CS Form No. 212			and the second	and the same of th	and the second second		and the state of t	08.	
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WARNING: Any misrepresent concerned.	ation made in the Personal Data Sheet and th	e Work Experience Sheet sh	all cause the	filing of ad	miniștrativ	e/criminal case/s	against the p	erson	
	E TO FILLING OUT THE PERSONAL DATA SHI S () Lise separate sheet if necessary Indicate			HE PDS FOR	1 CS ID No	48	· (Do not fill up	For CSC use only	
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2. SURNAME	NAYRE .			-					
FIRST NAME	RODEL	and the second		a recover too		NAME EXTENSION (J	R., SR)		
MIDDLE NAME	ARCENA								
3. DATE OF BIRTH	10/28/1989	16. CITIZENSHIP				7			
(mm/dd/yyyy)		Carlos de la carlo		√ Filip	oino L	Dual Citizenship	by natural	ization	
4. PLACE OF BIRTH	BAYBAY.CITY	If holder of dual citizen	iship,			Pls. indicate			
5. SEX	✓ Male Female	please indicate the de	tails.			- Indiana in the land in the l		~	
6 CIVIL STATUS	Single	17, RESIDENTIAL ADDRESS		0. 30		a we also stated	4/70	The second second	
	Widowed Separated		Ног	use/Block/Lof h	lo.		Street GABAS		
Man and a sufficient	Other/s:	tradition and the same and	Su	bdivision/Villag	19		Barangay		
7. HEIGHT (m)	5'3	A CMES BOX		ity/Municipality	-		Province Province		
8. WEIGHT (kg)	60	ZIP CODE				6521		72.7	
9. BLOOD TYPE	control BHULIDET	18. PERMANENT ADDRESS	Нос	use/Block/Lot N	lo.		Street		
10, GSIS ID NO.	NONE TRUE TOTAL	ofo formingle	Su	Subdivision/Village			GABAS		
11. PAG-IBIG ID NO.	1212-0572-3180	TEST THE ATTENDED	BAY	BAY	nia i	Barangay LEYTE			
12. PHILHEALTH NO.	13251535974	ZIPCODE	C	ity/Municipality 6521		. Province -			
		<u> </u>							
13. SSS NO.		19. TELEPHONE NO.						· ·	
14. TIN NO.	475-975-140-000	20. MOBILE NO.	1	09514644679				1	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		rodelnayre.28@gmail.com					
II. FAMILY BACKGROUND	Contract the contract of the c								
22. SPOUSE'S SURNAME	The state of the s	NAME EXTENSION (JR., SR)	23, NAME of CH	IILDREN (Write	e full name and	l list all)	_DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	NAYRE	INME EXTENSION (IR., SK)		MCJOHN NEPLEYA NAIRE			6/20	/2012	
MIDDLE NAME	NILDA								
OCCUPATION	ALGODON							1	
EMPLOYER/BUSINESS NAME	, N/A								
BUSINESS ADDRESS	NA	The second secon						The second of the party	
TELEPHONE NO.	NA				- Marie Marie et	Colored Company Colored			
24. FATHER'S SURNAME	NAYRE	NAME EXTENSION (JR., SR)						*	
FIRST NAME	FAUSTINO	JR					1		
MIDDLE NAME	TRUYA								
25. MOTHER'S MAIDEN NAME		The second secon	A CONTRACT						
SURNAME	ARCENA	the second secon				+			
FIRST NAME	EVELYN	and the second of the second o							
MIDDLE NAME	BALDIBIA			(C	ontinue on se	parate sheet if neces	isary)		
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP)	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
	And the second of			From	То	(if not graduated)	200	RECEIVED	
ELEMENTARY	GABAS ELEMENTARY SCHOOL	GRADUATED		1997	2003		- 11-1	·	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	GRADUATED		2003	2007	***		-	
VOCATIONAL / TRADE COURSE	N/A	The second plant of the second second second			40000			,	
COLLEGE	N/A			,		1 -			
GRADUATE STUDIES	N/A		the second of		1 1				
	No. 10 To the Control of the Control of Cont	ontinue on separate sheet if neces	sary)			9 .	n, en light of a	2 5 - 6	
SIGNATURE	have been been been		in the second	DA	TE	2-10	-287	2	



	FR SERVICE/ RA 10	080 (BOARD/ BAR) UNDER	and the second second	DATE OF	DATE OF CONTRACTOR OF CONTRACT			LICENSE (if applicable)	
	SPECIAL LAW	IS/ CES/ CSÉE IY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
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WORK	EXPERIENCE								
clude pri	vate employme	nt. Start from your recet	(kwork) Doscriptic	n of duties should b	e indicated in the attach	si Woi. Fy	SALARYI KOBIPAY		
	LUSIVE DATES nm/dd/yyyy)	POSITION T			NCY / OFFICE / COMPANY	MONTHLY SALARY	GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	SERVIC
From	То	(Write in full/Do not	abbreviate)	(Write in full	(Do not abbreviate)	SALARY	(Format '00-0") INCREMENT		(4111)
1/2021	PRESENT	LABORATOR	Y AIDE	DEPARTMENT	OF HORTICULTURE	8350.00	ÿ	JOB ORDER	YES
8/2012	12/30/2020	UTILIT		DEPARTMENT	NT OF HORTICULTURE 5720.00			JOB ORDER	YES
8/2010	-	LABORI		1	OF HORTICULTURE	5280.00		JOB ORDER	YES
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	ARY WORK OR INVOLVEMENT IN CIV	E ALEXANDER VANIMENT			DR(GAN)ZATIO	N/S		
29.	NAME & ADDRESS OF ORGANIZA (Write in full)	TION	INCLUSIV (mm/dx From	E DATES Dyyyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
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MI LEARNI	NG AND DEVELOPMENT (L&D) INTER	(Con Number of News Parking Con	finue on separate :	sheet if necessary	7)			
Start from the m	est recent L&D training program and include only t	te relevant L&D training taken for	the last live (i) ye	TENDED ars for Division (ShleE/Executive/Man	egitial positions)		
30. пты	E OF LEARNING AND DEVELOPMENT INTERVENTIO (Write in full)	ONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/SPONSORED BY (Write in full)	
	GRAS COATING TECHNOLOGY		9/27/2014	9/27/2014	8.0	TECHNICAL	VP FOR RESEARCH AND EXTENSION	
2ND CON	ISULTATIVE WORKSHOP ON VEGETABLE IN DEVELOPMENT DIRECTIONS IN EASTERN	DUSTRY ANAYLIS AND	3/20/2014	3/22/2014	16.0	TECHNICAL	DEPARTMENT OF MAGRICULTURE REGIONAL	
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(FB2000202171)		A STATE OF THE STA	tinue on seperate	ir	Ma .			
VIII. OTHER	INFORMATION	1000	salah di kagilifi	Marie	III		ada dan his colors // o wal pas residence as a description	
31.	SPECIAL SKILLS and BRIES 32	NON	-ACADEMIC DISTIN	VCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	DRIVING		· N/A		1	di dei regeni i i i i i i i i i	(Write in full)	
AU	TO MECHANIC HELPER	part of the part of the	N/A				N/A	
Control of the Contro	CARPENTRY			NA NA			N/A	
deli spine serge	PLUMBING	the same and the same and	N/A			to a suit of	NA	
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chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,			Anna de la companya del companya de la companya del companya de la		
a, within the third degree?	,	YES INO			
b. within the fourth degree (for Local Government Unit - Cal	reer Employees)?	YES INO			
		If YES, give details:			
35. a. Have you ever been found guilty of any administrative of	fense?	YES INO			
	and the second	,, , zo, give detaile.			
b. Have you been criminally charged before any court?		YES V NC)		
	A . Land	If YES, give details:			
		Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation by		2		
any court or tribunal?	. ☐ YES ☑ NO If YES, give details:				
 Have you ever been separated from the service in any of the 	ne following modes: resignation, retirement.		0.		
dropped from the rolls, dismissal, termination, end of term, the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local ele 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 NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO			
	and the same of th	If YES, give details (country):			
1.8	0 4 6 Pinhlad Passana (PA 7077).				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas 	e answer the following items:				
a. Are you a member of any indigenous group?		☐ YES	NO		
		If YES, please specify:			
Are you a person with disability?		YES If YES, please specify ID No:	NO		
Are you a solo parent?		☐ YES ☑	NO		
	and the same of th	If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
NAME	ADDRESS	TEL NO.			
dan da v	6				
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and the state of t		1	£.		
42. I declare under oath that I have personally accomplished					
complete statement pursuant to the provisions of perti- Philippines. I authorize the agency head/authorized repres- agree that any misrepresentation made in this doc- administrative/criminal case/s against me.	inent laws, rules and regulations of the learntaily sentative to verify/validate the contents state	Republic of the ed herein,	RODEL A. NAYRE		
Philippines, I authorize the agency head/authorized repres agree that any misrepresentation made in this doc administrative/criminal case/s against me. Government Issued ID (** Passport, CSIS, SSS, PRC, Driver's License, etc.)	inent laws, rules and regulations of the learntaily sentative to verify/validate the contents state	Republic of the ed herein,	RODEL A. NAYRE		
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