CS Form No. 212 Revised 2017	PERSO	NAL DATA	SH	EET				
WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the	Work Experience Sheet shall ca	ause the filin	ng of admini	strative/cri	minal case/s agai	nst the person	concerned.
	TO FILLING OUT THE PERSONAL DATA SHE			PDS FORM <u>.</u>				
	( ) a use separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up. Fo	r CSC use only
2 SURNAME	LORETO		Salara Angele			and the last the same and the s		
FIRST NAME	ROSE AVE					NAME EXTENSION (JR.	, SR)	
MIDDLE NAME	ISRAEL					NA		
3. DATE OF BIRTH		46 CITIZENCHID						-
(mm/dd/yyyy)	10/02/2001	16. CITIZENSHIP		Dual Citizenship				
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship,		Pls. indicate country:				
5 SEX	☐ Male ☑ Female	please indicate the details.						-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS					ZONE 2	
	☐ Widowed ☐ Separated ☐ Other/s:		Hous	e/Block/Lot No.			Street PATAG	
7. HEIGHT (m)	1.50	-		division/Village AYBAY CITY			Barangay LEYTE	
8. WEIGHT (kg)	39	ZIP CODE	Cit	y/Municipality		6521	Province	
9. BLOOD TYPE		18. PERMANENT ADDRESS				WZI	ZONE 2	
	N/A			use/Block/Lot No.			Street PATAG	
10. GSIS ID NO.	N/A			Subdivision/Village			Barangay	
11. PAG-IBIG ID NO.	121369387924			YBAY CITY LEYTE  Ity/Municipality Province				
12. PHILHEALTH NO.	13-250358795-9	ZIP CODE		6521				
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A		
14. TIN NO.	658-951-450	20. MOBILE NO.	09518516256			18516256		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		ro	seavelor	eto@gmail.co	om_	
II. FAMILY BACKGROUND				No Alexander				
22. SPOUSE'S SURNAME	N/A			CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME					0.42			
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	LORETO	NAME EXTENSION (JR., SR)						
FIRST NAME	ROGELIO	TANNE EXTENSION (JR., SR)						
MIDDLE NAME	SANCHEZ							
25. MOTHER'S MAIDEN NAME								
SURNAME	ISRAEL							
FIRST NAME	ROQUISA							
MIDDLE NAME	GALGO			(Co	ntinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACKO	ROUND							SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	PATAG ELEMENTARY SCHOOL	PRIMARY		2008	2014		2014	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY		2014	2018		2018	N/A
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIE		2020	2024		2024	N/A
GRADUATE STUDIES	N/A	ACITIBOONAE						
		Continue on separate sheet if neces	sary)					
SIGNATURE	out.			DA	TE	OCTOBER	16, 202	7

CAREER	SERVICE/ RA 1080 SPECIAL LAWS/	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	
BARA	NGAY ELIGIBILITY	/ DRIVER'S LICENSE	(If Applicable)	EVAMINATION / DI ACE DE EXAMINATION / CONFERMENT			KMENI	NUMBER	Date o Validity
Car	eer Service - Pr	ofessional	80.05	02/03/2025	25 Maasin City, Southern Leyte		yte	N/A	N/A
WORK EX	(PERIENCE		(Con	ntinue on separate sheet	if necessary)				
clude priva	te employment.	Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Ex	perience sheet		
INCLUS	SIVE DATES /dd/yyyy) To	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")/ INCREMENT	STATUS OF APPOINTMENT	GOV'SERVIC
7/01/2025	PRESENT	Administrative	e Aide III		niversity - Cashiering Office	N/A	N/A	J.O	N/A
6/03/2025	06/30/2025	Cash-for-Work E	Beneficiary	Visayas State U	niversity - Cashiering Office	N/A	N/A	N/A	N/A
3/03/2025	04/09/2025	ENCODI	ER	Department of A	griculture - PHILRICE gion VIII	N/A	N/A	J.0	N/A
2/01/2024	01/10/2025	ENUMERA	TOR	Department of A	griculture - PHILRICE gion VIII	N/A	N/A	J.0	N/A
0/01/2024	10/31/2024	ENUMERA	TOR	Department of Agriculture - PHILRICE Region VIII		N/A	N/A	J.0	N/A
SIGN	ATURE	, orth	(Coi	ntinue on separate sheet	if necessary)  DATE	ОСТОВЫ	R 16, 20	LT FORM 212 (Revised 2	

VI.+A2:K32 VOLUNTARY WORK OR INV	OLVEMENT IN CIVIC / NON-GOVE	RNMENT / PEC	OPLE / VOLU	NTARY ORGA	NIZATIONS	Company of the Contract	
NAME & ADDRESS	OF ORGANIZATION in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION (NATURE OF WORK	
	(Tring in Itali)		То		POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
				T Tri			
VII. LEARNING AND DEVELOPMENT (L	&D) INTERVENTIONS/TRAINING F	ontinue on separate PROGRAMS AT	TENDED		and the second		
Start from the most recent L&D/training program and i	nclude only the relevant L&D/training taken for	the last five (5) years	for Division Chie	/Executive/Manager	ial positions)		
30. TITLE OF LEARNING AND DEVELOPMEN	G AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
(Write	in full)	(mm/d	d/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
On-the-Job Training in Po	ultry Egg Production	02/15/2024	03/29/2024	300 hours	Operational	Chickboy Integrated Farm - Brgy. Balire, Barugo,	
Industry Immersion in V	/egetable Farming	07/21/2023	08/05/2023	120 hours	Operational	Leyte Candelario's Farm - Brgy. Kabalasan, Baybay City	
						Leyte	
	-	ontinue on separate	chaot if nacassary				
VIII. OTHER INFORMATION	(C	onunue on Separate	Special pecessary				
	NC	ON-ACADEMIC DISTIN		NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
31. SPECIAL SKILLS and HOBBIES	32.	(THE HOU)					
Reading		N/A					
A CONTRACTOR OF THE PARTY OF TH							
			Market No.				
		MITTER 12 78			AND CO. FEEL P.		
71-1						propries and a second s	
Committee of the Commit	C	ontinue on separate	sheet if necessary				
SIGNATURE	1 mile			STATE OF THE PARTY	TE	OCTOBER 16, 2025	
					SAME PRODUCTION A	CS FORM 212 (Revised 2017), Page 3 of	

				The second secon		
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be appointed,					
	a. within the third degree?	☐ YES	☑ NO			
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES	☑ NO			
			If YES, give detail			
35.	a. Have you ever been found guilty of any administrative of	☐ YES	✓ NO			
			If YES, give detail	8:		
	b. Have you been criminally charged before any court?		YES	☑ NO		
		If YES, give detail Date Filed:				
			Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by	☐ YES	☑ NO		
	any court or tribunal?	If YES, give detail	s:			
37.	Have you ever been separated from the service in any of th	e following modes: resignation,	☐ YES	☑ NO		
	retirement, dropped from the rolls, dismissal, termination, e (abolition) in the public or private sector?	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO				
	b. Have you resigned from the government service during the	If YES, give deta  ☐ YES	☑ NO			
	election to promote/actively campaign for a national or loca	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
		II 1E3, give details	s (country).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?	YES V NO				
c.	Are you a solo parent?	If YES, please specify ID No:  ☐ YES  ☐ NO				
			If YES, please specify			
41.	REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
	LOURDES R. SIMPRON	FCIC, BAYBAY CITY, LEYTE	09058243221			
	NIELBOY B. PAZ	SAINT BERNARD, SOUTHERN LEYTE	09273261285			
	JUNITO A. PANONCE	VSU, BAYBAY CITY, LEYTE	09953989086			
	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docuadministrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)					
	LEASE INDICATE ID Number and Date of Issuance					
	/License/Passport No.: 658-951-450	Signature (Sign inside the	a basy			
	te/Place of Issuance: 09-13-2024/Ormoc City	DOX)	and the of year.			
Da			Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhi	biting his/her validly issue	ed government ID as indicated above.		
		ath				
		ath Harman				