CS Form No. 212 Revised 2017				کو ض م					
	PERSON	IAL DATA	1 5HI						
WARNING: Any misrepresentation	on made in the Personal Data Sheet and the W	Vork Experience Sheet shall	cause the filin	g of admini:	strative/crin	ninal case/s agai	nst the persor	7	
concerned. READ THE ATTACHED GUIDE T	THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.					Do not fill up. For	CSC use only)		
I, PERSONAL INFORMATION) and use separate sheet if necessary. Intercate 147	All not appearance. Be item?							
The second secon	ANIEL								
FIRST NAME	MICHAEL				NA	ME EXTENSION (JR., S	SR)		
MIDDLE NAME	TABARANZA				L				
3. DATE OF BIRTH		16. CITIZENSHIP		✓ Filipino	<u> П</u> і	Dual Citizenship			
(mm/dd/yyyy)				<u>Г</u>] by naturaliza	tion	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizens	_			Pls. indicate cou	intry:		
5. SEX	✓ Male Female	please indicate the deta	sils.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House	/Block/Lat No.	No de proprieta de la constanti		Street KILIM		
	☐ Widowed ☐ Separated ☐ Other/s:		ST. S	AN VICENTE	Complete and and the second second second				
7 1150015 (-)	5'6	1		ivision/Village BAYBAY			Barangay LEYTE		
7. HEIGHT (m)		ZIP CODE	City	Municipality			Province		
8. WEIGHT (kg)	62	18. PERMANENT ADDRESS							
9. BLOOD TYPE	N/A			Block/Lot No.		and the last of the plant of the second of t	Street KILIM		
10. GSIS ID NO.	N/A		Subd	livision/Village		Sec Constitute on Provider of Security (Section Section Sectio	Barangay		
11. PAG-IBIG ID NO.	121137546927			BAYBAY Municipality	and a second second and the second and the second		LEYTE Province		
12. PHILHEALTH NO.	130501674169	ZIP CODE		6521					
13. SSS NO.	N/A	/A 19. TELEPHONE NO. N/A				N/A			
14. TIN NO.	488723771	20. MOBILE NO.		09352083107					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		mi	chaelanie	197@gmail.c	<u>om</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	hune purpose (10, 0m)	23. NAME of CHIL			st all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N	WA		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	ANIEL								
FIRST NAME	JESUS	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CAYUNDA								
25. MOTHER'S MAIDEN NAME									
SURNAME	TABARANZA								
FIRST NAME	DANISA								
MIDDLE NAME	NAPOLES		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKE	ROUND	1						SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	KILIM ELEMENTARY SCHOOL	N/A		06/13/2004	03/24/2010	N/A	2010	N/A	
SECONDARY	BAYBAY NATIONAL HIGHSCHOOL	N/A		06/18/2010	03/26/2014	N/A	2014	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 A	NIMAL SCIENCE	08/16/2017	08/12/2022	N/A	2022	N/A	

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DATE

GRADUATE STUDIES

SIGNATURE

20	IV. GIVIL	SERVICE ELIC	GIBILITY							
NAME	27. CAF	REER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	PATING	DATE OF				LICENSE (if	applicable)
NO.	L	SPECIAL LAWS/ CES/ CSEE (If Applicable) EXAMINATION / PLACE OF EXA		PLACE OF EXAMINA	TION / CONFE	RMENT		Date of Validity		
		N/	'A	N/A	N/A	N/A		N/A	N/A	
WOLUSINE DATES POSITION TITLE DEPARTMENT / AGRICU/ (JORNE) / COMPANY WATER SECURITY SEC										
1										
1										
1										
1										
1										
NO. NO. STATE NO. No	V. WORK	EXPERIENCE		(C	ontinue on separate sheet	if necessary)				
PASSITION To Oxford Ox	(Include pri	ivate employme		work) Description	n of duties should be	indicated in the attached	Work Expe			
10 10 10 10 10 10 10 10	(1				DEPARTMENT / AGE	MONTHLY SALARY	GRADE (if		GOV'T SERVICE	
MADERIAN			_					(Format '00-0")/ INCREMENT	ALT CHATMIENT	(Y/N)
020006220233 PRESENT FOREST GUARD DEPARTMENT OF FOREST SCIENCE (VSU) 100000000 0 NEGEOLAR 020006220233 PRESENT FOREST GUARD DEPARTMENT OF FOREST SCIENCE (VSU) 100000000 0 JOB ORDER 020006202023 CARREST GUARD 0 <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td> <td>N</td>					 					N
					+			<u> </u>		N
		T ILOUIN	TORESTOC		DEPARTMENT OF	FOREST SCIENCE (VSU)	10000.00	0	JOB ORDER	Y
										
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(Continue on supersta sheet if necessary)										
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(Continue on separate sheet if necessary)								_		
(Continue on superate sheet if necessary)										
			^ /il	(Cor	ntinue on separate sheet if			, ,		
SIGNATURE Machine DATE 66/25/25 CS FORM 212 (Revised 2017)	SIGNA	ATURE	Mich			DATE	00		5	

W VOLUNTARY MORE OF BUYELVEY							
	NT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORG		Y ORGANIZATI	RGANIZATION/S			
29. NAME & ADDRESS C (Write in		INCLE (m	USIVE DATES m/dd/yyyy) To	NUMBER OF HOUR	is	POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A	N/A		
VII. LEARNING AND DEVELOPMENT (L&	(Cor D) INTERVENTIONS/TRAINING B	ntinue on separa	to sheet if necessa	ury)			
	-7 ··· · · · · · · · · · · · · · · · · ·						
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in:	ITERVENTIONS/TRAINING PROGRAMS full)	ATTE	VE DATES OF ENDANCE vidd/yyyy)	NUMBER OF HOURS	Type of LD (Managenal/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ANTI-DRUG & ANTI-SEXUAL HARASSMENT SEMIN/		10/17/2014	10/17/2014	8.0	MANAGERIAL	PANNY'S HOMEBAKE PRODUCTS INC.	
EMERGENCY AND FIRE AWARENESS & PREPARED		03/23/2015	03/24/2015	16.0	TECHNICAL	PANNY'S HOMEBAKE PRODUCTS INC.	
FIRE PREVENTION DRILL & EXERCISE WITH FIRST	AID	08/04/2014	08/05/2014	16.0	TECHNICAL	PANNY'S HOMEBAKE PRODUCTS INC.	
FUNDAMENTALS OF CATTLE FEEDING TREE PLANTING-CLEAN AND GREEN ACTIVITY		09/16/2019	09/16/2019	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY	
THE TENTH OF SELAN AND GREEN ACTIVITY		02/09/2024	02/09/2024	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY	
III. OTHER INFORMATION	(Conti	nue on separate :	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-A		ICTIONS / RECOG	NITION		33, MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
SURVIVING SKILLS		N/A	e in full)	-		(Write in full)	
NAVIGATION		N/A				N/A	
GIS SKILLS				*			
KNOWLEDGE OF FOREST ECOSYSTEM							
CIONATURE	Paller	ue on separate s	heet if necessary)			, ,	
SIGNATURE	1			DA	TE	06/25/25 CS FORM/212 (Revised 2017), Page 3 of 4	
	V					Co FURMIZ 12 (Revised 2017), Page 3 of 4	

Are you related by consanguinity or affinity to the appointing or a chief of bureau or office or to the person who has immediate sup Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
5. a. Have you ever been found guilty of any administrative offens	YES NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the f dropped from the rolls, dismissal, termination, end of term, fini in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local electi Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except				
election to promote/actively campaign for a national or local c	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 re	☐ YES				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	na Carta for Disabled Persons (RA blease answer the following items:	4			
a. Are you a member of any indigenous group?	☐ YES If YES, please specify:	NO			
b. Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:				
c. Are you a solo parent?		☐ YES ☑ If YES, please specify ID No] NO ::		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)				
NAME	ADDRESS	TEL. NO.			
DENNIS P. PEQUE	PANGASUGAN BAYBAY CITY LEYTE	N/A			
ANATOLIO N. POLINA	CEBU CITY	N/A			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents sta	ated herein.	MICHAEL T. ANIEL PHOTO		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	1				
Government Issued ID: License ID	Mockey				
ID/License/Passport No.: H12-17-003639	// 04/25/25				
Date/Place of Issuance: BAYBAY CITY,LEYTE		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhi	biting his/her validly issued gover	nment ID as indicated above.		
	Dath	7			
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