CS Form No. 212 Revised 2017	DEDSOI	NAL DAT	л сн	EET					
	PERSOI	MAL DAI	А ЭП						
WARNING: Any misrepresental concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet st	nall cause the f	iling of adm	inistrative/	criminal case/s	gainst the pe	erson	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE  ) and use separate sheet if necessary. Indicate	N/A if not applicable DO NO	APLISHING THE		M. I. CS ID No.		(Do not fill up. Fe	or CSC use only)	
I. PERSONAL INFORMATIO		N/A II flot applicable. DO NO	ADDREVIATE.		1. US ID NO. ]		(Bo not im up. 1	or esse unity)	
2 SURNAME	DE PAZ								
FIRST NAME	RODALYN				1	NAME EXTENSION (JR.	SR) N/A	1	
MIDDLE NAME	NABLO								
DATE OF BIRTH     (mm/dd/yyyy)	05/12/2002	16. CITIZENSHIP	T	Filipin	[	Dual Citizenship			
(				- riipii	10	by birth	by naturaliz	ration	
4 PLACE OF BIRTH	CALBIGA, SAMAR	If holder of dual citizen	nship,	Pls. indicate country:					
5 SEX	☐Male	please indicate the do	otails.					-	
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS							
	Widowed Separated Other/s:		House	e/Block/Lot No.		Street MALABAL			
7 HEIGHT (m)	1.56	-		livision/Village ALBIGA		Barangay SAMAR			
		Cit		y/Municipality		Province			
8. WEIGHT (kg)	47	ZIP CODE	4	6715					
9 BLOOD TYPE	N/A	18. PERMANENT ADDRESS	House	e/Block/Lot No.			Street		
10 GSIS ID NO	N/A		Subo	Ivision/Village			1ALA BAL Barangay		
11 PAG-IBIG ID NO	NIA						SAMAR Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		115			Province		
13 SSS NO	N/A	19. TELEPHONE NO.	N.	<b>/</b> A					
14 TIN NO	N/A	20. MOBILE NO	09	504246618					
15 AGENCY EMPLOYEE NO.	N/A	21 E-MAIL ADDRESS (if any)	rodal	Hndepaz 125@gmail.com					
IL FAMILY BACKGROUND					of interes				
22. SPOUSE'S SURNAME	N/A		23. NAME of CHIL	NAME of CHILDREN (Write full name and list all)     DATE OF BIRT			H (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		NA			N/A		
MIDDLE NAME	N/A								
OCCUPATION	NIA								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO	N/A								
24 FATHER'S SURNAME	DE PAZ	Lune syreneous see							
FIRST NAME	RODRIGO	NAME EXTENSION (JR., SR)	N/A						
MIDDLE NAME	SOLATAO								
25 MOTHER'S MAIDEN NAME			þ						
SURNAME	NABLO								
FIRST NAME	ALICIA								
MIDDLE NAME	GLORIOSO			(Co	ntinue on sep	arate sheet if neces:	sary)		
III. EDUGATIONAL BAGKG	ROUND I				Bay at				
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	MALABAL ELEMENTARY	ELEMENTARY		2008	2014	N/A	2014	WITH HONORS	
SECONDARY	CALBIGA NATIONAL HIGH SCHOOL	SENIOR HIGH S	THOOL,	2014	2020	N/A	2020	WITH HOWORS	
VOCATIONAL / TRADE COURSE	N/A	N/A		A\\\A	N/A	NA	N/A	M/A	
COLLEGE	SAMAR STATE UNIVERSITY	BACHELOR OF SELONDA EDUCATION MAJOR IN SOCIAL STUDIES		2020	2024	N/A	2024	CUM	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	MA	
SIGNATURE	(Continue on separate sheet if necessary)				DATE 04/02/2025				

BARANGAY ELIGIBILITY J DRIVER'S LICENSE  BARANGAY ELIGIBILITY J DRIVER'S LICENSE  CONFERMENT  CONFERME	CARE	ER SERVICE/ RA	1080 (BOARD/ BAR) UN	DER RATING	DATE OF		70		=	LICENSE (If	applical
D 907 - HONDR 6RADUATE		SPECIAL LAV	15/ CES/ CSEE	H. Anntinghia	EXAMINATION / PLACE OF EXAM			INATION / CC	NFERMENT	NUMBER	Date Valid
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WORK PRESIDENCE  INCLUSIVE DATES  INCLUS											
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	From	То	(Write in full/Do n	ot abbreviate	(Write in fl/ID	o not abbrevija	te	SALARY	(Format "00-0")	APPOINTMENT	(Y)
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NAME & ADDRESS OF (Write in full)	URGANIZATION	INCLUSIV (mm/do		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A			
4							
				sheet if nece	5.5		
II. LEARNING AND DEVE ROGRAMS ATTENDED							
lart from the most recent L&D/mil) • (5) years for Bivision Chief/Sxee	iling program and unive/lijanageriai ;	treture enly assimons)	he elevani	LSP for honger	der in holes	transfer of the second second	
TITLE OF LEARNING AND TERVENTIONS/TRAINING PROGRA	DEVELOPMENT	EVELOPMENT INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		NUMBER OF	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)				HOURS	Supervisory/ Technical/etc)	(Write in full)	
N/A		N/A	N/A	N/A	N/A	N/A	
		Service Inc.					
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III. OTHER INFORMATION	1						
	NON-ACADEMIC	DISTINCTION	IS / RECOGN	ITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31 SPECIAL SKILLS and HOBBIES	32.		(Write in fu	II)		33. (Write in full)	
TEACHING			N/A			N/A	
COMPUTER LITERATE	1						
COMMUNICATION							
COLLABORATION						The second of the Company	
PROBLEM-SOLVING				·			
TIME MANAGEMENT							
		10		e sheet if nec			

or recommending authority, or to or to the person who has immediathe Office, Bureau or Department apppointed, a. within the third deg b. within the fourth degree (for Lo	the chief of bureau or office ate supervision over you in where you will be gree?	YES NO YES NO If YES, give details:	
Employees)?	cai Soveriment Onit - Career		
35, a. Have you ever been found guilt	y of any administrative offense?	☐ YES ☑ NO If YES, give details:	
b. Have you been criminally chan	ged before any court?	☐ YES	
36. Have you ever been convicted of decree, ordinance or regulation b		☐ YES ☐ NO If YES, give details:	
37. Have you ever been separated fro following modes: resignation, reti dismissal, termination, end of ter out (abolition) in the public or priv	rement, dropped from the rolls, m, finished contract or phased /ate sector?	YES NO If YES, give details:	
38. a. Have you ever been a candida held within the last year (except l		YES NO	
b. Have you resigned from the go three (3)-month period before the campaign for a national or local of	e last election to promote/actively candidate?	☐ YES If YES, give details: ✓ NO If YES, give details:	
39. Have you acquired the status of a resident of another country?	an immigrant or permanent	☐ YES	
40. Pursuant to: (a) Indigenous Peop Magna Carta for Disabled Persons (I Parents Welfare Act of 2000 (RA 897 following items: a. Are you a membe b. Are you a person with disability?  c. Are you a solo parent?	RA 7277); and (c) Solo (2), please answer the or of any indigenous group?	☐ YES  If YES, please  If YES, please ☐ YES  If YES, please ☐ NO ☐ YES  If YES, please ☐ NO	specify: specify ID No: specify ID No:
41.REFERENCES (Person not related by consa	nguinity or affinity to applicant /appointee)		T
NAME	ADDRESS	TEL. NO.	
CHERRY ANN C. MAGDARADG	PINABACDAO, SAMAR	09994577420	
SHANA MAE R. DACAYMAT	TANZA, CAVITE	09813723772	
CHRISTOPHER M. ABAIGAR	CALBATOG CITY	09168398084	3 5
and complete statement pursuan of the Philippines. I authorize th	t to the provisions of pertinent lav e agency head/authorized repre iisrepresentation made in this do	onal Data Sheet which is a true, correct vs, rules and regulations of the Republic sentative to verify/validate the contents cument and its attachments shall cause	The first
Government Issued ID (i.e Passport, GSIS, SS Driver's License, etc.)  PLEASE INDICATE ID Number and Dalissuance  Government Issued ID: PHIL ID	te of Glader		RODALINI N. DE PAZ PHOTO
ID/License/Passport No.: 3043-6190-6451	Cignatare (Cign in	side the box)	
Date/Place of Issuance: CALBIGA, S	1 1	plished	Right Thumbmark
SUBSCRIBED AND SWORN to before r	~~~		, affiant exhibiting his/her validly
	ATTY. EDWIN Y. Notary Public		
	Appointment to 16-2 Person Administr	58° ering Oath	
	Tacloban Cit	01259 V CS	FORM 212 (Revised 2017), Page 4 of 4