CS Form No. 212 Revised 2017				\$			787	
Deminification of Viewing Viewing	PERSO	NAL DATA	SHE	ET				
WARNING: Any misrepresent concerned.	ation made in the Personal Data Sheet and th	e Work Experience Sheet shall	cause the filing	of administrativ	e/criminal case/s	egainst the p	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH	the second secon				(De est (II es	CCC	
Print legibly. Hick appropriate boxs I. PERSONAL INFORMATI	es []) and use separate sheet if necessary, Indicat ON	ne N/A if not applicable. DO NOT A	BEREVIATE.	1. CS ID No		(Do not fill up.	For CSC use o	
2. SURNAME	MANGACCAT							
FIRST NAME	RYAN CAMILLUS				NAME EXTENSION (J	R., SP)		
MIDDLE NAME	PFLEIDER				· ·		41-12-12-12-12-12-12-12-12-12-12-12-12-12	
3. DATE OF BIRTH	7/25/1987	16. CITIZENSHIP		1				
(mm/dd/yyyy)	77231007	II. G.IZZIGIII	15	☑ Filipino ☐ Dual Citizensl			lization	
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenshi			Pls. indicate	San		
5. SEX	☑ Male ☐ Female	please indicate the details.						
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	31	310			3PD	
O GIVE OTHER	☐ Widowed ☐ Separated ☐ Other/s:	And the second s		House/Block/Lot No. SAMPAGUITA			1000	
200		1	Subdivisio	Subdivision/Village TACLOBAN			59-A Barangay	
7. HEIGHT (m)	160	1	CityMun		LEYTE Province 6500			
8. WEIGHT (Ng)	50	ZIP CODE		PAC OTA ST				
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	310 House/Block/Lot No.		3RD Street			
10. GSIS ID NO.	NA	Manager State Control of the State of State of the State of State	SAMPA	GUITA	Carried State of the State of t	59-A Barangay		
11. PAG-IBIG ID NO.	1210-2965-1457	1	Subdivision TACLO		LEYTE			
	And the second s	ZIP CODE	City/Municipality 6500		6500	Province 6500		
2. PHILHEALTH NO.	01-051616545-1				8300			
13. SSS NO.	06-3199235-4	19. TELEPHONE NO.		A. L. Marie and A. L. Marie an				
4. TIN NO.	402-774-074	20. MOBILE NO.		09171379256				
5. AGENCY EMPLOYEE NO.	N/A -	21. E-MAIL ADDRESS (if any)		rpmangad	ccat@yahoo.c	<u>om</u>		
I. FAMILY BACKGROUN	D					-		
2. SPOUSE'S SURNAME	WA		23. NAME of CHILDREN (Write full name and list all) DATE OF B			DATE OF BIR	TH (mm/dd/yyy	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) RO		ROBERTO JOSE CINCO MANGACCAT			7/13/2015	
MIDDLE NAME	WA		ROMULUS	ROMULUS CONN CINCO MANGACCAT			6/19/2021	
OCCUPATION	WA							
EMPLOYER/BUSINESS NAME	WA							
BUSINESS ADDRESS	WA							
TELEPHONE NO.	NA	N. C.						
4. FATHER'S SURNAME	MANGACCAT	La la companya de la						
FIRST NAME	ROBERT	NAME EXTENSION (JR., SR)						
MIDDLE NAME	MAMARIL							
5. MOTHER'S MAIDEN NAME	g de ser este finisher och er en	Andrews Andrews Control of the Contr						
SURNAME	PFLEIDER							
FIRST NAME	CONCEPCION							
MIDOLE NAME	ARANTE			(Continue on se	parate sheet if neces	ssary)		
II. EDUCATIONAL BACKS	ROUND		and the second second	-	The state of the s			
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/C (Write in full)		OD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS RECEIVED	
ELEMENTARY	ST. THERESE CHILD DEVELOPMENT CENTER	 All 10 for a long of the production of the control of		94 2000		2000	N/A	
SECONDARY	HOLY VIRGIN SCHOOL OF SALVACION INC.		20	002 2004		2004	N/A	
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	ST, PAUL SCHOOL OF BUSINESS AND LAW	BACHELOR OF SCIENCE IN CO	MMERDE 20	008 2011		2011	N/A	
and the second second				The second secon	But require, as entirely factor of	A CONTRACTOR OF THE	Contract Contract	
GRADUATE STUDIES	N/A	Continue on separate sheet if nacessa						

	ER SERVICE/ RA 1080 (SPECIAL LAWS/ C RANGAY ELIGIBILITY / I	BOARD/BAR) UNDER CES/CSEE DRIVERS LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFE	RMENT	LICENSE (if a	Date of
and the second second	TO A STATE OF THE PARTY OF THE		80.99		LEYTE NORMAL UNIVERSITY		·rv	Market Land State of the Land	Validity
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								i.d.	M J E GS Montal Montal
45 Ta 3.70			(C	ontinue on separate sheet li	necessary)				0 1 14 7
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		POSITION TI	LE DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (II applicable)& STEP (Format TO-07)/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)	
From 0/6/2011	To 03/31/2025	ACCOUNTING AND LO ASSISTAN	mineral transfer and a second		BRANCH / DBP SERVICE G-IBIG FUND TACLOBAN		ROBERT	Contractual	N
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TO A THE RESIDENCE OF THE PARTY	/EMENT IN CIVIC / NON-GOVERNMENT	AND PROPERTY AND PERSONS ASSESSED.	describe seitable compl	ON OANIEATIO			
	RESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (min/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
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	ELEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/elc)	CONDUCTED/ SPONSORED BY	
		From	To		Technical/etc)	(Write in full)	
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III. OTHER INFORMATION	(Co	ntinue on separa	te sheet if necessa	(ער			
	The contract was a measurable and	LACADEMIC DIS	TINCTIONS / RECO	CAITICA		MEMBERSHIP IN ASSOCIATION/ORGANIZAT	
31. SPECIAL SKILLS and HOBBIES	32		ritle in full)	~ WIN		33. (Write in full)	
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SIGNATURE		7		er sevenir underen bide	ATE	09-20-25	
GOISTORE	/ /	_			Market Control Security Con-	CS FORM 212 (Revised 2017), Page	

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,	or recommending authority, or to the supervision over you in the Office,				
a. within the third degree?	☐ YES ☑ N				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ N If YES, give details:	0			
3s. a. Have you ever been found guilty of any administrative offe	35. a. Have you ever been found guilty of any administrative offense?				
b. Have you been criminally charged before any court?	YES If YES, give details: Date Filed: Status of Case/s:	NO			
36. Have you ever been convicted of any crime or violation of an by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:				
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☑ If YES, give details:] NO			
39. Have you acquired the status of an immigrant or permanent	YES INO 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), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	If YES, please specify: YES YES If YES, please specify ID N	NO			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)				
NAME	ADDRESS	TEL. NO.			
Atty. Kim David M. Obejas	Tacloban City	09165574920			
SINSP Reeven Ryan C. Bolito	Quezon City	09273095793	4		
Engr. Rafael Teosar C. Redubla	Tacloban City	09278991053			
42 I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized repres I agree that any misrepresentation made in this document administrative/criminal case/s against me.	nt laws, rules and regulations of the li- sentative to verify/validate the contents	Republic of the stated herein.	7-		
Government Issued ID (#_Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: Driver's License	/		and the second		
ID/License/Passport No.: H02-05-002616	DX)	a Mill MANIE			
Date/Place of Issuance: 7/25/2020 Tacloban City	of Issuance: 7125/2020 Tacloban City Date Accomplished				
SUBSCRIBED AND SWORN to before me this	, alfiant exhibi	ting his/her validly issued gove	emment ID as indicated above.		
			 And the property of the property		
	Person Administering Oat		CS FORM 212 (Revised 2017), Page 4 of 4		

