CS Form No. 212 Revised 2017			O constant	v .							
	_	PERSO							i de garaga A Albanda		
WARNING: Any misinterpreta								ve/criminal case	s against the	person	
concerned. READ THE ATTACHED GUIDI	E TO FILLING OUT THE PE	ERSONAL DATA S	HEET (PDS) BEFO	ORE ACC	OMPLISHING ARREVIATE	THE PDS F	ORM.		(Do not fil	up. For CSC use only	
Print legibly. Tick appropriate boxe		ii necessary. Indicate	3 IVA II IIOt applicable	a. DO NOT							
2. SURNAME	PROMENTERA						× ,=	- 1		4	
FIRST NAME	GELIANE						,	NAME EXTENSION ( J	R.,SR.) N/A		
MIDDLE NAME	LACNO										
3. DATE OF BIRTH	FEBRUARY	03 1997	16. CITIZENSHIP	11 11 15	- W. 17	[Z] Silv	olno F	7 Dual Citizenship			
(mm/dd/yyyy)	FEBRUARI	05, 1557							by naturalization		
4. PLACE OF BIRTH	MANDAUE CITY, CEBU		If holder of dual citizenship,			Pls. indicate country:				(30)	
5. SEX	☐ Male	<b>✓</b> Female	please indicate the details.								
6 CIVIL STATUS	✓ Single		17. RESIDENTIAL ADDRESS		LOT 6, BLK. 6, House/Block/Lol No.				Street		
	☐ Widowed ☐ Other/s:	☐ Separated	PURA		PURAV	VILLE SUBDIVISION, BRG			SY. BAGONG BUHAY, Barangay		
7. HEIGHT (m)	1.47 n	n			(	Subdivision/Village ORMOC CITY,			LEYTE		
8. WEIGHT (kg)	45 kg		ZIP COD	nF		City/Municipality 6541			Province		
			18. PERMANENT AL	3 - 19 4 14	LOT 6, BLK. 6,						
9. BLOOD TYPE	0					House/Block/Lat No.			Street Y. BAGONG BUHAY,		
10. GSIS ID NO.	N/A				S	Subdivision/Village			Barangay LEYTE		
11. PAG-IBIG ID NO.	12126627	0959			ORMOC CITY, City/Municipality			Province			
12. PHILHEALTH NO.	13-252320	534-3	ZIP COD	E	6541						
13. SSS NO.	35-005713	34-0	19. TELEPHONE NO	).	N/A						
14. TIN NO.	762-261-9	962	20. MOBILE NO.		0955-547-0386						
15. AGENCY EMPLOYEE NO.	1438-C	Α	21. E-MAIL ADDRES	SS (if any)			glprome	ntera@gmail	.com		
I. FAMILY BACKGROUND			September 17								
2. SPOUSE'S SURNAME		N/A	23. NAME ( NAME EXTENSION (JR., SR)		23. NAME of C	3. NAME of CHILDREN (Write full name and list all)  N/A			e them of	RTH (mm/dd/yyyy)	
FIRST NAME	N/A		Total Extension (a.g. say			INA				N/A	
MIDDLE NAME		N/A									
OCCUPATION		N/A									
EMPLOYER/BUSINESS NAME		N/A	, , , , , , , , , , , , , , , , , , , ,								
BUSINESS ADDRESS		N/A	1								
TELEPHONE NO.		N/A							8		
4. FATHER'S SURNAME		PROMENTERA	NAME EXTENSION (JR.,	SR)							
FIRST NAME	ELEUTERIO										
MIDDLE NAME		JIMENEZ									
5. MOTHER'S MAIDEN NAME						- N					
SURNAME		LACNO							-		
FIRST NAME		HERNESA			Alexander St. St. St.			and the second of the second	Complete State Company of the		
MIDDLE NAME		DINDIN					(Continue on :	separate sheet if ned	cessary)		
EDUCATIONAL BACKGR	OUND		The state of the state of					S. Constant Conference	A STORES		
S. LEVEL	NAME OF SCHI (Write in full)		BASIC EDUCATI (W	ION/DEGRE /rite in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	ORMOC CITY CENTRA	AL SCHOOL	ELE	MENTARY		07/06/2004	29/03/2010	N/A	2010	ACHIEVER	
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL		HIGH SCHOOL			02/06/2010	31/03/2014	N/A	2014	10TH HONORABLE MENTION	
VOCATIONAL / TRADE COURSE	N/A		N/A			N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY		B.S. IN AGRICULTURAL ENGINEERING		GINEERING	02/06/2014	14/06/2019	N/A	2019	LANDBANK GAWAD PATNUBAY SCHOLAR	
GRADUATE STUDIES	N/A		N/A			N/A	N/A	N/A	N/A	N/A	
SIGNATURE	10 Pronen	ler.	Continue on separate	sheet if ne		Warch 3, 2021		CS FORM	212 (Revised 201	7), Pege 1 of 4	

IV CIVIL SE	RVICE ELIGI	BILITY		Control of the second				A Section	1000
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  LICENSURE EXAM FOR AGRICULTURAL AND			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if a	applicable)  Date of  Validity
			73.6	OCTOBER 30-31,	IEC, CE		10933	03/02/23	
	BIOSYSTEMS E	ENGINEER		2019					
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rate was file			(Co	ontinue on separate sheet if	necessary)	(0A) 1 2 4 2 1 2	n cini: Madweck		
V. WORK E)		t. Start from your recen	Work Pasarieti	on of duties should be	indicated in the attache	o Work Ex	erience sheet		
28. INCLUS	SIVE DATES	POSITION TI (Write in ful/Do not	TLE	DEPARTMENT/AGEN	NCY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То			Facility 25	t and Field O		INCREMENT		Y WAR
01/13/2020	Present	Science Researd	h Analyst	Division (FMFOD) - Postharvest D	Facility Management and Field Operations Division (FMFOD) - Philippine Center for Postharvest Development and Mechanization (PHilMech)			Contract of Service	Yes
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	ne pay is s	A	(Co	ontinue on separate sheet if	necessary)			TANK DISEBUTE	Mark yet
SIGNA	TURE	Furner	ller.	DATE	March 3, 2021		CS FORM	212 (Revised 2017),	Page 2 of 4

29.	NAME & ADDRESS O		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK				
			From N/A	To N/A	N/A			N/A		
	N/A	· · · · · · · · · · · · · · · · · · ·	N/A	N/A	N/A			1970		
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	7									
Alegoria de la composição			ntinue on separate :				10.000			
		<b>SD) INTERVENTIONS/TRAINING</b> clude only the relevant L&D/training taken for			niel/Executive/Mana	gerial positions)				
		T = 0	INCLUSIVE	DATES OF		Type of LD		COMPLICATED SPONSOPED BY		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED (Write in full)				
			From	То		-1	Facility	Management and Field OperationS		
	DEVELOPMENT CO INTENANCE OF RIC	OURSE ON THE OPERATION AND E MACHINERY	02/24/2020	02/28/2020	40.0	TECHNICAL	Divisio	on (FMFOD) - Philippine Center for rest Development and Mechanization (PHilMech)		
,	FIELD INTER	NSHIP	09/31/2019	11/22/2019	280.0	INTERNSHIP	LANDBA	NK CEBU NORTH LENDING CENTER		
	OFFICE INTER	NSHIP	09/08/2019	09/29/2019	120.0	INTERNSHIP	LANDBANH	OF THE PHILIPPINES- HEAD OFFIC		
	ON-THE-JOB TR	RAINING	JUNE, 2019	JULY, 2019	240.0	INTERNSHIP	PHILIPPINE	RICE RESEACH INSTITUTE - MUNC		
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	VALV	(Co	ntinue on separate s	heet if necessary)						
III. OTHER INFORMAT			N ACADEMIC DISTI	ICTIONS / RECOG	CNITION		LIG.	BERSHIP IN ASSOCIATION/ORGANIZATIO		
31. SPECIAL SKILLS	and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION  (Write in full)						33. (Write in full)		
AUTOCA	ND .	N/A						PHILIPPINE SOCIETY OF AGRICULTURAL AND BIOSYSTEMS ENGINEERS		
MICROSOFT	ROSOFT OFFICE									
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SIGNATU	IRE	1 Jett romeyler	٠.	DATE	N. A.	larch 3, 2021		CS FORM 212 (Revised 2017), Page 3 of		

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,					
	a. within the third degree?	YES INO				
	b. within the fourth degree (for Local Government Unit - Care	YES ☑ NO  If YES, give details:				
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
35.	a. Have you ever been found guilty of any administrative offer	nse?		YES V NO		
				If YES, give details:		
				YES VO		
	b. Have you been criminally charged before any court?			If YES, give details:		
					ate Filed:	
			П	Status o	f Case/s:	
36.	Have you ever been convicted of any crime or violation of ar	v law, decree, ordinance or re		YES V NO		
	by any court or tribunal?		•	If YES, give details:		
				YES		
37	Have you ever been separated from the service in any of the	following modes: resignation	1 10 10 10	L3		
Ī	retirement, dropped from the rolls, dismissal, termination, en			If YES, give details:		
i.	out (abolition) in the public or private sector?			YES INO		
38.	a. Have you ever been a candidate in a national or local electron and the second secon	tion held within the last year	(except	YES, give wetails:		
	b. Have you resigned from the government service during th		re the last	D. 11		
) 1	election to promote/actively campaign for a national or local			YES, give 切協能		
39.	Have you acquired the status of an immigrant or permanent	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	YES INO				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following i		YES INO		
a.	Are you a member of any indigenous group?		- Ч	· ·		
				If YES, please specify: YES ☑ NO		
b.	Are you a person with disability?			If YES, please specify ID	) No:	
c.	Are you a solo parent?					
				If YES, please specify ID	) No:	
41,	REFERENCES (Person not related by consanguinity or affinity to applicant /					
6	NAME	ADDRESS		TEL. NO.		
	ROBERTO C. GUARTE	VISAYAS STATE UNIVE	SITY	0917-310-8078		
	HENRY Y. GOLTIANO	VISAYAS STATE UNIVE	SITY	0908-686-6102		
	JULIENNE B. PICATO	MALATE, MANILA		0917-246-0634		
42.	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head / authorized repagree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulativesentative to verify/validate	tions of the	ne Republic of the nts stated herein. I	PROMENTERA, GELIANE L.	
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	AH	. Ma			
Н	Sovernment Issued ID: PHILHEALTH	n.				
	O/License/Passport No.: 13-252320534-3	ox)				
C	hate/Place of Issuance: ORMOC CITY, LEYTE		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, 6	iffiant exhib	ting his/her validly issued go	vernment ID as indicated above.	
10. 10.		Person Admini	stering Oa	th 1		
115			100	Sant Sant	CS FORM 212 (Revised 2017), Page 4 of	