CS Form No. 212 Revised 2017								
	1 1.00.	1/ (L D/	, t 5.		'			
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/ariminal case/s against the person concerned.								
READ THE ATTACHED GUID	DE TO FILLING OUT THE PERSONAL DATA opunte boxes () and use seg	SHEET (PDS) BEFORE AC	COMPUSHI	NGTHEPL	S FORM	(Donot	fill un Far C	SC use only)
I. PERSONAL INFOR		didio siloo, ii ii.	533GI y. II.	ilcuis	1.00.0.	(501.5.	Illiopios	300300.,,
2. SURNAME	OLASIMAN							
FIRST NAME	JOVANE					NAMED/IB\SIO	V (JR, SR)	
MIDDLE NAME	LUEGA							
DATE OFBIRTH (mm/dd/yyyy)	11/10/1998	16.CITIZENSHP						
4. PLACE OF BIRTH	ISABEL, LEYTE	If holder of dual citiz				untry:		
5. SEX		please indicate the	details.					
6 CIVILSTATUS		17.RESIDENTIAL ADDR		N/A			N/A	
			House	P/Block/Lo N/A	t No.		Street MATLANG	
7. HEIGHT (m)	1.64 m		Subo	livision/Villa ISABEL	ooe		Baranaav LEYTE	
		70 CODE	O'fw	/Municipa	lit.	:500	Province	
8. WEIGHT (kg)	54 kg	ZIP CODE 18. PERMANENT ADDI		ŊA		6539	ΝΑ	
9. BLOOD TYPE	AB+	18. PERMANENTALDI	House	e/Block/Lo	t No		Street	
10. GSISID NO.	N/A		Suba	N/A Vivision/Ville	age		MATLANG Baranaav	
11. PAG-IBIGID NO.	N/A		City	ISABEL.	Nity.		LEYTE Province	
2. PHILHEALTHNO.	N/A ZP CODE 6539							
3. SSSNO.	N/A	19. TELEPHONE NO.	NA					
14. TIN NO.	N/A	20. MOBILE NO.	0965 360 6633					
15. AGENCY EMPLOYEE NO	N/A	21.E-MAILADDRESS (if		iovanie	olasim	na <u>n98@am</u>	nail.com	1
II. FAMILY BACKGR	ROUND							
II. FAMILY BACKGR 22 SPOUSE'S SURNAME	ROUND N/A			of CHILDRE	N (Write	efull name and		
		NAMEERTENSION (JR., SR)	23.NAME list all)		EN (Write	efull name and	yy	RTH (mm/dd, vvv) VA
22 SPOUSE'S SURNAME	Ŋ∕A	NAMEDIBASION (JR. SR)				efull name and		/yy)
22 SPOUSE'S SURNAME FIRST NAME	N/A N/A	NAMEDITENSION (JR. SR)		1	₩A	full name and	N N	vv) √A
22 SPOUSE'S SURNAME HRST NAME MIDDLE NAME	WA WA WA	NAMEDITASION (JR. SR)		1	VA VA	full name and	\ \ \	VA VA
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22 SPOUSES SURNAME RISTNAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO. 24/ATHERS SURNAME RISTNAME MIDDLE NAME 25 MOTHERS MAIDEN NAA SURNAME RISTNAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL/	N/A	JR BASCEDUCATION/C COURSE (Writeinfull) FRIMARYEDUCATI HIGHSCHOOL	list di)	FRODGE A STORY CONTRACTOR CONTRAC	VA V	HORST LEAD, UNITS FARRED frot graduated N/A	N N N N N N N N N N N N N N N N N N N	WA W
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IV. CIVIL SERVICE ELIGIBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR)	RATING	DATE OF		LICENSE (if ap	oplicable)			
UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	NUMBER	Date of Validity			
N/A	N/A	N/A	N/A	N/A	N/A			
N/A	N/A	N/A	N/A	N/A	\			
N/A	N/A	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A N/A				
N/A	N/A	N/A	N/A	N/A	`			
N/A	N/A	N/A	N/A	N/A	`			
N/A	N/A	N/A	N/A	N/A N/A				
	1	N/A						

V. WORK EXPERIENCE		(A) = 1 /4]= =] =	3/2/5
	\mathbf{v}_{\star} $\mathbf{v}_{\mathbf{v}}$			NUE

28. INCL (mn	USIVE DATES n/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format"	STATUS OF APPOINTMENT	GOV'I
From	То	(withe intuly bottol dobleviale)	(Write in full/Do not abbreviate)	JALAKI	00-0")/ INCREMENT	ALT OHVIVIENT	(Y/ N)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A	N/A	N/A	N/A	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				

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VI. VOLUNTA	RY WORK OR INVOLVEME	ENT IN CIVIC ,	/ NON-GOVERI	VMENT / PEC	OPLE / VOL	UNTARY ORG	GANIZATION/	S
29.	NAME & ADDRESS OF O (Write in fu				VE DATES ld/yyyy) To	NUMBER OF HOURS		POSITION
	N/A			N/A	N/A	N/A		
	N/A			N/A	N/A	N/A		
	N/A			N/A	N/A	N/A		
	N/A			N/A	N/A	N/A		
	N/A			N/A	N/A	N/A		
	N/A	-		N/A	N/A	N/A		
	N/A	-		N/A	N/A	N/A	N/A	
\/// \/ FAB\/\				nue on separate	sheet if neces			
	G AND DEVELOPMENT (L& ost recent L&D/training program ar						hief/Executive/Mo	l anagerial po
30. ΠΠLE OF L	EARNING AND DEVELOPMENT INTE (Write in fu		NING PROGRAMS	ATTENI	EDATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	
	N/A			From	To	NI/A	,	
	N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A	
	N/A	-		N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
N/A				N/A	N/A	N/A	N/A	
N/A				N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
		N/A			N/A	N/A	N/A	
		N/A			N/A	N/A	N/A	
		N/A			N/A	N/A	N/A	
		N/A			N/A	N/A	N/A	
		N/A			N/A	N/A	N/A	
		N/A		1	N/A	N/A	N/A	
,	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
	N/A			N/A	N/A	N/A	N/A	
VIII. OTHER II	NFORMATION		(Contii	nue on separate	sneet it neces.	sary)		
	ECIAL SKILLS and HOBBIES	32.	NON-A	CADEMIC DISTIN (Write	NCTIONS / REC e in full)	OGNITION		33. MEMB
DANCING N/A								
	VOLLEYBALL			N/A		-	-	
	N/A			N/A	A	-		
	N/A	W	Edit with WF	S Office W	4			
				-	-		-	

N/A

N/A

N/A	N/A		
N/A	N/A		
	(Continue on separate sheet if necessor	ary)	
SIGNATURE		DATE	

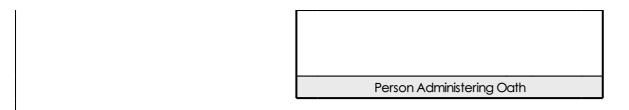
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sitions)	
CONDU	CTED/ SPONSORED BY (Write in full)
	N/A
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	N/A
ERSHIP II	N ASSOCIATION/ORGANIZATION (Write in full)
	N/A
	N/A
	N/A
77	Ed N/A ith WPS Office

N/A

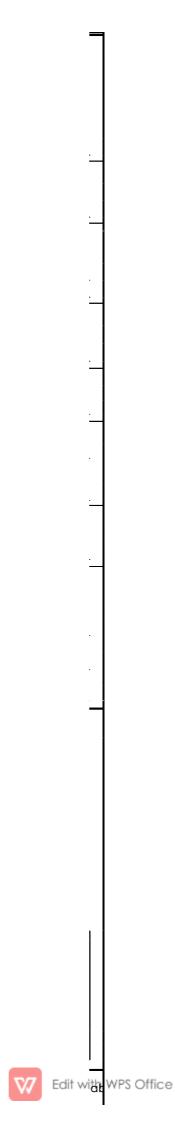
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34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be appopart this the third of a research.					
	a. within the third degree?					
	b. within the fourth degree (for Local Governme	ent Unit - Career Employees)?	If YES, give details:			
25	a. Have you ever been found guilty of any admi	nistrative offense?				
33.	a. Have you ever been look a going or any dam.	TIBITATIVE CHELDET	If YES, give deta	ails:		
	b. Have you been criminally charged before an	If YES, give deta Date Filed: Status of Case/s:	ails:			
			sidius di Case/s.			
36.	Have you ever been convicted of any crime or ordinance or regulation by any court or tribunals		If YES, give deta	ails:		
	Have you ever been separated from the service resignation, retirement, dropped from the rolls, of finished contract or phased out (abolition) in the		ails:			
38.	a. Have you ever been a candidate in a nation	al or local election held within the				
	last year (except Barangay election)?		If YES, give detail	s:		
	b. Have you resigned from the government serv period before the last election to promote/active	If YES, give details:				
39.	Have you acquired the status of an immigrant o	r permanent resident of another				
	country?	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 837 Persons (RA 7277); and (c) Solo Parents Welfare					
ä.	Are you a member of any indigenous group?		If VCC in la cia a cia a	_:E		
) .	Are you a person with disability?		If YES, please specify: If YES, please specify ID No:			
c.	Are you a solo parent?		ii 120, piedse spec			
	, ,		If YES, please spec	cify ID No:		
41.	REFERENCES (Person not related by consanguinity or affir	nity to applicant /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months		
	RONAL ARLET P. VILLABER	VSU, BAYBAY CITY, LEYTE		4.5 cm. X 3.5 cm (passport size)		
	CANDELARIO L. CALIBO	VSU, BAYBAY CITY, LEYTE	0917 634 1486	Computer generated or photocopied picture		
	MA. KRIS M. VILLAREN	TACLOBAN CITY	0917 505 1868	is not acceptable		
42.	I declare under oath that I have personally acco	n Omplished this Personal Data She	et which is a			
	true, correct and complete statement pursuant					
	regulations of the Republic of the Philippines. I au	— · · · · · · · · · · · · · · · · · · ·		PHOTO		
	representative to verify/validate the contents st misrepresentation made in this document and it			PHOTO		
			901			
	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License,					
et	c.) PLEASE INDICATE ID Number and					
G	Government Issued I N/A					
IC	D/License/Passport N/A	Signature (Sign inside th	e box)			
D	ate/Place of Issuan N/A	Date Accomplishe		Right Thumbmark		
ഥ		S	Mail Hombillar			



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Yes/No Cstat Gender Yes Single Male No Married Female

Separated Widowed