CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE'	Г				
concerned. READ THE ATTACHED GUIDE	tion made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SH. 1 and use separate sheet if necessary. Indicate I	EET (PDS) BEFORE ACCO	MPLISHING T	HE PDS FO		riminal case/s ag	(Do not fill up. F		
I. PERSONAL INFORMATION		WATER OF Applicable. BOTOT A	ADDICE VIATE.		1. 00 15 110.		(222, 2		
2. SURNAME	BAQUERFO								
FIRST NAME	RIENHARD ERIC					NAME EXTENSION (JF	R., SR)	N/A	
MIDDLE NAME	BUSTRILLO					l.			
DATE OF BIRTH (mm/dd/yyyy)	4/3/1995	16. CITIZENSHIP	☑️filipino			By naturalization			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize			Pls. indicate	ate country:			
5. SEX	✓Male Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓\$ingle	17. RESIDENTIAL ADDRESS		NO. 457 House/Block/Lot No. N/A Subdivision/Village			SITIO LIGAYA Street CANDADAM Barangay		
7. HEIGHT (m)	167.64 cm		BAYBAY CITY		LEYTE				
8. WEIGHT (kg)	60	ZIP CODE	City/Municipality 6521		6521	Province 521			
9. BLOOD TYPE	"B"	18. PERMANENT ADDRESS	Hou	NO. 457 se/Block/Lot N	0.	SITIO LIGAYA Street			
10. GSIS ID NO.	N/A		N/A Subdivision/Village		CANDADAM Barangay				
11. PAG-IBIG ID NO.	1211-5051-9068		BAYBAY CITY City/Municipality			LEYTE Province			
12. PHILHEALTH NO.	12-051437865-2	ZIP CODE		tymunicipality		6521			
13. SSS NO.	06-3698884-2	19. TELEPHONE NO.				N/A			
14. TIN NO.	322-476-648	20. MOBILE NO.		09959605135					
15. AGENCY EMPLOYEE NO.	N/A	rienericb@gmail.com / rienhard.baquerfo@vsu.edu.ph							
II. FAMILY BACKGROUND									
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	N/A	-	23. NAME of CH	IILDREN (Writ	e full name and	d list all)	DATE OF BIR	ΓΗ (mm/dd/yyyy	
	1	NAME EXTENSION (JR., SR)	23. NAME of CH		e full name and	i list all)		ΓΗ (mm/dd/yyyy	
22. SPOUSE'S SURNAME	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION	N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A N/A N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	N/A N/A N/A N/A N/A N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A A N/A BAQUERFO		23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A N/A BAQUERFO RUBEN	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A A N/A BAQUERFO	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A N/A N/A N/A A N/A BAQUERFO RUBEN SOLIS	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A SAQUERFO RUBEN SOLIS	NAME EXTENSION (JR., SR)	23. NAME of CH			d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A SAQUERFO RUBEN SOLIS BUSTRILLO ELIZABETH	NAME EXTENSION (JR., SR)	23. NAME of CH		N/A		N		
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A BAQUERFO RUBEN SOLIS BUSTRILLO ELIZABETH RAMOS	NAME EXTENSION (JR., SR)	23. NAME of CH		N/A	d list all)	N		
22. SPOUSES SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHERS SURNAME FIRST NAME MIDDLE NAME SURNAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A BAQUERFO RUBEN SOLIS BUSTRILLO ELIZABETH RAMOS	NAME EXTENSION (JR., SR)		(Co	N/A		N		
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYERIBUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME III. EDUCATIONAL BACKO	N/A	INME EXTENSION (JR., SR) NA BASIC EDUCATION/DEGRE		(CI	N/A portinue on sep ATTENDANCE	parate sheet if necessity in the sheet in th	Sary)	SCHOLARSHIP ACADEMIC HONORS	
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	ERVICE ELIG							LICENOE (%	online ble
7. CAREE		080 (BOARD/ BAR) UNDER VS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if ap	
BAF		TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity	
Career Ser	vice Examinatio (Professiona	n - Pen and Paper Test al Level)	82.7	August 7, 2022	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE			N/A	N/A
	DRIVER'S L	ICENSE	N/A	MARCH 4, 2017	BAYBAY CITY, LEYTE		H12-17-000623	MARCH 4	
			(Co	entinue on separate sheet	t if necessary)				
	XPERIENCE				·				
nclude priv	ate employmer	nt. Start from your recer	nt work) Descripti	on of duties should	be indicated in the attach	ed Work Ex	1	et.	
	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To	COMPUTED DDGG	NO AMMED I	VISAYAS ST	ATE UNIVERSITY -	25.000	INCREMENT	IOD ODDED	
5/3/2021	present 12/31/2021	COMPUTER PROG		VISAYAS ST	NFORMATION SYSTEM TATE UNIVERSITY -	35,000 18,000	N/A N/A	JOB ORDER JOB ORDER	Y
7/5/2018	02/26/2021	PROGRAM		GOLDEN RO	SION OFFICE SE PENSION LOAN	18,000	N/A	PERMANENT	N
6/7/2017	12/31/2017	REGIONAL TECHNI	CAL STAFF /	PHILIPPINE COCON	PORATION IUT AUTHORITY REGIONAL FFICE VIII	20,000	N/A	CONTRACTUAL	Y
11/1/2016	12/23/2016	JUNIOR WEB DE		VALUE PL	ANNING CO., LTD	15,500	N/A	CONTRACTUAL	N
1/6/2015	11/31/2015	RESEARCH AS	SOCIATE		HILIPPINES RESOURCE DNS CENTER INC.	15,000	N/A	CONTRACTUAL	N
					t if necessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/\	OLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF OI (Write in full)			VE DATES Id/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A	N/A	
		tinue on separate)		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING F		INCLUSIVE DATES OF			Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			IDANCE Id/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SEO Training			08/27/2018	8.0	Technical	PROVA
Wordpress Training		08/14/2022	08/14/202	8.0	Technical	PROVA
Refresher training of full stack web development and	re-orientation of GRID	10/12/2018	12/14/2018	40.0	Technical	Golden Rose Pension Loan Corporation
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessary)		
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Programming skills		N/A	\			N/A
Problem solving skills						
Image and video editing						
Excellent in MS Office						
Knowledge in computer networking and PC troubleshooting						
Driving skills						
		there & -	ahaat if	A		
SIGNATURE	(Con	tinue øjn separate	sneet if necessary		ATE	07/24/2023

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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. within the fourth degree (for Local Government Unit - Car		☑ NO ☑ NO				
b. Within the loanth degree (for Edeal Government offic - dar	cor Employees):	If YES, give details				
		ii 120, give detaile				
35. a. Have you ever been found guilty of any administrative off	ense?	☐ YES [✓ NO			
3,,		If YES, give details				
			•			
b. Have you been criminally charged before any court?		_	☑ NO			
		If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	ay law decree ordinance or regulation					
by any court or tribunal?	ry law, decree, ordinaries or regulation	☐ YES If YES, give details	✓ NO			
		ii 1L3, give details).			
	Collection and according the	-	_			
 Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er 		☐ YES ☑ NO If YES, give details:				
out (abolition) in the public or private sector?	id of term, finished contract of phased	II 1L3, give details). 			
38. a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES	√ NO			
Barangay election)?	, , ,	If YES, give details:				
b. Have you resigned from the government service during the	ne three (3)-month period before the last	_	✓ NO			
election to promote/actively campaign for a national or local		If YES, give detail				
39. Have you acquired the status of an immigrant or permanent						
39. That's you doquited the status of all miningrant of permanent	Tooldone or another country!	☐ YES ☑ NO If YES, give details (country):				
		ii 1L3, give details	s (Country).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ona Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?		☐ YES	√ NO			
		If YES, please specify	r			
b. Are you a person with disability?		☐ YES ☑ NO				
c. Are you a solo parent?		If YES, please specify				
Me you a solo parent!		YES If YES, please specify	✓ NO ID No:			
44 PEEEDENOEO (D						
41. REFERENCES (Person not related by consanguinity or affinity to applicant /						
NAME	ADDRESS	TEL. NO.				
lvy T. Pailona	Tacloban City, Leyte	0956 830 7416				
Engr. Joel P. Pilapil	Palo, Leyte	053) 323-3734,				
	-	(053) 823-4355	1 83 /			
Mr. Kevin Villanueva	Cebu City, Cebu	9329112386				
42. I declare under oath that I have personally accomplished						
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre						
I agree that any misrepresentation made in this doct			РНОТО			
administrative/criminal case/s against me.		J				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	\mathcal{U}					
Government Issued ID: DRIVERS' LISENCE						
	/					
ID/License/Passport No.: H12-17-000623	ox)					
Date/Place of Issuance: March 04, 2023 / Baybay City, Leyte		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued	government ID as indicated above.			
<u> </u>	Person Administering Oat	th				