CS Form No. 212

Revised 2017

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.

DEAD THE ATTACHED CHIDE TO EILLING OUT THE DEPSONAL DATA SHEET (DDS) REFORE ACCOMDUSHING THE DDS FORM

READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE () and use separate sheet if necessary. Indicate N	EET (PDS) BEFORE AC	COMPLISHING OT ABBREVIAT	G THE PDS F TE.	1. CS ID No.	I	(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIO	N							
2. SURNAME	GAROVILLO III							
FIRST NAME	ENRIQUE CARMELO							
MIDDLE NAME	CAL							
3. DATE OF BIRTH (mm/dd/yyyy)	3/13/1991	16. CITIZENSHIP				FILIPINO		
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citi	·			PHILIPPINES		
5. SEX	MALE	please indicate the	details.					
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS		ise/Block/Lot No ZONE 6			Street GUDALUPE	
7. HEIGHT (m)	1.76	1	Sui	bdivision/Village BAYBAY	1		Barangay LEYTE	
8. WEIGHT (kg)	85	ZIP CODE	C	ity/Municipality		6521A	Province	
9. BLOOD TYPE	0+	ZII OODL					HIGHWAY	
	U†	18. PERMANENT ADDRESS	Hou	ise/Block/Lot No).	1	Street IPPER TURNO	
10. GSIS ID NO.				bdivision/Village			Barangay	
11. PAG-IBIG ID NO.				DIPOLOG ity/Municipality			ZAMBOANG Province	A DEL NORTE
12. PHILHEALTH NO.		ZIP CODE			7100			
13. SSS NO.		19. TELEPHONE NO.						
14. TIN NO.	423-864-609	20. MOBILE NO.			09	9453660470		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if an			alarsiler	m@gmail.com		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	n/a		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)
FIRST NAME	n/a	NAME EXTENSION (JR., SR)						
MIDDLE NAME	n/a							
OCCUPATION	n/a							
EMPLOYER/BUSINESS NAME	n/a							
BUSINESS ADDRESS	n/a							
TELEPHONE NO.	n/a							
24. FATHER'S SURNAME	GARROVILLO JR.							
FIRST NAME	ENRIQUE CARMELO	JR.						
MIDDLE NAME	OCHOTORENA							
25. MOTHER'S MAIDEN NAME								
SURNAME	CAL							
FIRST NAME	MARIE BERNADETTE	E						
MIDDLE NAME	ECHICA			(Co	ntinue on sep	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGI	ROUND							COHOL A DOLLIE
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEG (Write in ful		PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PAREF-SPRINGDALE	ELEMENTAR	Υ	2000	2006		2006	
SECONDARY	FORMATION SCHOOL AND KIDDIES LEARNING CENTER	нідн ѕснос	L	2006	2010		2010	

VOCATIONAL / TRADE COURSE							
COLLEGE	SAN CARLOS SEMINARY COLLEGE	BACHELOR IN ARTS-PHILOSOPHY	2011	2015		2020	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE				TE		July 7, 2021	

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL S	SERVICE ELIG	BILITY							
27. CARI	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF	PLACE OF EXAMINATION / CONFERMENT		LICENSE (if applica		
Ви		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	RMENI	NUMBER	Date of Validity
			(Con	tinue on separate sheet	if necessary)				
	EXPERIENCE								
	vate employme LUSIVE DATES	nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attache	ed Work Exp	SALARY/ JOB/ PAY		
1)	mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То						INCREMENT		,
			//	tinuo on serverte ele	if necessar 1				
SIGN	IATURE		(Con	tinue on separate sheet	DATE		JULY	7, 2021	

VI. VOLUNTARY WORK OR INVOLVEM	ENT IN CIVIC / NON-GOVERNMENT	「/PEOPLE/V	OLUNTARY	ORGANIZATI	ON/S	
	OF ORGANIZATION in full)	INCLUSI\ (mm/d) From	E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
		110111	10			
VII. LEARNING AND DEVELORMENT ((Co	ntinue on separate	sheet if necessar	y)		
VII. LEARNING AND DEVELOPMENT (I				hief/Executive/Mar	nagerial positions)	
30. TITLE OF LEARNING AND DEVELOPMEN (Write	T INTERVENTIONS/TRAINING PROGRAMS in full)	ATTEN (mm/d		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	10			
	(Co	ntinue on separate	sheet if necessar	y)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NOI	N-ACADEMIC DIST (Wr	NCTIONS / RECO te in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		<u> </u>				

t if n

SIGNATURE	DATE	JULY 7, 2021
		CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - County of the county of the property of the pro	iate supervision over you in the Office,	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 or by any court or tribunal?	f any law, decree, ordinance or regulation	If YES, give details	:	
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?		If YES, give details	:	
38.	a. Have you ever been a candidate in a national or local of Barangay election)?	election held within the last year (except	If YES, give details:		
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local	If YES, give details:			
39.	Have you acquired the status of an immigrant or permane	If YES, give details (country): NO			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	•			
a.	Are you a member of any indigenous group?		If YES, please specify:	: NO	
b.	Are you a person with disability?		If YES, please specify	ID No: NO	
C.	Are you a solo parent?		If YES, please specify	NO ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applic	cant /appointee)			
	NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm	
				(passport size)	
				With full and handwritten name tag and signature over printed name	
40	I dealers under eath that I have recorded in the	and this Demonstrate Objects that	ture courset so t	Computer generated	
42.	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this d administrative/criminal case/s against me.	tinent laws, rules and regulations of the presentative to verify/validate the conten	Republic of the ts stated 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				
G	Government Issued ID:				
II	D/License/Passport No.:	Signature (Sign inside the	box)		
	ate/Place of Issuance:		Right Thumbmark		

SUBSCRIBED AND SWORN to before me this ————	, affiant exhibiting his/her validly issue	d government ID as indicated above.
	Person Administering Oath	
		CS FORM 212 (Revised 2017), Page 4 of 4

.