CS Form No. 212

PERSONAL DATA SHEET

WARNING: Any misrepresents concerned.							e/criminal case/s	against the p	erson
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PE	RSONAL DATA SHI Lift necessary indicate	EET (PDS) BEFORE ACCOM : N/A if not applicable : DO NOT	ABBREVIATE	E PDS FOR	1.03 的 粉红		(Do not fill up F	or CSC use only
L PERSONAL INFORMATIO	THE RESIDENCE OF THE PARTY OF T			沙克斯科	960	SEC.	安东 公文		
2 SURNAME	ESCASINAS	<u> </u>							
FIRST NAME	GINO				G-CALP GG GPC GPC		NAME EXTENSION (A	L, 6FG	
MIDDLE NAME	ALBISA								
3 DATE OF BIRTH	1/19/19	900	16 CITIZENSHIP		E] Filipir	× []	Dual Citizenship		
(mmMd/yyyy)	1				(C) , mitra			by naturaliza	tion
4. PLACE OF BIRTH	BAYBAY	CITY	If holder of dual citize	nship,			Pls. indicate	country:	
5 SEX	☑ Male	☐ Female	please indicate the d	etails.					•
6 CIVIL STATUS	☑ Single	Married	17 RESIDENTIAL ADDRESS	Ī		1-		PUROK 2 Street	
	☐ Widowed ☐ Other/s:	☐ Separated		Hou	ise/Block/Lot N	10.		GABAS	
			-	Sui	bdivision/Villag BAYBAY	16)		Barangay LEYTE	
7. HEIGHT (m)	1.75			City/Municipality			Province		
8 WEIGHT (kg)	60		ZIP CODE						
9. BLOOD TYPE	0		18. PERMANENT ADDRESS	House/Block/Lot No.		PUROK 2 Street			
O. GSIS ID NO.	N/A		1	Subdivision/Village			GABAS		
11. PAG-IBIG ID NO	12131363	37966	1	Sut			Barangay LEYTE		
				City/Municipality			Province		
12. PHILHEALTH NO.	N/A		ZIP CODE		6521				
13. SSS NO.	06-45191		19 TELEPHONE NO.		N/A				
4. TIN NO	616-955-697		20. MOBILE NO.		09927089278				
5. AGENCY EMPLOYEE NO.	N/A	CARSE A ZADAMANA	21. E-MAIL ADDRESS (if any)			aceoni	g@gmail.con		
. FAMILY BACKGROUND		AVA		DO 11115 -4 CH	W DOEN AND		111.0	DATE OF DIE	
2 SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR., SR)	23. NAME OF CH	CHILDREN (Write full name and list all) DATE OF BIRTH (mm				
FIRST NAME	N/A			l N/A		N/A		₩A 	
MIDDLE NAME		N/A							
OCCUPATION		N/A							
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.		N/A							
4. FATHER'S SURNAME		ESCASINAS							
FIRST NAME	RAUL		NAME EXTENSION (JR., SR)						
MIDDLE NAME		ALAJAS							
MOTHER'S MAIDEN NAME					-				
SURNAME		ALBISA							
FIRST NAME		MARIA LUISA			Marie har cell decreased to an				
MIDDLE NAME	CABALTERA			(Continue on separate sheet if necessary)					
I. EDUCATIONAL BACKGR	ROUND						ALP YOU THE		
6 LEVEL	NAME OF SO (Write in t		BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	GABAS ELEMENTA	ARY SCHOOL	ELEMENTARY		10/06/1996	To 29/03/2002	N/A	2002	N/A
SECONDARY	BUNGA NATIONAL	HIGHSCHOOL	HIGHISCHOOL		03/06/2002	26/03/2007	N/A	2007	N/A
VOCATIONAL / TRADE COURSE	N/A		N/A		N/A	N/A	N/A	N/A	N/A
contor	VISAYAS STATE	UNIVERSITY	RACHELOR OF ANIMAL	SCIENCE		12/08/2022	N/A	2022	N/A
GRADUATE STUDIES	N/A	Manufacture age. Mundage.	N/A		N/A	N/A	N/A	N/A	N/A
Carrie	Λ Λ	C	ontinue on separate sheet if nece	tsiary)					
SIGNATURE	L S				DA	TE	The season of th	ORM 217 (Revised)	1017), Prom 1 of 4

IV. CIVIL SE	ERVICE ELIG	BILITY		20 C 1 15 15 2		C. C. P.			
27. CAREE	R SERVICE/ RA 1	1080 (BOARD/BAR) UNDER WS/CES/CSEE ITY/DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		UCENSE (if applicable) NUMBER Date of		
and the second second second	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	AGRICULTURIST (LEA)	77.8	11/22-24/2022	TACLOBAN CITY		N/A	Validity N/A	
LIVEROUNE									
(Continue on separate sheet if necessary) V. WORK EXPERIENCE									
(include priva	(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28. INCLU	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY SALARY SALARY SALARY SALARY SALARY SALARY/JOB/PAY GRADE (# applicable) & STEP (Formal *00-07) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE	
From	To		,				INCREMENT		(Y/N)
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
			~						

			/Con	tinus on separate short	(necessary)				
SIGNA	TURE	E Sof			DATE			FORM 212 (Removed 201	7) Augus 2 of 4
					-	-	CS	FICHIM 212 (Removed 201	V Lable co.

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	NS	
29 NAME & ADDRESS OF OR (Write in full)		INCLUSIVE (mm/dd	DATES	NUMBER OF HOURS		DOCTION IN THE STATE OF THE STA
		From	То			POSITION / NATURE OF WORK
NA		N/A	N/A	N/A		NA
entration and are well-religions; placement and consent result than the religion of the consent and region are all an are so					*	
TI. LEARNING AND DEVELOPMENT (L&D)	(Cont INTERVENTIONS/TRAINING P	nue on separate s	heat if necessary	A STATE		
that from the map (major) LAD training program and rectua				hiel/Executive/Ma	nageral positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) COOD MANUFACTURING PRACTICE (GMPY SANITATION STANDARD OPERATING ROCEDURE (SSOPY HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) SEMINAR			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
			To 4/13/2015	4.0	TECHNICAL	OFFICE OF THE CITY OF VETERINARIAN DIGOS
AFNR TRAINING ON SMALL RUMIN		4/13/2015 05/04/2010	10/08/2010	6 MONTHS	TECHNICAL	AGRICULTURE FOOD AND NATURAL RESOURCES
		0.000	100022010	O MONTING	TECHNICAL	(AFNR) AT VISAYAS STATE UNIVERSITY
				-		
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			-			
		-				
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			-			
			-			
VIII AT ITS INCASULATION	(Cor	ntinue on separate	sheet if necessar	ry)		
VIII. OTHER INFORMATION						Company of the Compan
31 SPECIAL OKILLS and HOBBIES	32. NON	HACADEMIC DISTI	INCTIONS / RECO ite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER SKILL		N/	A			N/A
FISHING						
READING		and the same of the same				
DRAWING						
		and the second second				
	Co	ofinge on separate	shed if necess	91		
SIGNATURE	Chl-				DATE	

		The state of the s	and the second of the second of the second of				
34	Are you related by consanguinity or affinity to the appoint	nting or recommending authority, or to the					
	chief of bureau or office or to the person who has imme Bureau or Department where you will be apppointed,	diate supervision over you in the Office,					
	a. within the third degree?	☐ YES ☐	Ĭ				
	b, within the fourth degree (for Local Government Unit	Career Employees)?	NO T				
	,	, , ,	If YES, give deta	ils:			
		☐ YES ☐	NO				
35.	a. Have you ever been found guilty of any administrativ	e offense?					
		E ME	If YES, give deta	ils:			
		☐ YES	NO				
	b. Have you been criminally charged before any court?						
	,		If YES, give deta	ils:			
		☐ YES	NO Date Filed:				
			Status of Case/s:				
36	Have you ever been convicted of any crime or violation by any court or tribunal?	of any law, decree, ordinance or regulation \(\sum \text{YES} \)	☑ NO				
	o, any observer abbund.		If YES, give deta	ils:			
			≥ NO				
37.	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination						
	out (abolition) in the public or private sector?	ii, eid oi teiiii, iiriisiled coild a de diased	₩ KABS, give deta	ns.			
38	a. Have you ever been a candidate in a national or loca	l election held within the last year (except	ET NO				
	Barangay election)?	П к	☑ NO If YES, give details:				
	b. Have you resigned from the government service duri	ng the three (3)-month period before the last					
	election to promote/actively campaign for a national or		If YES, give details:				
39.	Have you acquired the status of an immigrant or perma	nent resident of another coun	☑ NO				
		☐ YES	⊎ χĘS, give details (country):				
40.	. 2 3 2 2 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2		☑ NO				
a .	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8). Are you a member of any indigenous group?	972), please answer the following items:					
_	Are you a member of any indigenous group:		If YES, please speci	fy:			
b,	Are you a person with disability?						
			If YES, please specify ID No:				
C.	Are you a solo parent?		If YES, please speci	fv ID No:			
	DEFENDENCE OF THE PROPERTY OF	Secret (secretary)					
41.	REFERENCES (Person not related by consanguinity or affinity to ap						
_	NAME	ADDRESS	TEL. NO.				
	MARY JELLY CANILLO	QUEON CITY	9194723408	appendicts.			
	ELWIN GOFREDO	BAYBAY CITY LEYTE	9069055170				
	GABRIEL MARI MAUGBUG	ABUYOG LEYTE	9462115981	A			
42	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	I declare under oath that I have personally accomplist complete statement pursuant to the provisions of pe	shed this Personal Data Sheet which is a tertinent laws, rules and regulations of the	rue, correct and Republic of the				
	I declare under oath that I have personally accomplist complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized	shed this Personal Data Sheet which is a to ertinent laws, rules and regulations of the representative to verify/validate the content	rue, correct and Republic of the s stated herein.	GINO A. ESCASINAS			
	I declare under oath that I have personally accomplist complete statement pursuant to the provisions of pe	shed this Personal Data Sheet which is a to ertinent laws, rules and regulations of the representative to verify/validate the content	rue, correct and Republic of the s stated herein.	GINO A. ESCASINAS			
	I declare under oath that I have personally accomplist complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized I agree that any misrepresentation made in this	shed this Personal Data Sheet which is a to ertinent laws, rules and regulations of the representative to verify/validate the content	rue, correct and Republic of the s stated herein.	GINO A. ESCASINAS			
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