CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE'	Г				
concerned. READ THE ATTACHED GUIDE	ntion made in the Personal Data Sheet and th TO FILLING OUT THE PERSONAL DATA SH	he Work Experience Sheet :	shall cause th	ne filing of a	administrati	ive/criminal case	_	e person For CSC use only)	
I. PERSONAL INFORMATIO	() and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT A	ABBREVIATE.	_	1. CS ID No.		(Do not IIII up. I	For CSC use only)	
2. SURNAME	PORCARE								
FIRST NAME	REGI					NAME EXTENSION (JR	, SR)		
	REGI								
MIDDLE NAME 3. DATE OF BIRTH									
(mm/dd/yyyy)	03/22/2000	16. CITIZENSHIP			☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization			lization	
4. PLACE OF BIRTH	POBLACION, MERIDA, LEYTE	If holder of dual citizer	nship,	Pls. indicate country:					
5. SEX	☐ Male ✓ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single			UI use/Block/Lot No. ubdivision/Village			PPER HIGHWAY Street POBLACION Barangay		
7. HEIGHT (m)	1.50	1		MERIDA			LEYTE		
8. WEIGHT (kg)	45kg.	ZIP CODE	C	ity/Municipality		6540	Province		
9. BLOOD TYPE		18. PERMANENT ADDRESS				UF	PPER HIGHWAY	,	
			Hou	se/Block/Lot N	0.		Street POBLACION		
10. GSIS ID NO.	N/A	_	Sul	odivision/Village			Barangay		
11. PAG-IBIG ID NO.	N/A		C	MERIDA ity/Municipality			LEYTE Province		
12. PHILHEALTH NO.	1325-2575-0756	ZIP CODE		6540					
13. SSS NO.	06-4103074-3	19. TELEPHONE NO.							
14. TIN NO.	4. TIN NO. 605-264-194-000			09306943386 / 09758894202					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			regiporca	are@gmail.co	<u>om</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write		l list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	NA				N/A		
MIDDLE NAME	N/A				N/A		N/A		
OCCUPATION	N/A		N/A N/A				N/A		
EMPLOYER/BUSINESS NAME	N/A					N/A			
BUSINESS ADDRESS	BUSINESS ADDRESS N/A		N/A			N/A			
TELEPHONE NO.	N/A		N/A				N/A		
24. FATHER'S SURNAME	DECEASED								
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
25. MOTHER'S MAIDEN NAME	MARY JEAN G. POR	CARE							
SURNAME	PORCARE								
FIRST NAME	MARY JEAN								
MIDDLE NAME		(Continue on separate sheet if necessary)							
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	(Mirito in full)		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	MERIDA CENTRAL SCHOOL	PRIMARY		0/0/2006	0/0/2012	GRADUATED	2012	12TH HONOR	
SECONDARY	MERIDA VOCATIONAL SCHOOL	TVL- SHIELDED METAL ARC	WELDING	0/02012	0/0/2018	GRADUATED	2018	WITH HONOR	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SECONDARY	YEDUCATION	08/06/2018	08/12/2022	GRADUATED	2022	CUM LAUDE	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	

SIGNATURE

September 7, 2022

DATE

IV. CIVIL SE	ERVICE ELIG	BILITY							
SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	DATE OF EXAMINATION /	TION / CONFER	RMENT	LICENSE (if ap	oplicable) Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE UNDER SPECIAL LAW (PD) NO. 907 CS FORM 101-			CONFERMENT					Validity	
	D			N/A					
V WORK 5	Ween ENGE		(Co.	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	ent. Start from your recer	nt work) Description	on of duties should	be indicated in the attach	ned Work Ex	perience she	et.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TI		ITLE	DEPARTMENT / AGI	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT	
From	То	(Write in full/Do not	abbreviate)	(Write in ful	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)	
02/14/2022	05/09/2022	IPPSS SUPPOR	T STAFF	OFFICE	OF COMELEC	N/A	4,000.00	CONTRACTUAL	Υ
06/14/2022	10/16/2022	SALES ASSO	CIATE	PANDA CITY GEI	NERAL MERCHANDISE	6890.00	N/A	PART-TIME	N
04/20/2018	07/20/2018	PANTRY ASS	ISTANT	JOLLIBEE OF	RMOC DRIVE THRU	8540.00	N/A	CONTRACTUAL	N
SIGNA	ATURE		(Co.	ntinue on separate sheet	if necessary) DATE		September 7, 20	22	
JIGINA	ONL		<u>/ ` </u>		DAIL		20ptomber 1, 20	 	47) 5

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			ORGANIZATI	ON/S		
29. NAME & ADDRESS OF OF (Write in full)			VE DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
SIDLAK PAGLAUM (BAYBAY CITY)			05/012022	16 HOURS		MEMBER/VOLUNTEER	
		tinue on separate		()			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include)				hief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(mm/aa/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical/etc)		
PSYCHOLOGICAL FIRST AID FO	PR VOLUNTEERS	From 04/23/2022	To 04/23/2022	10.0	SEMINAR	HECTOR BRYAN P. GRAMA & RUTH EDISEL	
ANNUAL STUDENT TEACHERS		03/26/2022	03/26/2022	12.0	WEBINAR	RYLLE SADIAN-CERCADO	
ASSESSMENT STRATEGIES IN FLI		10/14/2021	10/14/2021		WEBINAR	JENNIFER A. GORUMBA, Ed. D.	
INTERDISIPLINARYONG PANANALIKSIK GAMI	T ANG PANTAYONG PANANAW	11/19/2021	11/20/2021	16.0	WEBINAR	DR. BAYRON S. BARREDO & DR. JOEL	
INSTRUCTIONAL RESOURCES IN R	REMOTE LEARNING	11/19/2021	11/19/2021	8.0	WEBINAR	MARJORIE A. ESPANOLA, Ed.D; F	
						DR. BAYRON S. BARREDO & DR. JOEL	
	(Com	inus an annus i	chapt if managem	4			
VIII. OTHER INFORMATION	Cont	tinue on separate :	sneet ii necessary	<u>'</u>			
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE		INTERACT SOCIETY					
SOLVING CASE RIDDLE		١			SIDLAK PAGLAUM		
READING BAYBAYIN	N/A						
DIGITAL ART MANIPULATION			١				
	(Continue on separate sheet if necessary)						
SIGNATURE	A Cont	и с он эерага(е :	aneet ii necessary		ATE	September 7, 2022	
						CS FORM 212 (Revised 2017), Page 3 of 4	

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? b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative off	☐ 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 any by any court or tribunal?	☐ YES ☑ NO If YES, give details:						
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	YES If YES, give detai	✓ NO ls:				
38.	a. Have you ever been a candidate in a national or local electron.b. Have you resigned from the government service during the ser	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO						
39.	election to promote/actively campaign for a national or local Have you acquired the status of an immigrant or permanent	If YES, give details: ☐ YES ☑ NO If YES, give details (country):						
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO						
	REFERENCES (Person not related by consanguinity or affinity to applicant /	(annointee)	If YES, please specif					
	NAME	ADDRESS	TEL. NO.					
	JOEVEN A. GLORIA	MERIDA, LEYTE	9161453153					
	JAY S. BANSALE	VISCA, BAYBAY CITY, LEYTE	9489762630	The same of the sa				
42.	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. PHOTO							
PL Go ID.	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: NATIONAL ID //License/Passport No.: 3859-4103-2518-3174 ate/Place of Issuance: 09/17/2021	.×(xc)	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
		h						