CS Form No. 212 Revised 2017

SIGNATURE

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. 1. CS ID No. Print legibly. Tick appropriate boxes (
) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2. SURNAME BALOTOL NAME EXTENSION (JR., SR) JR RUBEN FIRST NAME OBRAR MIDDLE NAME 3. DATE OF BIRTH 21/09/1984 16. CITIZENSHIP **▼** Filipino ☐ Dual Citizenship (mm/dd/yyyy) ✓ by birth by naturalization CATBALOGAN, SAMAR Pls. indicate country: 4. PLACE OF BIRTH If holder of dual citizenship, please indicate the details. 5. SEX ✓ Male □ Female Philippines 17. RESIDENTIAL ADDRESS ✓ Married ☐ Single 6 CIVIL STATUS Street ☐ Widowed □ Separated Purok Mabolo Kilim Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 1.67 METERS Bavbav Citv Levte 8. WEIGHT (kg) **75 KGS** ZIP CODE 6521 18. PERMANENT ADDRESS Zone 3 9. BLOOD TYPE 0+ House/Block/Lot No. Street Brgy. Campetic 10. GSIS ID NO. 021194746156 Subdivision/Village Barangay Palo Leyte 11. PAG-IBIG ID NO. 913155081116 City/Municipality Province 12. PHILHEALTH NO 13-025424711-2 ZIP CODE 6500 06-25386073 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 09186723633 238-945-767 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) rbalotol@gmail.com **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) Ruben Balotol III FIRST NAME 01/07/2004 Karl Caelo Reuben Balotol 14/06/2019 MIDDLE NAME Keilah Amelie Balotol 12/08/2023 OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME **BALOTOL** NAME EXTENSION (JR., SR) RUBEN FIRST NAME ROMPAL MIDDLE NAME 25. MOTHER'S MAIDEN NAME **OBRAR BALOTOL** FIRST NAME MARIA MIDDLE NAME HISO (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC YEAR GRADUATED LEVEL (Write in full) (Write in full) HONORS (if not graduated) From То RECEIVED **RIZAL CENTRAL SCHOOL** N/A ELEMENTARY Elementary 1991 1997 Graduated 1997 SECONDARY ST. MARY'S ACADEMY Secondary 1997 2001 Graduated 2012 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE UNIVERSITY OF SAN CARLOS **Bachelor of Arts in Philosophy** 2002 2006 Graduated 2006 N/A GRADUATE STUDIES UNIVERSITY OF SAN JOSE-RECOLETOS Master of Arts in Philosophy 2018 2020 Graduated 2020 N/A

JULY. 10.2025

DATE

IV. CIVIL SE	ERVICE ELIGI	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF				LICENSE (if ap	oplicable)	
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
V WORK F	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TO (Write in full//Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
15/01/2024	30/06/2024	ASSISTANT	PROF.	BURAUEN COMMUNITY COLLEGE		31, 521	N/A	cos	N
20/05/2022	15/08/2023	INSTRUCT	ror	DEPARTMENT OF ARTS AND SCIENCES, VSU-TOLOSA		N/A	N/A	SUBSTITUTE	N
20/05/2014	20/12/2022	INSTRUCT	TOR	DEPARTMENT OF LIBERAL ARTS AND BEHAVIORAL SCIENCES. VISAYAS STATE		120/hr	N/A	PART-TIME	N
			(Co.	ntinue on separate sheet	if necessary)				

DATE

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VI. VOLUNTARY WORK OR INVOLVEMENT II	N CIVIC / NON-GOVERNMENT /	PEOPLE / VC	DLUNTARY OI	RGANIZATION	I/S	
29. NAME & ADDRESS OF OR (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A			N/A
	(Con	tinue on separate s	sheet if necessary			
VII. LEARNING AND DEVELOPMENT (L&D) I (Start from the most recent L&D/training program and include	NTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED		erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Japanese Studies in the Philippines Year 7: Research	and Development Workshop	04/12/2024	04/12/2024	8.0	Technical	UP Asian Center, UP Tacloban and Japan Foundation
18th Lamiraw Creative Writing Workshop		24/01/2022	28/01/2022	40.0	Technical	Katig Writers Network and NCCA
Special Intensive Course for Philosophy Eduactors		07/11/2020	05/12/2020	40.0	Technical	Univ. of Sto. Tomas and Commission on Higher Education
SDRC Capacity Building and Training on Qualitative R	esearch	17/01/2020	17/01/2020	8.0	Technical	DLSU- Social Development Research Center
DLSU-VSU Research Publication Writeshop		18/06/2018	19/06/2018	16.0	Technical	Visayas State Univ. and De La Salle University
2nd International Conference on Philippine and Asian	Studies	03/05/2018	05/05/2018	24.0	Technical	De La Salle University
Textbook Writing		11/10/2017	11/20/2017	8.0	Technical	Mutya Publishing House, Inc.
Faculty Training for the Teaching of the New General E	Education Core Course in Ethics	03/01/2017	20/01/2017	136.0	Technical	CHED and UP Diliman
Research Extension Capability Building Workshop		04/02/2016	05/02/2016	16.0	Technical	College of Arts and Sciences - VSU
Dynamic Classrooms for Sociology Teachers		26/04/2015	30/04/2015	40.0	Technical	Ateneo de Manila University
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN		NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	(Write in full) N/A					Social Ethics Society of Mindanao
						Association of Eastern Visayas Studies
					Philosophical Association of the Philippines	
SIGNATURE	(Con	tinue on separate s	sheet if necessary)		ATE	JULY. 10.2025
SIGNATURE				U	1/L	JUL 1. 1U.2U20 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? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ ☐ YES ☑ If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:				
	b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of an 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, end (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 electron Barangay election)?b. Have you resigned from the government service during the	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	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? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO				
			If YES. please specify II			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	,	TEL NO			
	NAME ARIAN ACAMPADO	ADDRESS Visayas State University	TEL. NO. 09051034543			
	FRANCIS VILLAMORA	Burauen Community College	09171082291			
	JETT C. QUEBEC	Burauen Community College	09185459928			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	this Personal Data Sheet which is a trent laws, rules and regulations of the Intative to verify/validate the contents state	rue, correct and Republic of the and the rein.			
P.	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHIL.HEALTH					
	/License/Passport No.: 12-050675057-7	Signature (Sign inside the bo JULY.10.2025	ox)			
Da	ate/Place of Issuance: Tacloban City, Leyte	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit		overnment ID as indicated above.		
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