CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	Г				
MARAUNG. Amu mianama amtat						winning  /			
concerned.	ion made in the Personal Data Sheet and the	-		-		rımınaı case/s ag	ainst the pers	son	
	TO FILLING OUT THE PERSONAL DATA SHE  use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATION									
2. SURNAME	ARPOCEPLE								
FIRST NAME	ROBERTO					NAME EXTENSION (JR	t., SR)		
MIDDLE NAME	SANCHEZ								
3. DATE OF BIRTH (mm/dd/yyyy)	09/14/1977	✓ Filipino Dual Citizenship ✓ by birth by naturaliza				zation			
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citize							
5. SEX	✓ Male Female	please indicate the de	details. Philippines		5			•	
6 CIVIL STATUS	Single       ✓ Married         Widowed       ☐ Separated         Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village				Street Barangay		
7. HEIGHT (m)	1.6002		С	Baybay City  ity/Municipality			Leyte Province		
8. WEIGHT (kg)	75	ZIP CODE							
9. BLOOD TYPE	В	18. PERMANENT ADDRESS	Hou	ise/Block/Lot No	2		Street		
10. GSIS ID NO.	N/A			bdivision/Village			Barangay		
11. PAG-IBIG ID NO.	121-0313-2152			Baybay City			Leyte Province		
12. PHILHEALTH NO.	13-200733388-2	ZIP CODE		6521					
13. SSS NO.	N/A 19. TELEPHONE NO.			N/A					
14. TIN NO.	930-232-641 20. MOBILE NO.			09552064968					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)				ole1977@gma ceple@vsu.e			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	ARPOCEPLE			23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
22. SPOUSE S SURNAIME	ARPOCEPLE						DATE OF BIRT	H (mm/aa/yyyy)	
FIRST NAME	ELVIRA	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE		3/2001	
		NAME EXTENSION (JR., SR)		ROMMEL C		PLE	09/23		
FIRST NAME	ELVIRA	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME	ELVIRA COSARE	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION	ELVIRA  COSARE  Housewife	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	ELVIRA  COSARE  Housewife  N/A	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	ELVIRA  COSARE  Housewife  N/A  N/A	NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	ELVIRA  COSARE  Housewife  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  NAME EXTENSION (JR., SR)		ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE			ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO			ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO			ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO			ROMMEL C	. ARPOCEF	PLE	09/23	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ			AILYN C.	ARPOCEPL	PLE	09/20	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA			AILYN C.	ARPOCEPL	E.	09/20	3/2001	
FIRST NAME MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  SURNAME FIRST NAME MIDDLE NAME  MIDDLE NAME	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA			ROMMEL C	ARPOCEPL	E.	09/20	3/2001	
FIRST NAME MIDDLE NAME OCCUPATION 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	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  ROUND	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGRE		ROMMEL C AILYN C.	Ontinue on seg	parate sheet if neces.  HIGHEST LEVEL/ UNITS EARNED	09/20 09/20 sary)	SCHOLARSHIP/ ACADEMIC HONORS	
FIRST NAME MIDDLE NAME OCCUPATION 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 LEVEL	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  COUND  NAME OF SCHOOL  (Write in full)	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGRI (Write in full)		ROMMEL C AILYN C. (C) PERIOD OF A	Ontinue on separatendance	DLE  Darate sheet if neces  HIGHEST LEVEL/ UNITS EARNED (if not graduated)	09/20 09/20 sary)	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
FIRST NAME MIDDLE NAME  OCCUPATION  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  III. EDUCATIONAL BACKGE  26. LEVEL  ELEMENTARY	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  ROUND  NAME OF SCHOOL  (Write in full)  GUADALUPE ALS CENTER	BASIC EDUCATION/DEGRE (Write in full)		PERIOD OF A	ontinue on seg	parate sheet if neces  HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETER	09/20 09/20 	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
FIRST NAME MIDDLE NAME  OCCUPATION  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 BACKGR  26. LEVEL  ELEMENTARY  SECONDARY VOCATIONAL /	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  COUND  NAME OF SCHOOL  (Write in full)  GUADALUPE ALS CENTER  GUADALUPE ALS CENTER	BASIC EDUCATION/DEGRE (Write in full)  N/A  N/A		PERIOD OF A  From  N/A  N/A	ontinue on separate N/A  N/A	parate sheet if neces  HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETER  COMPLETER	09/20 09/20 09/20 sary) YEAR GRADUATED 2024 2025	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED  N/A  N/A	
FIRST NAME MIDDLE NAME  OCCUPATION  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  III. EDUCATIONAL BACKGR  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  COUND  NAME OF SCHOOL  (Write in full)  GUADALUPE ALS CENTER  GUADALUPE ALS CENTER  N/A	BASIC EDUCATION/DEGRI (Write in full)  N/A  N/A		PERIOD OF A  N/A  N/A	Ontinue on separation of the N/A N/A N/A	DATASE Sheet if neces  HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETER  COMPLETER  NA/	09/20 09/20 09/20 sary) YEAR GRADUATED 2024 2025 N/A	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED  N/A  N/A	
FIRST NAME MIDDLE NAME  OCCUPATION  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 BACKGR  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	ELVIRA  COSARE  Housewife  N/A  N/A  N/A  ARPOCEPLE  LEBRADO  GALO  SANCHEZ  PASTORA  GARMA  COUND  NAME OF SCHOOL  (Write in full)  GUADALUPE ALS CENTER  GUADALUPE ALS CENTER  N/A  N/A  N/A	BASIC EDUCATION/DEGRI (Write in full)  N/A  N/A  N/A	EE/COURSE	PERIOD OF A  N/A  N/A  N/A	ARPOCEPL  ARPOCEPL  Ontinue on sep  ATTENDANCE  To  N/A  N/A  N/A  N/A	parate sheet if neces  HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETER  COMPLETER  NA/ N/A	09/20 09/20 09/20 sary) YEAR GRADUATED 2024 2025 N/A N/A	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED N/A N/A N/A	

	ERVICE ELIG								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMIN	PLACE OF EXAMINATION / CONFERMENT			oplicable)  Date of
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			CONFERMENT				NUMBER	Validity	
Driver's License		N/A	N/A	N/A			N12-12-002077		
Elect	Electrical Installation & Maintenance		N/A	N/A	Т	TESDA			03/05/2016
V WORK F	VDED/ENOE		(Cont	l inue on separate sheet if	necessary)				
	XPERIENCE ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attach	ed Work Ex	perience shee	t.	
28. INCLU (mi	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	TLE	DEPARTMENT / AGEI	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From 07/01/2007	To PRESENT	ELECTRIC	IAN	GENS	o-PPESU	P12,350.80	N/A	Job order	YES
10/15/2002	06/15/2007	PLUMBE			LANT OFFICE	P4,400.00	N/A	Job order	YES
						,			
			(Cont	inue on separate sheet if	necessary)				
SIGNA	ATURE		A		DATE	09/1	6/2025		
			01			<u> </u>		S FORM 212 (Revised 2	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	PEOPLE / V	OLUNTARY O	RGANIZATIOI	V/S	
29. NAME & ADDRESS OF OI (Write in full)		INCLUSIN (mm/d From	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A						
		tinue on separate s	•			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)				ief/Executive/Manag	gerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
User's Training of Fluke 1625-2 KIT, Fluke 1630-2, Fluk	e-ii910, Fluke-1777, Fluke-Tis60+9Hz,	From <b>06/28/2024</b>	To 06/29/2024	16 hrs	Participant	Visayas State University
Fluke-2042 and Fluke-Ti480 PRO Proper Operation, Maintenance and Application of the		03/22/2024	03/22/2024		·	
HZ160J	-			8 hrs	Participant	Wilan Merchandising Phils., Inc.
Hands-only Cardiopulmonary Resuscitation Seminar Workshop on Public Accountabilty, Custome	r Service & PMS-OPES for GSD Staff	07/21/2022 01/19/2010	07/22/2022 01/19/2010	16 hrs 8 hrs	Participant Participant	Visayas State University Visayas State University
						,
Seminar on Barangay Tanod Proficiency		02/17/2025	02/17/2025	8 hrs	Participant	Guadalupe, Baybay City, Leyte
	(Cont	tinue on separate s	sheet if necessary	)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving		N/A	1			N/A
	(Continue on separate sheet if necessary)					
SIGNATURE	A			DA	ATE	09/16/2025

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	PEOPLE / V	OLUNTARY O	RGANIZATIOI	V/S	
29. NAME & ADDRESS OF OI (Write in full)		INCLUSIN (mm/d From	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A						
		tinue on separate s	•			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)				ief/Executive/Manag	gerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
User's Training of Fluke 1625-2 KIT, Fluke 1630-2, Fluk	e-ii910, Fluke-1777, Fluke-Tis60+9Hz,	From <b>06/28/2024</b>	To 06/29/2024	16 hrs	Participant	Visayas State University
Fluke-2042 and Fluke-Ti480 PRO Proper Operation, Maintenance and Application of the		03/22/2024	03/22/2024		·	
HZ160J	-			8 hrs	Participant	Wilan Merchandising Phils., Inc.
Hands-only Cardiopulmonary Resuscitation Seminar Workshop on Public Accountabilty, Custome	r Service & PMS-OPES for GSD Staff	07/21/2022 01/19/2010	07/22/2022 01/19/2010	16 hrs 8 hrs	Participant Participant	Visayas State University Visayas State University
						,
Seminar on Barangay Tanod Proficiency		02/17/2025	02/17/2025	8 hrs	Participant	Guadalupe, Baybay City, Leyte
	(Cont	tinue on separate s	sheet if necessary	)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving		N/A	1			N/A
	(Continue on separate sheet if necessary)					
SIGNATURE	A			DA	ATE	09/16/2025