CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly, Tick appropriate boxes 1, and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ARREVIATE 1, CS ID No.

. PERSONAL INFORMATION) and use separate sheet if necessary. Indicate	TWATTH THOU APPRICADIO.	ADDITE VIATE.		1. CS ID NO.		(30 ap	For CSC use only)	
2. SURNAME	GILOS								
FIRST NAME	KARL VINCENT				NAME EXTENSION (JR., SR)				
MIDDLE NAME	DELALAMON								
3. DATE OF BIRTH (mm/dd/yyyy)	2/13/1999	16. CITIZENSHIP	☑ Filipino						
4. PLACE OF BIRTH	CEBU CITY, CEBU	If holder of dual citizenship,				Pls. indicate co		auon	
5. SEX	✓ Male ☐ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS					KILBOURNE Street		
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No. VISAYAS STATE UNICERSITY LOWER CAMPUS		F	PANGASUGAN			
7. HEIGHT (m)	1.61m		В	AYBAY CITY			Barangay LEYTE		
8. WEIGHT (kg)	61 kg	ZIP CODE	CI.	ity/Municipality 6521			Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	APARTMENT. 20		KILBOURNE				
10. GSIS ID NO.	N/A		House/Block/Lot No. VISAYAS STATE UNICERSITY LOWER CAMPUS		Street PANGASUGAN				
11. PAG-IBIG ID NO.	121346401023			odivision/Village BAYBAY CI			Barangay LEYTE		
12. PHILHEALTH NO.	13-252994030-4	ZIP CODE	Ci	ity/Municipality 6521		Province			
13. SSS NO.	06-4917460-1	19. TELEPHONE NO.		N/A					
4. TIN NO.	654-310-741	20. MOBILE NO.							
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	karlvdgilos13@gmail.d			om			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and			l list all) DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	KARL VINCENT D. GI					/1999	
MIDDLE NAME	N/A		KIRSTEN MAEVE D. G						
OCCUPATION	N/A		N/A			N/A			
EMPLOYER/BUSINESS NAME	N/A		N/A			N/A			
BUSINESS ADDRESS	N/A		N/A				N/A		
TELEPHONE NO.	N/A		N/A				N/A N/A		
24. FATHER'S SURNAME	GILOS NAME EXTENSION (JR., SR)		N/A N/A				N/A N/A		
FIRST NAME MIDDLE NAME	VICENTE		N/A N/A				N/A N/A		
25. MOTHER'S MAIDEN NAME	AGUILAN	AGUILAR			N/A			N/A	
SURNAME	DELALAMON			N/A				N/A	
FIRST NAME	MARIBETH		N/A				N/A		
MIDDLE NAME	SAAVEDRA	(Continue on separate sheet if necessary)							
III. EDUCATIONAL BACKGR	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	GRADE 1 - GRADE	E 6	2006	2012	N/A	2012	N/A	
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGHSCHOOL	1ST YEAR - 4TH YE	AR	2012	2016	N/A	2016	N/A	
VOCATIONAL / TRADE COURSE	BAYBAY TECHNICAL VOCATIONAL TRAINING CENTER	EIM NC II ELECTRICAL INST. MAINTENANCE		*2024	*2025	N/A	2025	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN I		2018	2023	N/A	2023	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	(C	Continue on separate sheet if nece	essary)	Ω4	TE		*4/5/2025		
SIGNA I UKE				DA	1 L	" 4/3/2023 CS FORM 212 (Revised 2017), Page 1 of 4			

IV. CIVIL SERVICE ELIGIBILITY								
SPECIAL LAV	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if ap	pplicable) Date of
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) RA 1080 PRC MECHANICAL ENGINEERING			CONFERMENT		PLACE OF EXAMINATION / CONFERMENT			Validity
LICENSURE EXAM	78.0	2/20/2024	CEBU CITY, CEBU			0123957	2/13/2027	
DRIVER'S LICEI		N/A	7/17/2020		CITY, LEYTE		H12-20-002358 N/A	2/13/2025 N/A
N/A	1	N/A	N/A	N/	N/A			
N/A	A	N/A	N/A	N/.	/A		N/A	N/A
N/A		N/A	N/A	N/.	/A		N/A	N/A
N/A	4	N/A	N/A	N/A			N/A	N/A
N/A		N/A	N/A	N/.		N/A	N/A	
V. WORK EXPERIENCE		(Con	ntinue on separate sheet i	if necessary)				
V. WORK EXPERIENCE (Include private employment)		nt work) Descriptio	n of duties should b	e indicated in the attache	ed Work Exp		et.	
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TI		DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From To	(Write in full/Do not a	·		l/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
4/1/2022 5/13/2022	Student tra		Furniture shop	Sounds, Shop, Transportation, p, Motor pool & SDMU	N/A	N/A	N/A	N/A
7/19/2024 10/23/2024	Operations As	ssistant		Services Ports & Terminal Services Inc.	P14,067	N/A	Probationary	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A	-	N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A		N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A	(Cor	ntinue on separate sheet i	N/A	N/A	N/A	N/A	
SIGNATURE		L_	tinue on separate snoot.	N/A		4/5	5/2025	
						CS	FORM 212 (Revised 20	17), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT			/ PEOPLE / VOLUNTARY ORGANIZATION/S				
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOUR:		POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A	
N/A			N/A	N/A		N/A	
N/A			N/A	N/A	N/A		
N/A			N/A	N/A	N/A		
N/A		N/A N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
N/A N/A					N/A		
			N/A sheet if necessary)	N/A ')		N/A	
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			E DATES OF IDANCE Id/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC OCCUPATIONAL SAFETY AND HEA	ALTH SAFETY OFFICER 2	From 3/19/2024	3/21/2924	40 HRS	ONLINE	BESO SAFETY TRAININGS & CONSULTANCY SERVICES	
NCII EIM - ELECTRICAL INSTALLATION & MA	AINTENANCE CERTIFICATE	11/18/2024	1/11/2025	200 HRS	TECHNICAL	TECHNICAL EDUACATION &	
N/A		N/A	N/A	N/A	N/A	SKILLS DEVELOPMENT AUTHORITY N/A	
N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A			N/A	N/A	N/A	N/A N/A	
N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
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) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-A		NCTIONS / RECOGI e in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE	N/A				N/A		
BASIC ELECTRICAL INSTALLATIONS	N/A				N/A		
BASIC PROGRAMMING	N/A				N/A		
BASIC AUTOCAD	N/A				N/A		
BASIC SOLIDWORKS	N/A					N/A	
BASIC WELDING	N/A					N/A	
BASKETBALL	N/A				N/A		
SIGNATURE	L	(Continue on separate sheet if necessary) DATE			4/5/2025		
CS FORM 212 (Revised 2017), Page 3 of 4							

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 - Care	☐ YES ☐ If YES, give details	☑ NO :: N/A			
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☐ If YES, give details	☑ NO :: N/A			
	b. Have you been criminally charged before any court?	☐ YES If YES, give details Date Filed: Status of Case/s:	NO :: N/A N/A			
36.	Have you ever been convicted of any crime or violation of arby any court or tribunal?	☐ YES If YES, give details	☑ NO : N/A			
	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: I RESIGNED MY PREVIOUS JOB				
38.	a. Have you ever been a candidate in a national or local election)?	☐ YES If YES, give details	I NO s: N/A			
	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 s:N/A			
39.	Have you acquired the status of an immigrant or permanent	☐ YES If YES, give details	(country): N/A			
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	☐ YES N/A If YES, please € N/A	☑ NO N/A			
b. c.	Are you a person with disability? Are you a solo parent?	☐ YES If YES, please specify ☐ YES N/A	☑ NO			
41	REFERENCES (Person not related by consanguinity or affinity to applicant	t (annointae)	If YES, please s N/A	N/A		
	NAME	ADDRESS	TEL. NO.			
	TYLO JUNIOR VAN STEENHUYSE	BRGY. GABAS, BAYBAY CITY, LEYTE	9682598864			
	N/A	N/A	N/A			
	N/A	N/A	N/A			
42.	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the contents	Republic of the s stated herein.	PHOTO		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
G	overnment Issued ID: PRC LICENSE					
IC	0/License/Passport No.: 0123957	ox)				
D	ate/Place of Issuance: 05/07/2024	4/5/2025 Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued o	government ID as indicated above.		
		Person Administering Oat	h			