CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EET				
	tion made in the Personal Data Sheet and the	Work Experience Sheet she	all cause the fi	ling of administrative/c	riminal case/s ag	ainst the pers	son	
	TO FILLING OUT THE PERSONAL DATA SHE							
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() and use separate sheet if necessary. Indicate h	N/A if not applicable. DO NOT A	BBREVIATE.	1. CS ID No.		(Do not fill up. F	or CSC use only	
2. SURNAME	PATONONA							
					NAME EXTENSION (JR.,	SR) N/A		
FIRST NAME	JOAN	-2						
MIDDLE NAME	RALLOS							
DATE OF BIRTH (mm/dd/yyyy)	12/14/1997	16. CITIZENSHIP		✓ Filipino	Dual Citizenship			
	D Dblb-	41-14-41-1-41-1-4	antin	☐ by birth Pls. indica		by naturalization		
4. PLACE OF BIRTH	Pangasugan, Baybay, Leyte	If holder of dual citizenship, please indicate the details.			Pis. indicate co	Juliu y.		
5. SEX	☐ Male ☐ Female		1			1		
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	Hou	603 se/Block/Lot No.		PUROK 2 Street		
	Other/s:		Quit	odivision/Village	P	ANGASUGAN Barangay		
7. HEIGHT (m)	1.52	1		BAYBAY		LEYTE		
8. WEIGHT (kg)	52	ZIP CODE	Ci	ity/Municipality	Province 6521			
	0	18. PERMANENT ADDRESS		603	PUROK 2			
9. BLOOD TYPE		-	Hou	se/Block/Lot No.	Street			
10. GSIS ID NO.	N/A		NIA Subdivision/Village		PANGASUGAN Barangay			
11. PAG-IBIG ID NO.	121297222429		BAYBAY City/Municipality		LEYTE Province			
12. PHILHEALTH NO.	03-250891706-5	ZIP CODE	6521					
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A		N/A	√A		
14. TIN NO.	765-259-124-000	20. MOBILE NO.	09073116158		73116158			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	patononajoan@gmail.com			<u>om</u>		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write full name and	l list all) DATE OF BIRTH (mm/dd/yyy		TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A		, , , , , , , , , , , , , , , , , , ,		I/A	
MIDDLE NAME	N/A							
OCCUPATION	N/A	8						
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	N/A	- 10-11-10-11-11-11-11-11-11-11-11-11-11-1						
FIRST NAME	N/A	NAME EXTENSION (JR., SR)						
MIDDLE NAME	N/A							
25. MOTHER'S MAIDEN NAME	ANITA RALLOS PATONONA							
SURNAME	PATONONA							
FIRST NAME	ANITA							
MIDDLE NAME	RALLOS			(Continue on separate sheet if necessary)				
III. 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	
				From To		ACCURACY TO SE	VALEDICTO	

PANGASUGAN ELEMENTARY SCHOOL PRIMARY 06/06/2004 3/26/2010 N/A 2010 ELEMENTARY RIAN VISAYAS STATE UNIVERSITY LABORATORY HIGH N/A N/A HIGHSCHOOL 6/14/2010 4/27/2014 2014 SECONDARY SCHOOL VOCATIONAL / TRADE COURSE N/A N/A N/A N/A N/A N/A N/A BACHELOR OF SCIENCE IN AGRICULTURE 02/06/2014 2/15/2018 N/A 2018 COLLEGE VISAYAS STATE UNIVERSITY GRADUATE STUDIES

SIGNATURE

November 7, 2025

DATE

	ERVICE ELIGIBIL			DATE OF				LICENSE (if ap	oplicable)
77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CSS/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / PLACE OF EXAMINATION CONFERMENT		TION / CONFER	RMENT	NUMBER	Date of Validity	
RA 1080			80.50	NOVEMBER 5-7, 2019	TACLOBAN CITY, LEYTE		E	0033942	1/17/2020
CAREER S	CAREER SERVICE ELIGIBILITY-PROFESSIONAL LEVEL		88.03	MARCH 2, 2025	ORMOC CITY, LEYTE				
	EXPERIENCE	Start from your recent		ontinue on separate sheet if i		Work Expo	riones sheet		
). INCL (n	LUSIVE DATES mm/dd/yyyy)	POSITION TIT (Write in full/Do not a	TLE .	DEPARTMENT / AGEN	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/ N)
From 3/25/2022	PRESENT	CLERK		The state of the s	UNIVERSITY MAIN OF THE UNIVERSITY	13274.80	N/A	JOB ORDER	YES
1/10/2021	12/15/2021	ENUMERAT	TOR		ISTICS AUTHORITY	495/DAY	N/A	OF SERVICE	YES
25/2022	12/31/2022	ENUMERAT	TOR	PHILIPPINE STAT	ISTICS AUTHORITY	595/DAY	N/A	CONTRACT OF SERVICE	YES
		Marine Control of the							_
		,							
	+		***************************************						
									_
					7				
									-
			50						
			,						
	-								-
DECEMBER AND SECTION		A,	(0	ontinue on separate sheet if	necessary)				
SIGI	NATURE	7			DATE		November 7, 20	025	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNI	MENT / PEOPLE	/ VOLUNTARY	ORGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To			POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A	
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINI	NAME AND ADDRESS OF TAXABLE PARTY.	rate sheet if necessa	ry)		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINS (Start from the most recent L&D/training program and include only the relevant L&D/training to			Chief/Executive/Man	agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAM (Write in full)	IS AT	SIVE DATES OF ITENDANCE nm/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SHAPING CULTURE: EMBRACING VALUES FOR PRODUCTIVE WORKPLACE PERFORMANCE		05/15/2024	4.0	LECTURE	VISAYAS STATE UNIVERSITY
PROFESSIONAL LECTURE SERIES WITH PROF. LADISLAV KOKOSKA	03/13/2024	03/13/2024		LECTURE	VISAYAS STATE UNIVERSITY
HRIS SOFTWARE ONBOARDING	06/12/2023	06/12/2023	8.0	LECTURE	VISAYAS STATE UNIVERSITY
UNI OCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND HEADS AT VI	SAYAS 11/29/2023	11/29/2023	4.0	LECTURE	VISAYAS STATE UNIVERSITY
MENTAL HEALTH AWARENESS SEMINAR	04/25/2023	04/25/2023	3.0	LECTURE	VISAYAS STATE UNIVERSITY
ISO 9001.2015 AWARENESS AND RE-AWARENESS SEMINAR	08/29/2023	08/29/2023	3.0	LECTURE	VISAYAS STATE UNIVERSITY
MANDATORY ORIENTATION AND REORIENTATION OF ACADEMIC ADVISERS, I ENROLLMENT FOCAL PERSONS	08/25/2022	08/25/2022	8.0	LECTURE	VISAYAS STATE UNIVERSITY
VIRTUAL AWARENESS SEMINAR ON R.A. NO. 11032		06/28/2022	8.0	LECTURE	VISAYAS STATE UNIVERSITY
ISO AWARENESS AND REAWARENESS	08/30/2022	08/30/2022	3.0	LECTURE	VISAYAS STATE UNIVERSITY
AWARENESS WEBINAR ON DATA PRIVACY ACT OF 2012	07/04/2022	07/04/2022	8.0	LECTURE	VISAYAS STATE UNIVERSITY
LIKA USAP TAYO! EFFECTIVE HUMAN COMUNICATION AND HUMAN RELATIO	NS 6/20/2021	6/20/2021	3.0	e-LEARNING	AGRICULTURAL TRAINING INSTITUTE
					6
VIII. OTHER INFORMATION	(Continue on sepa	arate sheet if necess	ary)		
	NON-ACADEMIC I	DISTINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.	32. (Write in full)				(write in full)
computer skills		N/A			N/A
	T.				
					1 1
	Continue on ac-	arate sheet if necess	ary)		
SIGNATURE	Conunue on sep	arate sneet if necess		DATE	November 7, 2025
					CS FORM 212 (Revised 2017), Page 3 of 4

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34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate s Bureau or Department where you will be appointed,					
	a. within the third degree?	☐ YES ✓ NO				
	b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑ NO				
	E. William and rounding dog too (for Education Control Control	If YES, give details:				
			Lo, givo dotalio.			
25	a. Have you ever been found guilty of any administrative offen					
30.	a. Have you ever seen round gainly or any administrative ener.	☐ YES ☑ NO If YES, give details:				
			ii 123, give details.			
	b. Have you been criminally charged before any court?	☐ YES ☑ NO				
		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
36.	장이는 아이들이 보고 있어요. 얼마나 있는데 되었다면 하는데 아이들은 아이들이 나를 하는데	law, decree, ordinance or regulation by	☐ YES ✓ NO			
	any court or tribunal?		If YES, give details:			
37.	Have you ever been separated from the service in any of the	following modes: resignation, retirement,	YES V NO			
	dropped from the rolls, dismissal, termination, end of term, fini	shed contract or phased out (abolition)	If YES, give details:			
	in the public or private sector?					
38.	a. Have you ever been a candidate in a national or local election	on held within the last year (except	YES V	0		
	Barangay election)?		If YES, give details:			
	b. Have you resigned from the government service during the	three (3)-month period before the last	YES N	0		
	election to promote/actively campaign for a national or local ca	andidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	YES N	0		
			If YES, give details (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn	a Carta for Disabled Persons (RA				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	그렇게 하게 하는 것이 없는 사람들이 있다. 그렇게 되었는데 하는데 하는데 그렇게 되었는데 그렇게 하는데				
a.	Are you a member of any indigenous group?		YES V	10		
			If YES, please specify:			
b.	Are you a person with disability?		YES ✓ NO			
			If YES, please specify ID No:			
C.	Are you a solo parent?		YES NO If YES, please specify ID No:			
			II 120, please specify ID No.			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)				
	NAME	ADDRESS	TEL. NO.			
	MIRIAM M. DE LA TORRE	BAYBAY CITY, LEYTE	63535650600			
L	WIRIAW W. DE LA TORRE	BAIBAT CITT, LETTE	local 1139	66		
1	HOMER LOIS P. NAPOLES	GABAS, BAYBAY CITY, LEYET	63535650600 local 1010			
Г	RAYMUND M. IGCASAMA	VISCA, BAYBAY CITY, LEYTE	63535650600			
12		The residence of the second state of the secon	local 1140			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine			The factor of the		
	Philippines. I authorize the agency head/authorized represer			AND COLVERNO		
	agree that any misrepresentation made in this docum	nent and its attachments shall caus	se the filing of	PHOTO		
	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					
۱ŀ		7				
H	Government Issued ID: Phil ID					
11	D/License/Passport No.: 4356-3952-3814-6871	oox)				
	Date/Place of Issuance: 12/29/2023, BAYBAY CITY, LEYTE	Right Thumbmark				
L		Date Accomplished				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued governme	ent ID as indicated above.		
			ALLONDO NO COMPENSOR DE COMPENS			
		Person Administering Oa	th			