CS Form No. 212 Revised 2017									
icolisca 2017	PERSO	NAL DAT	A SH	IEE1	Γ				
	tion made in the Personal Data Sheet and th	ne Work Experience Sheet s	hall cause the	filing of ad	ministrative	/criminal case/s	against the p	erson	
	TO FILLING OUT THE PERSONAL DATA SH	, ,		IE PDS FOR			(D. 1511 5		
Print legibly. Tick appropriate boxes . PERSONAL INFORMATIO	) and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
2. SURNAME	CELEBRE								
FIRST NAME	EARL JOHN			NAME EXTENSION (JR., SR)					
MIDDLE NAME	REAZON								
3. DATE OF BIRTH	DECEMBER 24, 1999	16. CITIZENSHIP		[ Eilin	ino $\Box$	Dual Citizanshin			
(mm/dd/yyyy)	,	Timpino Dua cazen					by naturalization		
4. PLACE OF BIRTH	JARO, LEYTE	If holder of dual citize				country:			
5. SEX	✓ Male Female	please indicate the d	etails.						
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	NA House/Block/Lot No.				NA Street		
	Widowed Separated Other/s:			NA			ALAHAG		
7. HEIGHT (m)	1.67		Subdivision/Village  JARO			Barangay <b>LEYTE</b>			
8. WEIGHT (kg)	55	ZIP CODE	Ci	ty/Municipality		6527	Province 527		
9. BLOOD TYPE	O positive	18. PERMANENT ADDRESS		NA		0021	NA		
	·		Hou	se/Block/Lot No NA	0.		Street  ALAHAG		
IO. GSIS ID NO.	NA NA		Sut	odivision/Village	9		Barangay		
1. PAG-IBIG ID NO.	121345961601		JARO City/Municipality			<b>LEYTE</b> Province			
2. PHILHEALTH NO.	13-252166862-1	ZIP CODE	6527			6527	27		
3. SSS NO.	NA	19. TELEPHONE NO.		NA					
4. TIN NO.	570-771-001-000	20. MOBILE NO.	+63919-864-5366						
5. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)		realcelebre@gmail.com			<u>m</u>		
I. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	NA		23. NAME of CH	ILDREN (Write	e full name and	list all)	DATE OF BIR	ΓΗ (mm/dd/yyyy)	
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA			NA			
MIDDLE NAME	NA		NA NA				NA		
OCCUPATION	NA		NA NA			NA			
EMPLOYER/BUSINESS NAME	NA NA		NA			NA			
BUSINESS ADDRESS	NA		NA NA			NA			
TELEPHONE NO.	NA 		NA NA			NA			
4. FATHER'S SURNAME	CELEBRE	NAME EXTENSION (JR., SR)		NA NA			NA		
FIRST NAME	ALLAN	, ,	NA NA			NA 			
MIDDLE NAME  5. MOTHER'S MAIDEN NAME	TUALLA				NA		NA NA		
SURNAME	REAZON			NA NA				NA NA	
FIRST NAME	THELMA		NA NA			NA NA			
MIDDLE NAME	GALAN			(Continue on separate sheet if neces			ļ		
II. EDUCATIONAL BACKGI									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	MALOBAGO ELEMENTARY SCHOOL	PRIMARY EDUCAT	From To NA 10N 06/00/2006 05/00/2012 NA		2012	Salutatorian			
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	SENIOR HIGH SCH	SENIOR HIGH SCHOOL		05/00/2018	NA	2018	With Honors	
VOCATIONAL / TRADE COURSE	NA NA	NA		NA	NA	NA	NA	NA	
COLLEGE	VISAYAS STATE UNIVERSITY-BAYBAY CAMPUS	BACHELOR OF SCIENCE IN BI	OLOGY-MAJOR	08/00/2018	08/00/2024	NA	2024	NA	
GRADUATE STUDIES	NA NA	NA NA		NA	NA	NA	NA	NA	
	(1	Continue on separate sheet if nec	essary)		l .		l		
SIGNATURE				DA	TE				

27. CAREI		080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if ap	oplicable)
	SPECIAL LAV	WS/ CES/ CSEE	RATING (If Applicable)	EXAMINATION /	PLACE OF EXAMINAT	TION / CONFER	RMENT	NUMBER	Date of
BAI		TY / DRIVER'S LICENSE		CONFERMENT					Validity
	NA	1	NA	NA	N	NA NA		NA	NA
	EXPERIENCE			ntinue on separate sheet	if necessary) be indicated in the attach	ad Wark Ex	rnorionoo oho	n¢.	
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY //Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(	,		Biological Sciences-		(Format '00-0')/ INCREMENT		(Y/ N)
01/16/2025	05/23/2025	Part-Time Ins	tructor		Biological Sciences- versity- Baybay Campus Biological Sciences-	182/hr	NA	Contractual	NA
08/24/2024	12/13/2024	Part-Time Ins	tructor	Visayas State Univ	rersity- Baybay Campus Biological Sciences-	182/hr	NA	Contractual	NA
9/13/2024	12/13/2024	Student Ass	istant	Department of Visayas State Univ	Biological Sciences- versity- Baybay Campus Office-Visayas State	60/hr	NA	Contractual	NA
6/6/2023	8/23/2024	Student Ass	istant		Office-Visayas State Baybay Campus	25/hr	NA	Contractual	NA
			(2)	ntinuo onttttttt	if necessary t				
			(Co	ntinue on separate sheet	ii riecessary)				

VI. VOLU	JNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	//PEOPLE/\	/OLUNTARY	ORGANIZATI	ON/S		
29.	NAME & ADDRESS OF OI (Write in full)		INCLUSI (mm/c	VE DATES dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
NA			NA	NA	NA	NA		
VII. LEA	RNING AND DEVELOPMENT (L&D)	(Con	tinue on separate	sheet if necessary	)			
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/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical/etc)		
VSU-E lear	rning Training and Workshop		From 08/28/2024	To 0829/2024	8 hours	Managerial	Visayas State University	
		(Con	tinue on separate	sheet if necessary	<i>'</i> )			
VIII. OTI	HER INFORMATION		,		,			
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
		NA NA					NA	
		-						
		(Con	tinue on separate	sheet if necessary	<u>')</u>			
	SIGNATURE					ΔTF		

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 ✓ NO				
b. within the fourth degree (for Local Government Unit - Car	b. within the fourth degree (for Local Government Unit - Career Employees)?					
35. a. Have you ever been found guilty of any administrative off	☐ YES   ✓ NO					
		If YES, give details:				
		, 0				
b. Have you been criminally charged before any court?		☐ YES ✓ NO				
		If YES, give details:				
		Date Filed: Status of Case/s:				
Harris and the state of the sta		Otatus of Case/s.				
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO	)			
by any count of tribunar:		If YES, give details:				
37. Have you ever been separated from the service in any of th		☐ YES ✓ NO	)			
retirement, dropped from the rolls, dismissal, termination, er	nd of term, finished contract or phased	If YES, give details:				
out (abolition) in the public or private sector?		-	<u> </u>			
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ction neid within the last year (except	☐ YES     ✓ N	NO			
barangay election):		If YES, give details:				
b. Have you resigned from the government service during the		☐ YES ✓ N	OV			
election to promote/actively campaign for a national or local	candidate?	If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES     ✓ N	NO			
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag						
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?	Are you a member of any indigenous group?					
h Arayaya naraan with disahilit.		If YES, please specify:				
b. Are you a person with disability?		☐ YES ☑ If YES, please specify ID No:	NO			
c. Are you a solo parent?			NO			
, ·		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant.	/appointee)					
NAME	ADDRESS	TEL. NO.				
Eunice Kenee L. Seriño	Por Killio Porto Otto Lo to	NA	ID picture taken within the last 6 months			
Eunice Renee L. Senno	Brgy. Kilim Baybay City, Leyte	INA	4.5 cm. X 3.5 cm (passport size)			
Ruthlene Valenzona	Visca, Baybay City, Leyte	NA				
			Computer generated or photocopied picture			
42	this Description of the Charles his his action		is not acceptable			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
Philippines. I authorize the agency head/authorized repre-	,					
I agree that any misrepresentation made in this doc			PHOTO			
administrative/criminal case/s against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID:						
ID/License/Passport No.:						
	Signature (sign inside the bo					
Date/Place of Issuance:	Date/Place of Issuance:  Date Accomplished					
CHDCCDIDED AND ONCODALL I. C.	,	Car bis/ham. (P.H. 1997)	and ID and in the standards			
SUBSCRIBED AND SWORN to before me this	, attiant exhibit	ting his/her validly issued governm	ent ID as indicated above.			
Γ						
I	Person Administering Oat	h				