CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE'	Γ			
WARNING: Any misrepresental concerned.	tion made in the Personal Data Sheet and the	e Work Experience Sheet si	hall cause the	filing of ad	ministrative	e/criminal case/s	against the p	erson
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHI			HE PDS FOI			(D. 1511 F	- 000
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only
2. SURNAME	ACAMPADO							
						NAME EXTENSION (JF	t., SR)	
FIRST NAME	DULCE AMOR					,	,	
MIDDLE NAME	CABAHUG			ı				
DATE OF BIRTH (mm/dd/yyyy)	1/12/1994	16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalizatio			ization	
4. PLACE OF BIRTH		If holder of dual citizen						
5. SEX	☐ Male ✓ Female	please indicate the de	etails.					_
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	450 House/Block/Lot No. N/A			CENTRO Street SAN ISIDRO		
	Other/s:			bdivision/Villag	9		Barangay	
7. HEIGHT (m)	1.676			BAYBAY CITY ity/Municipality			LEYTE Province	
8. WEIGHT (kg)	59	ZIP CODE				6521		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Hou	N/A se/Block/Lot N	0	N	IATIONAL ROAD Street	
10. GSIS ID NO.	N/A			N/A			RIVERSIDE	
11. PAG-IBIG ID NO.	1211-4410-4535		Subdivision/Village SULAT EAS City/Municipality		EASTERN SA	Barangay EASTERN SAMAR Province		
12. PHILHEALTH NO.	08-025954941-1	ZIP CODE		6815				
13. SSS NO.	34-2894137-9	19. TELEPHONE NO.		N/A				
14. TIN NO.	467-498-948-000	20. MOBILE NO.	09430431314					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		dulceamorca.13@gmail.com				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	ALBERO		23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIR	TH (mm/dd/yyyy
FIRST NAME	ANDRO	NAME EXTENSION (JR., SR)		JADE FERLEE ALBERO			4/16/2013	
MIDDLE NAME			CLYDE ANDRE ALBERO			9/14	9/14/2020	
OCCUPATION	SPRINTER							
EMPLOYER/BUSINESS NAME	J&T EXPRESS							
BUSINESS ADDRESS	BAYBAY CITY BRAN	NCH						
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	ACAMPADO							
FIRST NAME	ALEXANDER	NAME EXTENSION (JR., SR)						
MIDDLE NAME	DELA CUEVA							
25. MOTHER'S MAIDEN NAME	DELITO CONT.							
SURNAME	CABAHUG							
FIRST NAME	ROSARIO		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	BIAGCONG			(Ci	ontinue on se _l	parate sneet if neces	isary)	_
	KOOND				_			SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	From		To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	SULAT CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCAT	ION	6/9/2000	3/31/2006	GRADUATE	2006	WITH HONORS
SECONDARY	SULAT NATIONAL HIGHSCHOOL	SECONDARY/HIGHSO	CHOOL	6/10/2006	3/30/2010	GRADUATE	2010	WITH HONORS
VOCATIONAL / TRADE COURSE	TESDA - SAMAR NATIONAL SCHOOL OF ARTS AND TRADES	NATIONAL CERTIFICATE IN	N COOKERY	6/10/2014	12/15/2014	GRADUATE	2014	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	AGRICULTURE	8/15/2016	9/30/2020	GRADUATE	2020	N/A
GRADUATE STUDIES								NI/A
	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN PLAN	IT PATHOLOGY	3/15/2021	PRESENT	GRADUATE	ON-GOING	N/A
		MASTER OF SCIENCE IN PLAN Continue on separate sheet if necessity		3/15/2021	PRESENT	GRADUATE	ON-GOING	N/A

IV. CIVIL SI	ERVICE ELIG	BILITY							
27. CAREE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF				DAITAIT.	LICENSE (if applicable)			
BAF		LAWS/ CES/ CSEE (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			RMENI	NUMBER	Date of Validity		
	N/A	A	N/A	N/A	N/A			N/A	N/A
V. WORK E	XPERIENCE		(Con	tinue on separate sheet	if necessary)				
(Include priv	ate employme		nt work) Descriptio	n of duties should	be indicated in the attach	ed Work Ex		et.	
	ISIVE DATES n/dd/yyyy)	POSITION TI			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
1/20/2023	PRESENT	FREELANCE T	UTOR	RAF	REJOB INC.	2000.00	N/A	FREELANCE	N
2/11/2016	7/15/2016	SERVICE CF	REW	JOLLIBEE FO	OOD CORPORATION	9000.00	SG 8	CONTRACTUAL	N
5/1/2015	01/12016	SALES ASSOC	CIATE	ROBINSONS F	OOD CORPORATION	8000.00	SG 5	CONTRACTUAL	N
9/10/2011	12/15/2011	CASHIEF	₹	SUPERVALU	E INCORPORATION	9000.00	SG 10	CONTRACTUAL	N
		h		tinue on separate sheet			<u> </u>		
SIGNA	TURE	30			DATE	AUGUST 4, 20	23		

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (ORGANIZATIO	DN/S		
29. NAME & ADDRESS OF OF (Write in full)		(mm/d	/E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
PLANT PROTECTION MAJORS ASSOCIAT	ION - BAYBAY CITY LEYTE	From 10/6/2018	To 10/6/2019	8 HRS/DAY	SECRETARY		
VII. LEARNING AND DEVELOPMENT (L&D)		ontinue on separa ROGRAMS A		ary)			
	D. 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)	
THE CRUCIAL ROLE OF DIAGNOSTIC IN D	From 6/21/2023	To 6/21/2023	1.5	MANAGERIAL	PHYTOHEALTH De La Salle State University		
RESPONDING TO AN INCREASING THREAT - PROTECTING DISEASES	PLANTS AND TREES FROM PESTS AND	6/14/2023	6/14/2023	2.0	MANAGERIAL	PHYTOHEALTH De La Salle State University	
WORKING WITH FUNGI IN THE	DIGITAL ERA	6/24/2022	6/24/2022	2.0	MANAGERIAL	MYCOLOGICAL SOCIETY OF THE PHILIPPINES INC.	
PLANTATION HERBICIDE RESISTANCE M.	ANAGEMENT WEBINAR	9/5/2022	9/5/2022	2.0	MANAGERIAL	THE CROPLIFE PHILIPPINES INCORPORATION	
GETTING TO KNOW BLACK SOLDIER FL	Y AND ITS POTENTIAL	9/5/2022	9/5/2022	2.0	SUPERVISORY	BUREAU OF PLANT INDUSTRY	
VICTOR BIOLOGY, ECOLOGY AND CONTROL OF ARTHR CONTROL OF ARTHROPOL	4/5/2022	4/5/2022	2.0	SUPERVISORY	DE SALLE STATE UNIVERSITY		
	10	ontinue on separa	to shoot if reces	and			
VIII. OTHER INFORMATION	(C	onunue on separa	te sneet ii necess	ary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COOKING	N/A					PLANT PROTECTION MAJORS ASSOCIATION	
DRIVING							
OPERATING A MICROSCOPE							
INTERNET SURFING							
MS APPLICATIONS							
TRAVELLING							
	(0)	ontinuo on sees	to shoot if reces	anı)			
SIGNATURE	Fig	ontinue on separa	to onest ii iletess		ATE	AUGUST 4, 2023	

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34. 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 ☑	NO					
b. within the fourth degree (for Local Government Unit - Ca	YES If YES, give details:	NO					
35. a. Have you ever been found guilty of any administrative of	ffense?	YES V 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 a by any court or tribunal?	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?						
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, cout (abolition) in the public or private sector?		YES NO If YES, give details: FINISHED CONTRACT					
38. a. Have you ever been a candidate in a national or local el Barangay election)?	ection held within the last year (except	☐ 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 permaner	☐ YES ☑ NO If YES, give details (country):						
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 a. Are you a member of any indigenous group? 		☐ YES	√ NO				
b. Are you a person with disability?		If YES, please specify: YES NO If YES, please specify ID No:					
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)						
NAME	ADDRESS	TEL. NO.					
ELVIRA L. OCLARIT	GUADALUPE, BAYBAY CITY LEYTE	N/A					
JUSTINE BENNETTE MILLADO	VSU	N/A					
FELY FALCONE	GUADALUPE, BAYBAY CITY LEYTE	N/A					
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID ID/License/Passport No.: 0111-589090-7							
Date/Place of Issuance: MANDALUYONG CITY/2016	Signature (Sign inside the b AUGUST 4, 2023 Date Accomplished	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	th						