CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE.	Т				
WARNING: Any misrepresentati concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	all cause the fil	ing of adm	inistrative/c	riminal case/s ag	gainst the per	son	
READ THE ATTACHED GUIDE 1	O FILLING OUT THE PERSONAL DATA SHE			PDS FORM.	1. CS ID No.		/Do not fill up	For CSC use only)	
I. PERSONAL INFORMATIO	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not illi up. i	roi CSC use only,	
2. SURNAME	PILOTA								
FIRST NAME	KYLA					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	OLOS								
3. DATE OF BIRTH									
(mm/dd/yyyy)	8/12/2002				Dual Citizenship	¬			
4. PLACE OF BIRTH	VALENZUELA CITY	If holder of dual citizen	nship,	☐ by birth Pls. indicate			by naturalization country:		
5. SEX	☐ Male ✓ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		N/A			N/A		
	☐ Widowed ☐ Separated		Hou	use/Block/Lot No. Purok 4 F			Street PANGASUGAN		
	Other/s:		Sub	Subdivision/Village			Barangay		
7. HEIGHT (m)	1.57		Ci	BAYBAY City/Municipality			LEYTE Province		
8. WEIGHT (kg)	60	ZIP CODE				6521			
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	N/A use/Block/Lot No.			N/A Street		
10. GSIS ID NO.	N/A	1	SITIO	PANGGANG	AN		LANAO		
11. PAG-IBIG ID NO.	N/A			division/Village PILAR	9	Barangay CEBU			
12. PHILHEALTH NO.	N/A	ZIP CODE	Ci	City/Municipality 6048			Province		
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
14. TIN NO.	N/A	20. MOBILE NO.	OBILE NO. 0927:			272980831			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	kylaolos38@gmail.co			<u>m</u>			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	e full name and	l list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A			N/A			
MIDDLE NAME	N/A				N/A			I/A	
OCCUPATION	N/A		N/A				N/A		
EMPLOYER/BUSINESS NAME	N/A		NA		N/A		I/A		
BUSINESS ADDRESS	N/A		N/A		N/A			N/A	
TELEPHONE NO.	N/A		N/A			N/A			
24. FATHER'S SURNAME	PILOTA		SHEILA MAE O. PILOTA			12/27/1999			
FIRST NAME	MARIO	NAME EXTENSION (JR., SR)	KYLA O. F		LA O. PILOTA		8/12/2002		
MIDDLE NAME	ITAAS	•		KRISTINA OLOS			11/16/2005		
25. MOTHER'S MAIDEN NAME				CASSANDRA OLOS			11/16/2005		
SURNAME	OLOS		PRINCESS AUBREY O. PLOTA			7/27/2010			
FIRST NAME	VILMA								
MIDDLE NAME	MENDOZA		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGI	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	CAWIT ELEMENTARY SCHOOL	ELEMENTARY GRADUATE		6/10/2008	3/31/2015	N/A	2015	SALUTATO RIAN	
SECONDARY	ORMOC CITY SENIOR HIGH SCHOOL	SCIENCE, TECHNOLOGY, ENGINEE MATHEMATICS (STEM) GRADUATE		6/12/2019	7/9/2021	N/A	2021	WITH HONORS	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN MA	ARINE BIOLOGY	9/12/2021	7/24/2025	N/A	2025	CUM Laude	
GRADUATE STUDIES	NIA	N/A		N/A	N/A	N/A	N/A	N/A	
		Continue on separate sheet if nece	essary)						

Ho

SIGNATURE

July 15, 2025

DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if a	
BAR	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	TION OON L	UNLIVI	NUMBER	Date of Validity	
	N/A	N/A N/A N/A		N/A	N/A				
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE								
		nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attache	d Work Exp	erience sheet.		
	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not a			ENCY / OFFICE / COMPANY //Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(Title III IIII)					(Format "00-0")/ INCREMENT	Ontribletti	(Y/ N)
6/18/2024	7/19/2024	INTERN	I		ENVIRONMENT AND RCES OFFICE (CENRO)	N/A	N/A	N/A	N/A
					, ,				
							1		
							<u> </u>		
							-		
				ntinue on separate sheet	if necessary)				
SIGNATURE			Ho		DATE	7/15/25			_
			. _U O				CS	FORM 212 (Revised 2)	017) Dana 3 af 4

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	//PEOPLE/\	/OLUNTARY	ORGANIZATI	ON/S		
29. NAME & ADDRESS OF OF (Write in full)			VE DATES Id/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
Plan International Philippines Youth Peer Educator/ Reporter			7/12/2020	N/A	VOLUNTEER		
PLAST+ELEK 2025		3/23/2025	7/12/2025	2.0	VOLUNTEER		
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate ROGRAMS A		y)			
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From To					
Plongeurs du Monde x SLSU SCUBA Diving License 1	Fraining	2/15/2024	3/2/2024	N/A	TRAINEE	Plongeurs du Monde	
	(Cont	tinue on separate	choot if nococcar	(a)			
VIII. OTHER INFORMATION	(Contract)	ande on separate	Sheet ii neeessai	,,			
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTII (Writ	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
PADI-Certified Advance Open Water SCUBA Diver		N/A					
Basic QGIS Mapping and Remote Sensing							
Habitat assessment & Technical Writing							
Computer skills: MS Office, Canva tools							
Oral Presentation							
Intrapersonal communication skills							
Adaptable and Detail oriented							
SIGNATURE	(Cont	tinue on separate	sneet if necessar		ATE	7/15/25	

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - County of the county of the person within the fourth degree).	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	TYES INO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination (abolition) in the public or private sector?	• • •	YES [If YES, give details:	✓ NO			
38.	a. Have you ever been a candidate in a national or local Barangay election)? b. Have you resigned from the government service durin	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO					
39.	election to promote/actively campaign for a national or lo Have you acquired the status of an immigrant or perman	If YES, give details: NO If YES, give details (country):					
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 17277); and (c) Solo Parents Welfare Act of 2000 (RA 897). Are you a member of any indigenous group? Are you a person with disability?	☐ YES ✓ NO If YES, please specify: ☐ YES ✓ NO					
C.	Are you a solo parent?	If YES, please specify ID No: YES V NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to apple	icant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	N/A	N/A	N/A				
42.	I declare under oath that I have personally accomplis complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized repragree that any misrepresentation made in this deadministrative/criminal case/s against me.	rtinent laws, rules and regulations of the feesentative to verify/validate the contents state	Republic of the d herein.	РНОТО			
PL Go ID	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: N/A //License/Passport No.: N/A ate/Place of Issuance: N/A	Signature (Sign inside the bo 07/15/25 Date Accomplished)x)	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit Person Administering Oat		overnment ID as indicated above.			
	L	I					