 사용에 하면 하나요요 보다 이름을 통생일이 나오면서 하면 하면 때문을 다고 하다고 싶다.	☐ YES ☑ NO					
If YES, give details:   Date Fleet.	35. a. Have you ever been found guilty of any administrative offe						
any court or tribunal?    If YES, give details	b. Have you been criminally charged before any court?	If YES, give details:  Date Filed:					
dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?  38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?  39. Have you acquired the status of an immigrant or permanent resident of another country?  40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  41. Are you a person with disability?  42. Are you a person with disability?  43. Are you a person with disability?  44. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee)  ADDRESS TEL NO.  44. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee)  ADDRESS TEL NO.  44. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee)  ADDRESS TEL NO.  44. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee)  ADDRESS TEL NO.  44. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee)  ADDRESS TEL NO.  BRGY, PANASSUGAN BAYBAY CITY, EYTE  9227062843  42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of perfinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.  Government Issued ID (apprayon, CSS, SSS, PRC, Rever License, 4tc.)  PLASE INDICATE ID Number and Date of Issuance  Government Issued ID (a							
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election to promote/actively campaign for a national or local candidate?  If YES, give details:    YES   NO   NO   YES, give details		ction held within the last year (except					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?  11 REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)  NAME  ADDRESS  TEL NO.  DENNIS P. PEQUE  BRGY. PANGASUGAN BAYBAY CITY, LEYTE  O9224009161  42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.  Government Issued ID (in Passyon, CSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID  Government Issued ID: UMID  If YES, give details (country):  If YES, please specify:  If YES please specify:  NO  If YES, please specify:  NO  If	election to promote/actively campaign for a national or local	y Community of the con-					
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?  1 YES, please specify:  1 NO  1 YES, please specify:  2 NO  1 YES, please specify:  3 NO  1 YES, please specify:  3 NO  41. REFERENCES (Person not related by consangularity or affinity to applicant /appointee)  NAME  ADDRESS  TEL NO.  DENNIS P. PEQUE  BRGY. PANGASUGAN BAYBAY CITY,  LEYTE  9277062843  LEYTE  42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.  Government Issued ID (the Passport, GSIS, SSS, PRC, Divers License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID  Covernment Issued ID: UMID  DENUMERATION OF THE ACCOUNTY IN THE STATE OF THE STA	39. Have you acquired the status of an immigrant or permanent						
ADDRESS TEL.NO.  DENNIS P. PEQUE BRGY. PANGASUGAN BAYBAY CITY, LEYTE 9277062843  GUIRALDO C. FERNANDEZ JR. VSU BAYBAY CITY LEYTE 09224009161  42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.  Government Issued ID (ie.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a. Are you a member of any indigenous group? b. Are you a person with disability?	YES					
BRGY. PANGASUGAN BAYBAY CITY, LEYTE  9277062843  GUIRALDO C. FERNANDEZ JR.  VSU BAYBAY CITY LEYTE  09224009161  42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID	41. REFERENCES (Person not related by consanguinity or affinity to applicar	nt /appointee)	If YES, please specin	y ID No:			
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PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID  ID Number ID: UMID	complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the d herein.				
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SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued	government ID as indicated above.			
Person Administering Oath		0	CS FORM 212 (Revised 2017), Page 4 of 4				