| CS Form No. 212 Revised 2017 | PERSOI | NAL DAT | A SH | IEE' | Γ | | | | |
|---|--|---------------------------------|---|--|-------------------------------------|-----------------------|--------------------------------|----------------------------|--|
| | ntion made in the Personal Data Sheet and th | e Work Experience Sheet sh | all cause the | filing of ac | lministrativ | e/criminal case/s | against the | person | |
| | TO FILLING OUT THE PERSONAL DATA SH | | | | | | | | |
| Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO | s () d use separate sheet if necessary. Indicate | e N/A if not applicable. DO NOT | ABBREVIATE | | 1. CS ID No. | | (Do not fill up. I | For CSC use only | |
| 2. SURNAME | LAGUE | | | | | | | | |
| FIRST NAME | MA. NELIA | | | | | NAME EXTENSION (JF | R., SR) | | |
| MIDDLE NAME | NAVARRO | | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 01/26/1999 | 16. CITIZENSHIP | | | | Dual Citizenship | _ | | |
| 4. PLACE OF BIRTH | CEBU CITY | If holder of dual citizens | | | | | y naturalization ry: | | |
| 5. SEX | Male Female | please indicate the details. | | | | | | _ | |
| | ✓ Single Married | 17. RESIDENTIAL ADDRESS | | N/A | | | CENTRO | | |
| 6 CIVIL STATUS | Widowed Separated | 17. NEGIDERTIAL ADDITEGO | House/Block/Lot No. N/A Subdivision/Village | | | | Street | | |
| | Other/s: | | | | | | TILHA-ONG Barangay | | |
| 7. HEIGHT (m) | 1.61 | | | COSOLACION ity/Municipality | | | CEBU Province | | |
| 8. WEIGHT (kg) | 75 | ZIP CODE | | 6001 | | | | | |
| 9. BLOOD TYPE | 0+ | 18. PERMANENT ADDRESS | Hou | N/A House/Block/Lot No. | | | CENTRO Street | | |
| 10. GSIS ID NO. | N/A | | | N/A | | | TILHA-ONG | | |
| 11. PAG-IBIG ID NO. | 121276810363 | - | Sub | bdivision/Village CONSOLACION | | | Barangay CEBU | | |
| | | 7/0 0005 | City/Municipality | | | Province | | | |
| 12. PHILHEALTH NO. | 120260108412 | ZIP CODE | | 6001 | | | | | |
| 13. SSS NO. | 34-9793111-6 | 19. TELEPHONE NO. | NA . | | | | | | |
| 14. TIN NO. | 398-655-760-000 20. MOBILE NO. | | 09214855002 | | | | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | | Ī | nelialagu | e1@gmail.co | <u>om</u> | | |
| II. FAMILY BACKGROUND | | Į, | OO NAME COU | UDDEN (M.) | 6.11 | IP (III) | DATE OF DID | TII | |
| 22. SPOUSE'S SURNAME | N/A | NAME EXTENSION (JR., SR) | | | DREN (Write full name and list all) | | | DATE OF BIRTH (mm/dd/yyyy) | |
| FIRST NAME | N/A | , , | | | | | | | |
| MIDDLE NAME | N/A | | <u> </u> | | | | | | |
| OCCUPATION | N/A | | | | | | | | |
| BUSINESS ADDRESS BUSINESS ADDRESS | N/A | | | | | | | | |
| | N/A | | | | | | | | |
| TELEPHONE NO. | N/A LAGUE | | | | | | | | |
| 24. FATHER'S SURNAME | ALBERTO | SR. | | | | | | | |
| FIRST NAME | ALBERTO | | | | | | | | |
| MIDDLE NAME 25. MOTHER'S MAIDEN NAME | ACLON | | | | | | | | |
| SURNAME | NAVARRO | | | | | | | | |
| FIRST NAME | NELFA | | | | | | | | |
| | PORRAS | | | (Continue on separate sheet if necessary) | | | | | |
| MIDDLE NAME III. EDUCATIONAL BACKG | | | | (CC | munue on sej | Darate Sheet ii neces | isary) | | |
| 26. | | | | DEDIOD OF A | ATTENDANCE | HIGHEST LEVEL/ | | SCHOLARSHIP/ | |
| LEVEL | LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/ (Write in full) (Write in full) | | E/COURSE | RSE PERIOD OF ATTENDANCE HIGHEST LEVEL From To (if not graduated) | | YEAR GRADUATED | ACADEMIC HONORS RECEIVED | | |
| ELEMENTARY | SAN ROQUE COLLEGE DE CEBU | Elementary | | | | | 2012 | With Honors | |
| SECONDARY | MANDAUE CITY SCIENCE HIGH SCHOOL | Junior High School and Senior | High School | | | | 2018 | With Honors | |
| VOCATIONAL / TRADE COURSE | N/A | | | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN AG | | | | | 2022 | Cum Laude | |
| GRADUATE STUDIES | | | | | | | | | |

SIGNATURE

| V. WORK EXPERIENCY (Include private employn 28. INCLUSIVE DATES (mm/dd/yyy) | A 1080 (BOARD/ BAR) UNDER LAWS/ CES/ CSEE IILITY / DRIVER'S LICENSE | RATING (If Applicable) 74.01 | DATE OF EXAMINATION / CONFERMENT Sept.14-15. 2023 | PLACE OF EXAMINA Ceb | TION / CONFER | RMENT | NUMBER 0012591 | Date of Validity 1/26/26 |
|--|---|-------------------------------|--|-------------------------|-------------------|---------------------------------------|--------------------------|--------------------------------|
| V. WORK EXPERIENC (Include private employn 28. INCLUSIVE DATES (mm/dd/yyyy) | 1080 | 74.01 | Sept.14-15. 2023 | Ceb | u City | | 0012591 | |
| (Include private employn 28. INCLUSIVE DATES (mm/dd/yyyy) | | | · | | | | | |
| (Include private employn 28. INCLUSIVE DATES (mm/dd/yyyy) | | | | | | | | |
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| (Include private employn 28. INCLUSIVE DATES (mm/dd/yyyy) | | | | | | | | |
| (Include private employn 28. INCLUSIVE DATES (mm/dd/yyyy) | | (Co. | ntinue on separate sheet | if necessary) | | | | |
| 28. INCLUSIVE DATES (mm/dd/yyyy) | | | | | | | | |
| (mm/dd/yyyy) | | | | | | SALARY/ JOB/ PAY GRADE (if | | GOV'T |
| | POSITION T (Write in full/Do not | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | MONTHLY SALARY | applicable)& STEP (Format "00-0")/ | STATUS OF APPOINTMENT | SERVICE (Y/ N) |
| From To | Po 4 f and ba | 44 | Department of Agricultural and | | | INCREMENT | B 44 | |
| 9/12/22 6/30/23 | Part-time Ins | tructor | Biosystems Engi | neering / Visayas State | 13000.00 | | Part-time | Y |
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| | | (Co. | ntinue on separate sheet | if necessary) | | | | |
| SIGNATURE | 76 | | | DATE | | December 26, 20 | 023 | |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | |
|---|--|-----------------------------|------------------------------|-------------------|---|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | | INCLUSIV | /E DATES d/yyyy) To | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| N/A | | | | | | |
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| VII. LEARNING AND DEVELOPMENT (L&D) | | inue on separate : | |) | | |
| (Start from the most recent L&D/training program and included) | ide only the relevant L&D/training taken f | or the last five (5) | years for Division | Chief/Executive/I | Managerial positions | s) |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | | INCLUSIVE ATTEN (mm/d | DATES OF DANCE d/yyyy) | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| NIA | | From | То | | | |
| N/A | | | | | | |
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| (Continue on separate sheet if necessary) VIII. OTHER INFORMATION | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON- | ACADEMIC DISTIN | | NITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
| Mathematical Skills | (Wite in full) | | | | | Philippine Society of Agricultural and |
| Computer Literate | | | | | | Biosystems Engineers |
| Graphic Design | + | | | | | |
| Basic Engineering Software | | | | | | |
| Basic AutoCAD | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Cont | inue on separate : | sheet if necessary |) | | |
| SIGNATURE | ALA | | | DA | A <i>TE</i> | December 26, 2023 |

| 34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat | | | | | | | | |
|--|--|--------------------------|--------------|--|--|--|--|--|
| Bureau or Department where you will be apppointed, | | | _ | | | | | |
| a. within the third degree? | | | NO NO | | | | | |
| b. within the fourth degree (for Local Government Unit - Ca | reer Employees)? | | ✓ NO | | | | | |
| | If YES, give details | S: | | | | | | |
| The second section of the sect | f2 | - | | | | | | |
| 35. a. Have you ever been found guilty of any administrative of | rense? | _ | ✓ NO | | | | | |
| | | If YES, give details | S: | | | | | |
| | | | | | | | | |
| 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 | ny law, decree, ordinance or regulation | ☐ YES | √ NO | | | | | |
| by any court or tribunal? | | If YES, give details: | | | | | | |
| | | | | | | | | |
| 37. Have you ever been separated from the service in any of the | e following modes: resignation | | [] NO | | | | | |
| retirement, dropped from the rolls, dismissal, termination, e | | YES If YES, give detail: | ✓ NO S: | | | | | |
| out (abolition) in the public or private sector? | · | | | | | | | |
| 38. a. Have you ever been a candidate in a national or local ele | ection held within the last year (except | ☐ YES | √ NO | | | | | |
| Barangay election)? | | If YES, give detai | | | | | | |
| b. Have you resigned from the government service during t | he three (3)-month period before the last | ☐ YES | √ NO | | | | | |
| election to promote/actively campaign for a national or loca | | If YES, give details: | | | | | | |
| 39. Have you acquired the status of an immigrant or permanen | | ii 125, giro dotailo. | | | | | | |
| 39. Have you acquired the status of an infiningrant of permanent | YES V NO | | | | | | | |
| | | If YES, give details | s (country): | | | | | |
| 40 D | 0 1 (D') D | - | | | | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) | | | | | | | | |
| Are you a member of any indigenous group? a. | | | | | | | | |
| Are you a member of any indigenous group? | │ | ✓ NO v: | | | | | | |
| b. Are you a person with disability? | YES VO | | | | | | | |
| , | If YES, please specify ID No: | | | | | | | |
| c. Are you a solo parent? | | | | | | | | |
| | | If YES, please specify | y ID No: | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applican | 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | |
| Anecita A. Sespeñe | Consolesion Cob. | 9999932957 | | | | | | |
| Allectia A. Sespelle | Consolacion, Cebu | 9999932937 | | | | | | |
| Feliciano L. Sinon Jr. | Baybay City, Leyte | 9394477500 | 0 | | | | | |
| Lolita A. Balagosa | Quezon City | 9088640153 | | | | | | |
| | , , | | | | | | | |
| 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 filling 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: Driver's License | | | | | | | | |
| ID/License/Passport No.: G05-17-007008 | ox) | | | | | | | |
| Date/Place of Issuance: Cebu City | | D: II T | | | | | | |
| | | Right Thumbmark | | | | | | |
| SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | |
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