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

	TO FILLING OUT THE PERSONAL DATA SH								
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NO	T ABBREVIATE		1. CS ID No.		(Do not fill up. I	For CSC use only)	
	UY								
FIRST NAME	KERRY NAME EXTENSION (JR., SR)								
MIDDLE NAME	BALILI								
3. DATE OF BIRTH	3/13/1994	16. CITIZENSHIP				1			
(mm/dd/yyyy)	0/10/100 1	10. CHIZENGHIF		✓ Filipi	ino	Dual Citizenship by birth	_	lization	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize					iizadon		
5. SEX	☐ Male ☑ Female	please indicate the de	etails.						
	✓ Single Married	17. RESIDENTIAL ADDRESS							
6 CIVIL STATUS	☐ Widowed ☐ Separated		House/Block/Lot No.			Street			
	Other/s:		Subdivision/Village Barang			Barangay			
7. HEIGHT (m)	1.6		City/Municipality Province			Province			
8. WEIGHT (kg)	47.5	ZIP CODE							
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	16 R. MAGSAYSAY AV House/Block/Lot No. Street			GSAYSAY AVEN Street	IUE		
10. GSIS ID NO.	NA		ZONE 1			ZONE 10			
11. PAG-IBIG ID NO.	1211-6842-7116			division/Village AYBAY CITY	9		Barangay LEYTE	Barangay LEYTE	
		710.0005	Ci	ty/Municipality		0504	Province		
12. PHILHEALTH NO.	13-050183761-0	ZIP CODE	6521						
13. SSS NO.	34-5862179-5	19. TELEPHONE NO.		(053) 563 8427					
14. TIN NO.	330-296-717	20. MOBILE NO.	09359454204						
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	kerryuy@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)			NA				
MIDDLE NAME									
OCCUDATION									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
EMPLOYER/BUSINESS NAME									
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	UY								
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	UY ROE	NAME EXTENSION (JR., SR)							
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME		NAME EXTENSION (JR., SR)							
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	ROE	NAME EXTENSION (JR., SR)							
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	ROE	NAME EXTENSION (JR., SR)							
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	ROE YU	NAME EXTENSION (JR., SR)							
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	ROE YU BALILI NIDA RAPAS	NAME EXTENSION (JR., SR)		(Co	ontinue on seg	parate sheet if neces	sary)		
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	ROE YU BALILI NIDA RAPAS	NAME EXTENSION (JR., SR)		(Cc	ontinue on seg	parate sheet if neces	sary)		
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	ROE YU BALILI NIDA RAPAS	NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE		ontinue on seg	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)	sary) YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	ROE YU BALILI NIDA RAPAS ROUND	BASIC EDUCATION/DEGRI		PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME ### III. EDUCATIONAL BACKG 26. LEVEL	ROE YU BALILI NIDA RAPAS ROUND NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	TION	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED 2007	ACADEMIC HONORS RECEIVED	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG 26. LEVEL	ROE YU BALILI NIDA RAPAS ROUND NAME OF SCHOOL (Write in full) GRACE CHRISTIAN SCHOOL VISAYAS STATE UNIVERSITY LABORATORY HIGH	BASIC EDUCATION/DEGRI (Write in full)	TION	PERIOD OF A	To 2007	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED	YEAR GRADUATED 2007	ACADEMIC HONORS RECEIVED	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL/	ROE YU BALILI NIDA RAPAS ROUND NAME OF SCHOOL (Write in full) GRACE CHRISTIAN SCHOOL VISAYAS STATE UNIVERSITY LABORATORY HIGH	BASIC EDUCATION/DEGRI (Write in full)	TION	PERIOD OF A	To 2007 2011	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED	YEAR GRADUATED 2007	ACADEMIC HONORS RECEIVED	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	ROE YU BALILI NIDA RAPAS ROUND NAME OF SCHOOL (Write in full) GRACE CHRISTIAN SCHOOL VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	BASIC EDUCATION/DEGRI (Write in full) PRIMARY EDUCAT HIGH SCHOOL	TION AGRIBUSINESS AGRIBUSINESS	PERIOD OF # From 2001 2007	To 2007 2011	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED	YEAR GRADUATED 2007 2011	ACADEMIC HONORS RECEIVED	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE COLLEGE	ROE YU BALILI NIDA RAPAS ROUND NAME OF SCHOOL (Write in full) GRACE CHRISTIAN SCHOOL VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY	BASIC EDUCATION/DEGRI (Write in full) PRIMARY EDUCAT HIGH SCHOOL BACHELOR OF SCIENCE IN A MASTER OF MANAGEMENT IN	AGRIBUSINESS	PERIOD OF A From 2001 2007	To 2007 2011 2015	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED GRADUATED GRADUATED	YEAR GRADUATED 2007 2011 2015	ACADEMIC HONORS RECEIVED	

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREE		SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE (MANUSCONFERMENT EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)				
	ANGAY ELIGIBIL	ITY / DRIVER'S LICENSE	DRIVER'S LICENSE (If Applicable) EXAMINATION / CONFERMENT PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity			
Career Se	ervice (Profes: Eligib	sional) Second Level	80.6	10/18/2015	Taclob	Tacloban City			
	Eligib	ility							
			(Co)	ntinue on separate shee	t if nocoseans)				
. WORK EX	XPERIENCE		(60)	тапио от з о рагаtе sneet	riocossaiy)				
			t work) Description	n of duties should b	oe indicated in the attache	d Work Exp			
8. INCLUS	SIVE DATES n/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not			II/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
		~ -	aliat	21.5-	E TEL FOOM	Minimum		00170:07:	
	10/31/2016	Store Specia			E TELECOM UNIVERSITY PHIL-LIDAR	Wage	NA	CONTRACTUAL	N
/16/2017	5/31/2017	Geographic Information Sy	stem (GIS) Encoder	VIORIAG STATE	II	Minimum Wage	NA	CONTRACTUAL	Y
Ţ		-nothing fol	lows-						
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SIGNA	TURE		Ky Dahi h		DATE			22, 2021	
_	·—-	7		·			CS	FORM 212 (Revised 20	17), Page 2 o

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			RGANIZATIOI	v /3		
29. NAME & ADDRESS OF O (Write in full		INCLUSIV (mm/d	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
NA							
	tinue on separate :)				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu-				ief/Executive/Mana	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	ATION OF STEPS TO A MINO	From	То		Technical/etc)	D 4 4 67 1 11 1 4 2 2 2 2 2	
CAPABILITY BUINDING IN MANAGING FOOD INNOV	ATION CENTERS TRAINING	9/27/2018	9/28/2018	16 hours	MANAGERIAL	Department of Trade and Industry & DOST Department of Trade and Industry	
GOOD MANUFACTURING PRACTICES SEMINAR STRATEGIC PLANNING SEMINAR		4/3/2018 3/5/2018	4/4/2018 3/6/2018	16 hours	TECHNICAL	Department of Trade and Industry Department of Trade and Industry	
-nothing follows-		3/3/2016	3/0/2010	16 nours	TECHNICAL	Department of Trade and Industry	
-nothing tollows-							
	(0.1						
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Computer Literate (MS Word, Powerpoint,		Society of Agribusiness Students (SABS)					
Excel) Fast Learner	Society of Agrcultural Educators in Region 8						
Reading	Inc. (SAER 8)						
Art							
CIONATURE	(Gontinue on separate sheet if necessary)						
SIGNATURE	TURE Kafb.			Di	ATE	May 22, 2021 CS FORM 212 (Revised 2017), Page 3 of 4	

Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care] NO] NO				
35. a. Have you ever been found guilty of any administrative offe						
b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:					
36. Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO 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?					
38. a. Have you ever been a candidate in a national or local election Barangay election)?		☐ YES ☑ NO 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?					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES If YES, please specify: ☐ YES If YES, please specify II ☐ YES If YES, please specify II	✓ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.	ID picture taken within			
ANALITA A. SALABAO	Visca, Baybay City, Leyte	9235191103	the last 6 months 3.5 cm. X 4.5 cm (passport size)			
ARGINA M. POMIDA	Visca, Baybay City, Leyte	9777713855	With full and handwritten name tag and signature over			
ANTONIO P. ABAMO	Visca, Baybay City, Leyte	9209835693	printed name Computer generated			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	or photocopied picture is not acceptable 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: PhilHealth ID ID/License/Passport No.: 13-050183761-0	lox)					
Date/Place of Issuance: Baybay City, Leyte		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	SUBSCRIBED AND SWORN to before me this, affiant exhibit					
	Person Administering Oa	th				