CS Form No. 212 Revised 2017								
	PERSO							
	ntion made in the Personal Data Sheet and the					minal case/s agai	nst the person	concerned.
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE () and use separate sheet if necessary. Indicate N	ET (PDS) BEFORE ACCOM I/A if not applicable. DO NOT A	PLISHING THE BBREVIATE.	E PDS FORI	I. CS ID No		(Do not fill up.	For CSC use on
I. PERSONAL INFORMATIO	ON .							
2. SURNAME	JOVEN "							
FIRST NAME	JOHNVEN "					NAME EXTENSION (J	IR., SR)	
MIDDLE NAME	QUILONIA · ·			Mary Market and Concession areas	White the control of			
3. DATE OF BIRTH (mm/dd/yyyy)	6/15/1996	16. CITIZENSHIP			Dual Citizenship			
4. PLACE OF BIRTH	CATBALOGAN CITY, SAMAR	If holder of dual citiz	enship,					
5. SEX	☑ Male ··· . ☐ Female	please indicate the	details.					•
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		N/A			N/A	
	☐ Widowed ☐ Separated ☐ Other/s:		H	ouse/Block/Lot N/A	No.	9 · · · · · · · · · · · · · · · · · · ·	Street ESTAKA BURI	
7. HEIGHT (m)	5'2	+	5	Subdivision/Villa CATBALOGA			Barangay SAMAR	
	N	4		City/Municipali			Province	
8. WEIGHT (kg)	57.8	ZIP CODE				6700		
9. BLOOD TYPE		18. PERMANENT ADDRESS	H	N/A ouse/Block/Lot	No.		N/A Street	
10. GSIS ID NO.	NONE		5	N/A Subdivision/Villa	ace		ESTAKA BURI Barangay	
11. PAG-IBIG ID NO.	1812-1182-4222			CATBA	LOGAN		SAMAR	
12. PHILHEALTH NO.	13-050197828-1	ZIP CODE		City/Municipali 6700	ty		Province	
13. SSS NO.	06-4038185-9	19. TELEPHONE NO.		NONE				
14. TIN NO.	710-100-046	20. MOBILE NO.		09951271433				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any) johnvenjoven15@gmail.com						
II. FAMILY BACKGROUND						<u>sirry (az girrian</u>		
22. SPOUSE'S SURNAME	NA NA		23. NAME of C	HILDREN (Wr	ite full name and	d list all)	DATE OF BIR	ΓΗ (mm/dd/yyyy)
FIRST NAME	, , N/A	NAME EXTENSION (JR., SR)					1	I/A
MIDDLE NAME	N/A						†	
OCCUPATION	N/A		1					
EMPLOYER/BUSINESS NAME	· N/A			***************************************	-			
BUSINESS ADDRESS	N/A					**************************************		
TELEPHONE NO.	N/A							AND THE DAY OF THE PROPERTY OF
24. FATHER'S SURNAME	NOVILLA							the collective of the collecti
FIRST NAME	RUBEN (DECEASED)	NAME EXTENSION (JR., SR)						
MIDDLE NAME	BRAVO							
25. MOTHER'S MAIDEN NAME							†	
SURNAME	JOVEN			The same of the sa				
FIRST NAME	MAXIMA							
MIDDLE NAME	QUILONIA			(0	Continue on se	parate sheet if neces	ssary)	
II. EDUCATIONAL BACKG								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN VICENTE ELEMENTARY SCHOOL	PRIMARY		11001	10	GRADUATED	2008	
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	HIGH SCHOOL				GRADUATED	2012	
VOCATIONAL / TRADE COURSE	ř.,							
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND SCIENCE	INFORMATION	6/4/2012	3/21/2016	GRADUATED	2016	
GRADUATE STUDIES	e 15.							
	TO THE STATE OF THE PARTY OF THE STATE OF TH	L		1				

. CAF	REER SERVICE/ RA 108	0 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if	applicable)
E	SPECIAL LAWS BARANGAY ELIGIBILITY	7 / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date Validi
LIBR	ARIAN LICENSUR	E EXAMINATION	77.2	9/1/2017	TACLO	BAN CITY		0008478	6/15/20
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					and the second section of the section of t				
		9 3							
	EXPERIENCE	Start from your recent		ntinue on separate sheet if					
INC	LUSIVE DATES mm/dd/yyyy)	POSITION TIT				MONTHLY	SALARY/ JOB/ PAY GRADE (if		GOV
From	То	(Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/N)
6/2017	PRESENT	LIBRARIA	N	SAMAR CO	LLEGES, INC.	17000.00	NA	REGULAR	
		e: 137 A _n .							
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / \	VOLUNTARY	ORGANIZATION	//S	
29. NAME & ADDRESS OF OR (Write in full)		INCLUS (mm	SIVE DATES n/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
NONE						NONE
÷4						
1.0	10				Harton Street, vol. 1. (Prophyrian proprior and Artist Street, Vol. 1.)	
·	и		 			
			-		**************************************	
	•,		-			
i.	:	ofinue on senaral	e sheet if necessa			
VII. LEARNING AND DEVELOPMENT (L&D)						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
			n/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
LIBRARY AND INFORMATION SERVICES MONTH SEMINAR "BORDERLESS			То	8.0		BOOK ENTHUSIASTS ORGANIZATION, LNU
LIBRARIANSHIP, LIMITLESS OPPURTUNITIES". 2ND EASTERN VISAYAS LIBRARIANS SUMMIT CAPABILITY BUILDING OF LIBRARIANS			8/30/2018			PLAI (EVRLC)
FOR STATE-OF-THE-ART EN RESPONDING TO NEW NORMAL ENVIRONMENT OR	PANDEMIC: KEEPING YOUR STAFF,	8/29/2018		5.0		PLAI-NEGROS ISLAND REGION LIBRARIANS
PATRONS, & FACILITIE CONFERENCE ON LIBRARY AND INFORMATION STU	JDIES (CLIS 2020) "TRANSFORMING	 	7/0/0000	5.0		COUNCIL
LIBRARY SPACES LIBRARIES AND MENTAL HEALTH; HOW TO COPE	5."	7/2/2020	7/3/2020			PNU-LISAA, INC. QUEZON CITY PUBLIC LIBRARY READERS
DEPRESSION DURING OF A TRIPARTITE ON COPYRIGHT AND ACCESS TO E-	COVID-19	7/31/2020		2.0		SERVICES DIVISION PHILIPPINE GROUP OF LAW LIBRARIANS, INC.
INFORMATION PROFESS	SIONALS	8/20/2020				(PGLL)
FACULTY AND LIBRARIANS COLLABORA		9/4/2020		5.0		SERVICES AND THE FACULTY ORGANIZATION OF
REMOTE LEARNING RESOURCES AND GUIDELINES	OF LIBRARIES IN THE NEW NORMAL	9/14/2020				PLAI-EVRLC
and the second s						
			1			
			1	+		
			+	-		
			-	+		
	(Co)	ntinue on separal	le sheet if necessa	nry)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
NONE			ONE			NONE
X-1						NONE
	•,					
A 6		Antonomic charles prompt a supply and	MINIPANIO PROGRESSO E SANCORO		Migration and the state of the	
					artophilisas anticologistas productivos anticologistas anticologis	
1						
		offinue or	in object if			
SIGNATURE	(60)	unue on separal	e sheet if necessa	DA	TF	MARCH 14, 2021
	The state of the s	in and the second of the particular of the desired				Million M (MC)

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediately a present of the person will be appointed, a within the third degree?	HOTEL (AND MORE TO MORE TO MORE TO MORE AND		
a. within the third degree?		☐ YES ☑	NO
b. within the fourth degree (for Local Government Unit - C	areer Employees)?	☐ YES ☑	NO
		If YES, give details:	
35. a. Have you ever been found guilty of any administrative of	offense?		
30, arriars you are book to and gainly or any darminon during	monoc:	☐ YES ☑	NO
		If YES, give details:	
b. Have you been criminally charged before any court?			NO
		If YES, give details:	
3.4		Date Filed:	
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation by	YES 🗸	a no
any court or tribunal?			
		If YES, give details:	
37. Have you ever been separated from the service in any of t	he following modes: resignation, retirement	YES 🗸	NO NO
dropped from the rolls, dismissal, termination, end of term	If YES, give details:		
in the public or private sector?			
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except		
Barangay election)?	☐ YES ☑ NO		
(A)		If YES, give details:	
b. Have you resigned from the government service during		☐ YES	☑ NO
election to promote/actively campaign for a national or loc	al candidate?	If YES, give details:	
39. Have you acquired the status of an immigrant or permaner	ot resident of another country?		
39. Have you dequired the states of all mining all of permaner	it resident of another country?	21	✓ NO
		If YES, give details (co	ountry):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	agna Carta for Disabled Persons (RA 7277);	
and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas	se answer the following items:		
a. Are you a member of any indigenous group?		YES	☑ NO
		If YES, please specify:	Ŭ NO
b. Are you a person with disability?			✓ NO
A		If YES, please specify ID	
c. Are you a solo parent?			
		If YES, please specify ID	☑ NO
		iii 120, prodoc opedit, 18 t	
41. REFERENCES (Person not related by consanguinity or affinity to applications)			
	ant /appointee)		
NAME	ant /appointee) ADDRESS	TEL. NO.	
NAME .	ADDRESS		
	T	TEL. NO. 9774150901	
NAME .	ADDRESS CATBALOGAN CITY, SAMAR	9774150901	96
JULITA T. RAYA LOVELY S. CONDE	ADDRESS		9.6
JULITA T. RAYA	ADDRESS CATBALOGAN CITY, SAMAR	9774150901	
JULITA T. RAYA LOVELY S. CONDE ANGELICA D. GERADILA	ADDRESS CATBALOGAN CITY, SAMAR CATBALOGAN CITY, SAMAR CATBALOGAN CITY, SAMAR	9774150901 9358102035 9355964836	
JULITA T. RAYA LOVELY S. CONDE ANGELICA D. GERADILA 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of perturbations.	ADDRESS CATBALOGAN CITY, SAMAR CATBALOGAN CITY, SAMAR CATBALOGAN CITY, SAMAR ed this Personal Data Sheet which is a inent laws, rules and regulations of the	9774150901 9358102035 9355964836 true, correct and Republic of the	
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