

FULLY ACCOMPLISHED PDS WITH WORK EXPERIENCE SHEET

CS Form No. 212  
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No. (Do not fill up. For CSC use only)

PERSONAL INFORMATION

2. SURNAME

MALACA

FIRST NAME

ISRAEL GILVANI

NAME EXTENSION (JR., SR)

MIDDLE NAME

DECENA

3. DATE OF BIRTH  
(mm/dd/yyyy)

8/29/1997

4. PLACE OF BIRTH

MUNTINLUPA CITY

5. SEX

☒ Male ☐ Female

6. CIVIL STATUS

☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:

7. HEIGHT (m)

1.68 m

8. WEIGHT (kg)

75 kgs

9. BLOOD TYPE

O+

10. GSIS ID NO.

N/A

11. PAG-IBIG ID NO.

1212-4833-7778

12. PHILHEALTH NO.

01-251859548-0

13. SSS NO.

34-8628581-5

14. TIN NO.

709-177-597

15. AGENCY EMPLOYEE NO.

N/A

16. CITIZENSHIP

☒ Filipino ☐ Dual Citizenship  
☐ by birth ☐ by naturalization  
Pls. indicate country:

If holder of dual citizenship, please indicate the details.

17. RESIDENTIAL ADDRESS

N/A

N/A

House/Block/Lot No. Street

N/A MUDBORON

Subdivision/Village Barangay

ALANGALANG LEYTE

City/Municipality Province

6517

ZIP CODE

18. PERMANENT ADDRESS

N/A

N/A

House/Block/Lot No. Street

N/A MUDBORON

Subdivision/Village Barangay

ALANGALANG LEYTE

City/Municipality Province

6517

ZIP CODE

19. TELEPHONE NO.

N/A

20. MOBILE NO.

09169825718

21. E-MAIL ADDRESS (if any)

israelmalaca@gmail.com

FAMILY BACKGROUND

22. SPOUSE'S SURNAME

N/A

FIRST NAME

N/A

NAME EXTENSION (JR., SR)

MIDDLE NAME

N/A

OCCUPATION

N/A

EMPLOYER/BUSINESS NAME

N/A

BUSINESS ADDRESS

N/A

TELEPHONE NO.

N/A

23. NAME OF CHILDREN (Write full name and list all)

N/A

DATE OF BIRTH (mm/dd/yyyy)

N/A

24. FATHER'S SURNAME

MALACA

FIRST NAME

ISAGANI

NAME EXTENSION (JR., SR)

MIDDLE NAME

RINO

25. MOTHER'S MAIDEN NAME

ROSALIND MIRALLES DECENA

SURNAME

MALACA

FIRST NAME

ROSALIND

MIDDLE NAME

DECENA

(Continue on separate sheet if necessary)

EDUCATIONAL BACKGROUND

26. LEVEL

NAME OF SCHOOL  
(Write in full)

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

PERIOD OF ATTENDANCE

From To

HIGHEST LEVEL/ UNITS EARNED  
(if not graduated)

YEAR GRADUATED

SCHOLARSHIP ACADEMIC HONORS RECEIVED

ELEMENTARY

MUDBORON ELEMENTARY SCHOOL

BASIC EDUCATION

2003 2009

GRADUATED

2009

DESERVING PUPIL

SECONDARY

HOLY TRINITY COLLEGE

BASIC EDUCATION

2009 2013

GRADUATED

2013

SCHOLAR

VOCATIONAL / TRADE COURSE

INNOVATE ICT SYSTEMS

COMPUTER SYSTEMS SERVICING NCII

2017 2017

GRADUATED

2017

SCHOLAR

COLLEGE

LEYTE NORMAL UNIVERSITY

BACHELOR OF SCIENCE IN BIOLOGY

2013 2017

GRADUATED

2017

CHED ASSISTANCE

GRADUATE STUDIES

EASTERN VISAYAS STATE UNIVERSITY

MASTER OF ARTS IN EDUCATION - ADVANCE SCIENCE EDUCATION

2019 PRESENT

27 UNITS EARNED

N/A

N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

9/20/2021

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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

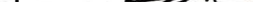
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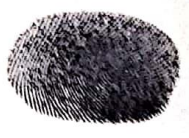
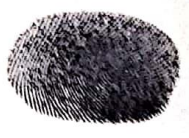
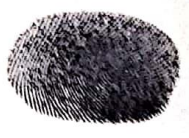
(Continue on separate sheet if necessary)

## VIII: OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	N/A	N/A
RESEARCH-ORIENTED		
COMMUNICATION		
TEAMWORK		
PROBLEM SOLVING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/20/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MARICEL A. GOMEZ, PhD</td><td>TACLOBAN CITY</td><td>0927-395-0361</td></tr><tr><td>MARVIN ALLEN G. GUY-JOCO, RN, MAN</td><td>PALO, LEYTE</td><td>0927-977-1169</td></tr><tr><td>CHET O. MEJIA, RN</td><td>CARIGARA, LEYTE</td><td>0995-063-7153</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MARICEL A. GOMEZ, PhD	TACLOBAN CITY	0927-395-0361	MARVIN ALLEN G. GUY-JOCO, RN, MAN	PALO, LEYTE	0927-977-1169	CHET O. MEJIA, RN	CARIGARA, LEYTE	0995-063-7153
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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.													
<table border="1"><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>TIN ID</td></tr><tr><td>ID/License/Passport No.:</td><td>709-177-597</td></tr><tr><td>Date/Place of Issuance:</td><td>09/29/2017 - PALO, LEYTE</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	TIN ID	ID/License/Passport No.:	709-177-597	Date/Place of Issuance:	09/29/2017 - PALO, LEYTE	<table border="1"><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>9/26/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	9/26/2021	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>SEP 20 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td>ODD. NO. <u>199</u> PAGE No. <u>40</u> BOOK No. <u>108</u> SERIES OF <u>2021</u></td><td>ATTY. EDWIN Y. CHUA NOTARY PUBLIC UNTIL DEC 31, 2021 PTR NO. 2074952 ROLL Person Administering Oath IDP NO. 136702-WEETIM MEMO TIN No. 182-303-520 689</td></tr></table>		ODD. NO. <u>199</u> PAGE No. <u>40</u> BOOK No. <u>108</u> SERIES OF <u>2021</u>	ATTY. EDWIN Y. CHUA NOTARY PUBLIC UNTIL DEC 31, 2021 PTR NO. 2074952 ROLL Person Administering Oath IDP NO. 136702-WEETIM MEMO TIN No. 182-303-520 689										
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# WORK EXPERIENCE SHEET

<p>Attachment to CS Form No. 212</p>
<p><b>Instructions:</b> 1. Include only the work experiences relevant to the position being applied to.</p> <p>2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.</p>
<ul style="list-style-type: none"><li>• Duration: Sept. 27, 2017 – Dec. 31, 2018</li><li>• Position: Public Health Associate</li><li>• Name of Office/Unit: Municipal Health Office/Rural Health Unit – Sta. Fe</li><li>• Immediate Supervisor: Dr. Antonio O. Ida</li><li>• Name of Agency/Organization and Location: Department of Health, Palo, Leyte</li></ul> <ul style="list-style-type: none"><li>• List of Accomplishments and Contributions (if any)<ul style="list-style-type: none"><li>○ Improved performance of health systems in the Rural Health Unit</li></ul></li><li>• Summary of Actual Duties<ul style="list-style-type: none"><li>○ Participate in the development of health-related programs and strategies</li><li>○ Assist in the preparation of project proposals plans, health promotion and communication materials and other related documents</li><li>○ Assist in the collection and validation of health-related data/information; and</li><li>○ Participate in the analysis of health-related data/information</li><li>○ Assist in the encoding/updating of data/information in the established DOH information systems</li><li>○ Submit health reports/data/information to DOH Regional Office and Central Office</li><li>○ Coordinate with different stakeholders for the submission of national health data reports</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Duration: June 30, 2019 – July, 15, 2021</li><li>• Position: Teacher</li><li>• Name of Office/Unit: High School Department – Science Unit</li><li>• Immediate Supervisor: Prof. Regina G. Cinco</li><li>• Name of Agency/Organization and Location: Tacloban Angelicum Learning Center, Tacloban City</li></ul> <ul style="list-style-type: none"><li>• List of Accomplishments and Contributions (if any)<ul style="list-style-type: none"><li>○ Improved the quality of education system in a private school</li></ul></li><li>• Summary of Actual Duties<ul style="list-style-type: none"><li>○ Teach the science subject to junior high school and senior high school students</li><li>○ Operate and manage the science laboratory</li><li>○ Plan, prepare and deliver lessons daily</li><li>○ Assess and report on the behavior of students</li><li>○ Make reports to be submitted to the Department of Education</li><li>○ Supporting the leadership team in implementing the school's development plan</li></ul></li></ul>



ISRAEL GILVANI D. MALACA  
(Signature over Printed Name  
of Employee/Applicant)

Date: Sept. 22, 2021