

IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		LICENSE (if applicable)	
							NUMBER	Date of Validity
N/A			N/A	N/A		N/A	N/A	
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	08/09/2023		CS FORM 212 (Revised 2017), Page 2 of 4	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION	
		From	To			
	N/A	N/A	N/A	N/A		
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	
		From	To			
	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEME	
	GOOD COMMUNICATION SKILL	N/A				
	COMMUNITY ENGAGEMENT					

(Continue on separate sheet if necessary)		
SIGNATURE		DATE 08/09/2023

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<div>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)?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>														
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
<div>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?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
<div>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?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details: _____</div>														
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, give details (country): _____</div>														
<div>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?</div>			<div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, please specify: _____</div> <div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, please specify ID No: _____</div> <div><div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div></div> <div>If YES, please specify ID No: _____</div>														
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Lyka T. Artugue</td><td>Visca, Baybay City, Leyte</td><td>9855688846</td></tr><tr><td>Chona Tragura</td><td>Tacloban City</td><td>90715633055</td></tr><tr><td></td><td></td><td></td></tr></table>						NAME	ADDRESS	TEL. NO.	Lyka T. Artugue	Visca, Baybay City, Leyte	9855688846	Chona Tragura	Tacloban City	90715633055			
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<div>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.</div>			<div><div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>														
<table><tr><td>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: DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H12-23-000791</td></tr><tr><td>Date/Place of Issuance:</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: DRIVER'S LICENSE	ID/License/Passport No.: H12-23-000791	Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/09/2023</td></tr><tr><td>Date Accomplished</td></tr></table>				Signature (Sign inside the box)	08/09/2023	Date Accomplished				
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<div>SUBSCRIBED AND SWORN to before me this _____ affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>																	