CS Form No. 212 Revised 2017		NAL DAT							
concerned. READ THE ATTACHED GUID	tation made in the Personal Data Sheet and t E TO FILLING OUT THE PERSONAL DATA S es] and use separate sheet if necessary. Indica	HEET (PDS) BEFORE ACCO	MPLISHING T	HE POS FO		The second		person For CSC use only	
I PERSONAL INFORMATI									
2. SURNAME	RAMIREZ		A PARALLE	F-6 (2)					
FIRST NAME	SEAN EDUARD					NAME EXTENSION (J	R, SP) N/	A	
MIDDLE NAME	PICSON					BHRUSE ST			
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1997	16. CITIZENSHIP		Filipino 🗆 Dual Citizenship			☐ by naturalization		
4. PLACE OF BIRTH	BAYBAY CITY , LEYTE	If holder of dual citiz	or of dual citizonship,		Pls. indicate country:				
5. SEX	☑ Male ☐ Female	please indicate the	ndicate the details.		N/A			~	
6 CIVIL STATUS	Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A			R.V. FULACHE Street EASTERN		CHE	
				harision/Villeg		и	Berangay	and company	
7. HEIGHT (m)	1.73		City/Municipality		Province				
8. WEIGHT (kg)	70	ZIP CODE 18. PERMANENT ADDRESS		N/A		-	R.V. FULACHE		
9. BLOOD TYPE	8+	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	6.		Street		
10. GSIS ID NO.	N/A	ALCONOMIC	Sui	N/A Subdivision/Village		EASTERN Barangay			
11. PAG-IBIG ID NO.	121333389747	the state of	H	H LONGOS ity/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-250501066-7	ZIP CODE	4	2524					
13. SSS NO.	06-4613880-2	19. TELEPHONE NO.	N/A	N/A					
14. TIN NO.	777-961-146	20. MOBILE NO.	09504970080						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ramirez	ramirez.seaneduard17@gmail			com		
IL FAMILY BACKGROUND							ATTO THE REAL		
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and		No. of Control of the				
FIRST NAME	N/A	N/A	N/A			N/A			
MIDDLE NAME	N/A						Circums.		
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A				705			Marine 2	
TELEPHONE NO.	N/A	I	the party of	a straight					
24. FATHER'S SURNAME	RAMIREZ	Three catalogues and	P. A				4		
FIRST NAME	EDUARDO	NAME EXTENSION (JR, SR)					3 make	, i	
MIDDLE NAME	BELTRAN								
25. MOTHER'S MAIDEN NAME			E. L. Control						
SURNAME	PICSON	1	14-11-1-1				157	10 10	
FIRST NAME	ANALIZA	A CONTRACTOR OF THE PARTY OF TH			4		Simo	Lat.	
MIDDLE NAME	PIJOTO		\$025 m	(0	ontinue on se	parate sheet if neces	isary)		
III. EDUCATIONAL BACKO	GROUND						- Supply	Laguer a popular	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIPF ACADEMIC HONORS RECEIVED	
ELEMENTARY	GREUNA OSMENA CHRISTIAN COLLEGE	N/A		2005	2011	N/A	2011	5тн ноча	
SECONDARY	GREUNA DSMEÑA CHRISTIAN ŒUEGE	N/A		2011	2015	N/A	20(5	13TH HOW	
VOCATIONAL / TRADE COURSE	N/A	A/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE		2015	2020	N/A	2021	N/A	
GRADUATE STUDIES	NIA	N/A		A/A	N/A	N/A	N/A	N/A	
A STATE OF THE STA	77 77	Continue on separate sheet if nec	ressary)		A STATE OF THE STA	March 1	- September	A MARKET	
SIGNATURE	James	~		DA	ATE	FI YAM	2024	garage of	

	RVICE ELIG			DATE OF			100000000000000000000000000000000000000	LICENSE (If a	onicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	TION / CONFERMENT		NUMBER	Date of Validity		
MECHANICA	IANICAL ENGINTER LICENSURE EXAM 84.80 FEBRUARY 26-27, 2023 CEBU CTTY, CEBU		CEBU		0118992	11/17/2			
	Cathy.								
			(Co	ntinue on separate sheet if n	ecessary)				
	(PERIENCE	et. Start from your recent	vork) Descriptio	n of duties should be in	ndicated in the attache	d Work Eyne	orience sheet		
8. INCLU	INCLUSIVE DATES (mm/dd/yyyy) Postrion (Write in full/Do not abbreviate)		LE.	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in ful/Do not abbreviate)		MONTHLY SALARY	SALARYI JOBJ PAY GRADE (II applicable)& STEP (Format 100-07) INCREMENT	STATUS OF APPOINTMENT	COVT SERVICE (Y/N)
01/28/24	PRESENT	TEAM LEADER		PHILIPPINE AS SMELTING AND RET			CONTRACTUAL	И	
09/28/23	01/20/24	QUALITY CONTROL I	ENGINEER	SKAFF CONSTRUK		P14,000.00		CONTRACTUAL	H
06/21/23	09 127 /23	SAPETY OFFICER		SKAFF CONSTRUKT	, INCORPORATED	P13,000.00	N/A	CONTRACTUAL	N
D\$/27/21	08/05/22	ENGLISH AS SECOND ONLINE TUTO		ENGOO . INCORP	PRATED	P18,000.00	N/A	CONTRACTUAL	H
		years of water systems		4-2-3-			eging 11 char		
					ing a make				
-4 4 -4							1 - 1 - 7		
									3.4-
			7						
Yan organ				4					
	distanti								
Marie and							716		
74.29									
SIGNA	TURE	Cocul		ntinue on separate sheet if n	DATE	MAY	4 F , 20	24	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/PEOPLE / V	OLUNTARY O	RGANIZATIO	N/S	一种,他们们对对自己的自己的	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/ddl/yyyy) From To			POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A	N/A		
				\$ 1 m	3, -10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	Tellax.		of T			
	Pine		SHA	Super tree		
				ACCEPTANT		
(Co VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	ntinue on separate ROGRAMS AT		0. 355			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyy) From To 03/07/24 03/07/24		MUMBER OF HOURS	Type of LD (Menagarial/ Supervisory/ Technical/vic)	CONDUCTED/SPONSORED BY (Within In LAT) PHILLIPPINGE ASSOCIATIED SINELITING	
7000						
PERMIT TO WORK AND JOB SAFETY ANALYSIS TRAINING WORKING AT HEIGHTS AND CONFINED SPACE ENTRY TRAINING				TECHNICAL	AND RETINING CORPORATION PHILIPPINE ASSOCIATED SMELTING AND RETINING CORPORATION	
MODERNE AT HOLEHIS AND CONTINGS SPACE ENTIRY TRAINING				Section 1	B.E.X. SAFETY TRAINING AND	
CONSTRUCTION COMPANIONS STORY AND HONOR PERMINE	0011-1125	00/22/20	41.18		CONSULTANCY	
The second section of the second seco				ELSI-14		
	District Li			95		
			54.3		COMPANIES AND ASSESSMENT OF THE SECOND	
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			775	V. Lake		
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The state of the s	-					
	ntinue on separate	sheet if necessary)	The second second	The first of the second section of the second secon	
VIII. OTHER INFORMATION				NAME OF STREET		
31. SPECIAL SKILLS and HOBBIES 32. NO.	N-ACADEMIC DISTII (Writ	NCTIONS / RECOG is in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
PHOTOGRAPHY	N/A					
VIDED GAME	me					
SPORTS			Maria		La de de la companya della companya della companya della companya de la companya della companya	
MUSIC					part the	
DANCE	e a constant	arcing of	bert ber			
PLAYING INSTRUMENT						
lica I	ntinue on separate	sheet if necessary)			
SIGNATURE	0	aran ma	And the second	ATE	MAY 17, 2024 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 Immedia Bureau or Department where you will be apppointed, a. within the third degree?	□ YES Ø	, NO				
b. within the fourth degree (for Local Government Unit - Co		NO				
as, a. Have you ever been found guilty of any administrative of	☐ 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:					
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	☐ YES ☑ NO 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?	the following modes: resignation, end of term, finished contract or phased	I YES NO If YES, give details: RESIGNATION FROM MY PREJOUS EMPLOYMENT				
a. Have you ever been a candidate in a national or local e Barangay election)? b. Have you resigned from the government service during						
election to promote/actively campaign for a national or loc 39. Have you acquired the status of an immigrant or permane	If YES, give details: ☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 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 applic	cant /appointee)					
NAME	ADDRESS	TEL. NO.				
JAKE ERNEST BINUEZA	ORMOC CITY, LEYTE	N/A				
RAMIL VINCULADO	HILONGOS, LEYTE	N/A				
RAYMUND ICCASAMA	BAYBAY CITY, LEYTE	N/A				
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of perti Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do administrative/criminal case/s against me.	nent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the s stated herein.	RAMIREZ, SEAN EDUARD P.			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License. etc.) PLEASE INDICATE ID Number and Date of Issuance	00.	State of the state of				
Government Issued ID: PRC	Jouran	2				
ID/License/Passport No.: 0118992	Signature (Sign inside the b	OX)				
Date/Place of Issuance: 0/02/23	Security and the Control of the Cont	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	overnment ID as indicated above.			
	Person Administering Oal	h posterior de				
		7	CS FORM 212 (Revised 2017), Page 4 of			