CS Form No. 212
Revised 2025

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.
Print legibly if accomplished through own handwriting. Tick appropriate boxes ( ) a☐se separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	DECANO			
2. FIRST NAME	JERICHO	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	BENITEZ			
3. DATE OF BIRTH (dd/mm/yyyy)	7/11/1999	16. CITIZENSHIP	FILIPINO	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country: N/A	
5. SEX AT BIRTH	MALE			
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	456 (House/Block/Lot No.)	KILIM (Street)
			N/A (Subdivision/Village)	KILIM (Barangay)
7. HEIGHT (m)	1.68		BAYBAY CITY (City/Municipality)	LEYTE (Province)
8. WEIGHT (kg)	69	ZIP CODE	6521	
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	456 (House/Block/Lot No.)	KILIM (Street)
10. UMID ID NO.	N/A		N/A (Subdivision/Village)	KILIM (Barangay)
11. PAG-IBIG ID NO.	121327538938		BAYBAY CITY (City/Municipality)	LEYTE (Province)
12. PHILHEALTH NO.	13-250364744-7	ZIP CODE	6521	
13. PhilSys Number (PSN):	2694-5870-6729-0850	19. TELEPHONE NO.	N/A	
14. TIN NO.	631-794-146-00000	20. MOBILE NO.	09456224811 / 09617858360	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jerichodecano@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DECANO			
FIRST NAME	RODOLFO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GOLLOSO			
25. MOTHER'S MAIDEN NAME	MONTEROLA, MARISSA BENITEZ			
SURNAME	DECANO			
FIRST NAME	MARISSA			
MIDDLE NAME	BENITEZ		*(Continue on separate sheet if necessary)*	

III. EDUCATIONAL BACKGROUND

26. LEVEL	(Write in full)	UCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	2006	2012	GRADUATED	2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	HIGH SCHOOL GRADUATE	2012	2018	GRADUATED	2018	N/A
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 FOOD SCIENCE AND TECHNOLOGY	2018	2023	GRADUATED	2023	VARSITY GRANT
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		*DATE*	November 22, 2025

(e-signature or actual signature or digital certificate)

IV. CIVIL SERVICE ELIGIBILITY

27. CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/ BAR)/UNDER SPECIAL LAWS/CATEGORY II/ IV ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Valid Until
CAREER SERVICE PROFESSIONAL	83.4	3/2/2025	ORMOC CITY, LEYTE	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.

28. INCLUSIVE DATES (dd/mm/yyy)		E (Write in full/Do not abbreviate)	:NCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	STATUS OF APPOINTMENT	(Y/ N)
From	To				
7/21/2025	PRESENT	ADMINISTRATIVE AIDE III	VISAYAS STATE UNIVERSITY	CONTRACTUAL	Y
2/8/2025	7/20/2025	CONTRUCTION WORKER	PERSONAL RESIDENTIAL PROJECT	PART-TIME	N
12/2/2024	2/7/2025	FOOTBALL TRAINOR	BAYBAY CITY JAGUARS COMMUNITY	VOLUNTEER	N
5/17/2024	11/30/2024	IN-LINE QUALITY CONTROLLER	GANV BAKED INNOVATIONS INC.	CONTRACTUAL	N
1/5/2024	5/10/2024	IN-LINE QUALITY CONTROLLER	SEVEN DRAGONS FOOD GALORE INC.	CONTRACTUAL	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 22, 2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	(dd/mm/yyyy) From	(dd/mm/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	NDANCE (dd/mm/yyyy) From	(dd/mm/yyyy) To	NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
ISO 9001:2015 Awareness & Re-awareness Webinar	9/5/2025	9/5/2025	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
NATIONAL CERTIFICATE II IN BREAD AND PASTRY PRODUCTION	12/2/2024	1/18/2025	126 HRS	TECHNICAL	BAYBAY TECHNICAL AND VOCATIONAL TRAINING CENTER
ROOT CAUSE ANALYSIS: TRACING A PROBLEM FROM ITS ORIGINS	7/30/2024	7/30/2024	4 HRS	TECHNICAL	GLENWOOD TECHNOLOGIST INTERNATIONAL INC.
FTODA: BIYAHENG LOKAL, PASADA NG KARUNUNGAN "FTALAKAY: FDA LICENSING"	4/21/2023	4/21/2023	8 HRS	TECHNICAL	FOOD AND DRUG ADMINISTRATION
CONSUMERS' FOOD SAFETY AWARENESS "HOW TO TELL MY FOOD IS SAFE TO EAT"	4/20/2023	4/20/2023	8 HRS	FOUNDATION	FOOD AND DRUG ADMINISTRATION
TRENDS AND UPDATES IN HYGIENE AND SANITATION CONTROL PROGRAM IN THE FOOD SERVICE INDUSTRY	4/19/2023	4/19/2023	8 HRS	FOUNDATION	VISAYAS STATE UNIVERSITY
WEBINAR OF PLANNING AND PREPARATION	3/17/2023	3/17/2023	8 HRS	FOUNDATION	VISAYAS STATE UNIVERSITY
2022 INTERNATIONAL FOOD VALUE CHAIN WEBINAR AND WORKSHOP	7/4/2022	7/8/2022	40 HRS	TECHNICAL	INSTITUTE FOR THE DEVELOPMENT OF AGRICULTURAL COOPERATION IN ASIA (IDACA)
TECHNICAL WEBINAR ON ANTIBIOTIC CONTAMINATION IN FOOD	5/20/2022	5/20/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. SOCIATION/ORGANIZATION (Write in full)
VIDEO EDITING (CAPCUT)	N/A	N/A
FOOTBALL, RUNNING	SILVER MEDALIST - EASTERN VISAYAS REGIONAL ATHLETIC ASSOCIATION 2015	BAYBAY JAGUARS FOOTBALL COMMUNITY

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 22, 2025

34.	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	If YES, give details: _____
35.	a. Have you ever been found guilty of any administrative offense?	If YES, give details: _____
	b. Have you been criminally charged before any court?	If YES, give details: _____ 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 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, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	If YES, give details: resigned on a food manufacturing company where I was assigned a quality control inspector.
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	If YES, give details: _____
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	If YES, give details: _____
39.	Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country): _____
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:	
a	Are you a member of any indigenous group?	If YES, please specify: _____
b	Are you a person with disability?	If YES, please specify ID No: _____
c.	Are you a solo parent?	If YES, please specify ID No: _____

41. REFERENCES **(Person not related by consanguinity or affinity to applicant /appointee)**

NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
MR. FERDINAND WEIZ LOPEZ	**BAYBAY CITY, LEYTE**	**9513539491**
MRS. CAROLINE G. IGASAN	**BAYBAY CITY, LEYTE**	**9268002050**
MR. PHILIP RICHARD L. SISON	**COGON, BAYBAY CITY, LEYTE**	**9513650871**

42.

PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*	
Government Issued ID:	**SSS/UMID**
ID/License/Passport No.:	**06-4657573-7**
Date/Place of Issuance:	**08/31/2023**

Signature (Sign inside the box)

October 26, 2025

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.

(wet signature/e-signature/digital certificate except for notary public)

Person Administering Oath