CS Form No. 212 Rovised 2017	DEDO							
	PERS	ONAL DA	ATA	SHE	ET			
WARNING: Any misrepresent person concerned.	fation made in the Personal Data	Sheet and the Work Experie	nce Sheet s	hall cause the	filing of admir	ilstrative/cri	minal case/s a	gainst the
READ THE ATTACHED GUID	TO FILLING OUT THE PERSON	AL DATA SHEET (PDS) BEF	ORE ACCO	MPLISHING TH	PDS FORM		- IN F	000
PERSONAL INFORMAT	ISAL I Jand and separate sheet if nec	similary, Indicate N/A if not applic	able. DO NO	T ABBREVIATE	1 CS D No.		(Do not fill up. Fo	or CSC use only)
2. DURNAME	PARADN							
FRIST NAME	CRIS MAKIZ CONC	EDEC LINE				NAME EXTENS	ION (JR., SR)	
MEDLE NAME	LECIOS	F C C						
3. DATE OF BRITH		16. CITIZENSHIP						
[mm/8(i/yyyy)	12/02/1999	III. CITIZENSHIP		Filipino		Dual Citizer by birth	nship by natural	ization
4. PLACE OF BIRTH	PLARIDE, DAYBAY	If holder of dual citizer	nship.				cate country:	
5.56X	Male Female	please indicate the de	etails.					-
6 CIME STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		House/Block/Lat /	lo.		NIGAP Street	
7. HEKSHT (m)		-		Subdivision/Villag			Barangay	
8. WEIGHT (Ng)	1.42	6521		City/Municipality			LEYTE Province	
9. BLOOD TYPE		ZIP CODE 18. PERMANENT ADDRESS					NIGAD	
	134			House/Block/Lot N	lo.		Street	
10. GSIS ID NO.	N/A			Subdivision/Villag			Barangay	
11. PAG-IBIG ID NO.	N/A	6521		13A417A City/Municipality	1		LEYTE Province	
12. PHILHEALTH NO.	13-252964366-0	ZIP CODE						
13. SSS NO.	06-4658542-6	19. TELEPHONE NO.						
4. TIN NO.	N/A	20. MOBILE NO.		786908				
5. AGENCY EMPLOYEE NO.	4/N	21. E-MAIL ADDRESS (if any)	chspa	raun 08 agg	noul-com			
2. SPOUSE'S SURNAME			23 NAME of 6	CHILDREN (Write fi	ill name and list a	m	DATE OF BIRTH	(mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	20. FERRILL OF	STREDITER (FFRIO	ar name and ascu		Ditte of Bitte	(
MIDDLE NAME	-							
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS					-			
TELEPHONE NO.								
I. FATHER'S SURNAME	PARAON							
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME	CEFERINO TANDUG	SR.		-				
MOTHER'S MAIDEN NAME	LERIBS							
SURNAME	DARAON							
FIRST NAME	CLAUDIA							
MIDDLE NAME	LERIOL			(Conti	nue on separate	sheet if neces	ssarvi	
EDUCATIONAL BACKG								
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	COURSE	PERIOD OF A	TENDANCE	LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PLANCIDEL CS	GRADUATE		2011	2012		2012	N/A
SECONDARY	PLAKIPEL NHS	CRADUATE		2012	2018		2018	HONOR
VOCATIONAL /	N/A	N/A		NA	N/A		N/A	
TRADE COURSE COLLEGE	VSU- MAIN CAMPUS	DOPED / CRADUAT	E	2021	2022		2022	CHM LANDE
GRADUATE STUDIES	N/A			N/A	N/A		N/A	NA
		(Continue on separate sheet if	necessary)					
SIGNATURE	A Park	7		DA	TE	JULY	19, 20 ORM 212 (Revised 2	_

7. CARE	ER SERVICE/ RA 10	80 (BOARD/ BAR) UNDER	DATING	DATE OF		-		LICENSE (If	applicable)
	SPECIAL LAW	S/ CES/ CSEE Y / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION /	PLACE OF EXAMINA	TION / CONF	ERMENT		Date of
				CONFERMENT				NUMBER	Validity
CIVIL	SERVICE E	ELIGIBLE			PALO, LEYT	E		100108296021	01/13/2
nclude priv	EXPERIENCE rate employmen	ot. Start from your rece		ue on separate sheet if n		ttached V	fork Experie	nce sheet.	
INCLU	SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not a	TLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY SALARY (Format *00-0")		STATUS OF	GOV'T SERVICE (Y/N)
	RE	Agrical Control of the Control of th	(Continue	on separate sheet If neo	esary) DATE		9 17, 4		

20. N	AME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK	
	(WYRIG BY TURE)		O NOMBER OF HOURS		
			parate sheet if necessary)		
	ING AND DEVELOPMENT (L&D)				
30 TITI	LE OF LEARNING AND DEVELOPMENT	ATTENDANCE		Type of LD	CONDUCTED/ SPONSORED BY
IN	TERVENTIONS/TRAINING PROGRAMS (Write in full)	(mm/dd/xxxx)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)
		11011		reconneavercy	
		(Continue on sep-	arate sheet if necessary)		
I OTHER	INFORMATION				
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC	DISTINCTIONS / RECOGNI (Write in full)	TION 33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
JORK E	THIC				
OMPUTE	TE LITERALY				
DAPTAR	icity				
INE M	ANGLEMENT				
THER PER	ONAL COMMUNICATION				
	TO DETAIL				
	e serevice				
		(Continue on sepa	rate sheet if necessary)		
	SIGNATURE	Dowl	DAT	F -	They 19, 2024

54.	Are you related by consanguinity or affinity to the appointin	g or recommending authority, or to					
	chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,	e supervision over you in the	-				
	a. within the third degree?	YES D	Z NO				
	b. within the fourth degree (for Local Government Unit - Ca	b. within the fourth degree (for Local Government Unit - Career Employees)?					
		If YES, give details:	NO				
_	· ·						
35.	a. Have you ever been found guilty of any administrative of	YES .	NO NO				
		If YES, give details:					
	b. Have you been criminally charged before any court?						
		If YES, give details:					
		Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of a						
	regulation by any court or tribunal?		YES NO If YES, give details:				
37.	Have you ever been separated from the service in any of the	ne following modes: resignation.	YES	Z NO			
	retirement, dropped from the rolls, dismissal, termination, e	nd of term, finished contract or	If YES, give details:				
20	phased out (abolition) in the public or private sector?						
90.	a. Have you ever been a candidate in a national or local ele (except Barangay election)?	ection held within the last year	YES	☑ NO			
			If YES, give details:				
	 b. Have you resigned from the government service during the last election to promote/actively campaign for a national 	YES NO					
39.	Have you acquired the status of an immigrant or permanen		If YES, give details:				
	g-market	resident of another country?	☐ YES				
	_ `		ii reo, give details (i	Southa y).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons					
a.	(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group?	1972), please answer the following					
	Are you a member of any indigenous group?		YES If YES, please specify:	☑ NO			
b.	Are you a person with disability?		YES	☑ NO			
C.	Are you a solo parent?		If YES, please specify ID No:				
	Ale you a solo parent?		☐ YES ☐ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t (annointee)					
_	NAME		TELLIO				
	18 and	ADDRESS	TEL. NO.				
				an and			
42.	I declare under oath that I have personally accomplished th	is Personal Data Sheet which is a	true, correct and				
	complete statement pursuant to the provisions of pertinent	t laws, rules and regulations of the	e Republic of the	QW.			
	Philippines. I authorize the agency head/authorized repherein. I agree that any misrepresentation made in	this document and its attachments	s shall cause the	LRIS MARTE CONCEPCION L. PARAON			
	filing of administrative/criminal case/s against me.			WOLAWR CHICHOTA F. WIATOLA			
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			18			
	LEASE INDICATE ID Number and Date of Issuance						
Go	everyment Issued ID: PRC - 12 2 57						
ID/	License/Passport No.: PRC - 2212157	the box)					
Da	Ite/Place of Issuance: JULY 19, 2024						
_		Date Accomplish	ned	Right Thumbmark			
SUBS	SCRIBED AND SWORN to before me this JULY 19, 2	024 affiant exhibiting his/her validly	issued government ID as in	dicated above.			
		Person Administering	Oath				