CS Form No. 212											
PERSONAL DATA SHEET											
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.											
TICLE OF THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.  rint legibly. Tick appropriate boxes (D) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use of the control of the co							or CSC use only)				
I. PERSONAL INFORMATION		indicate N/X ii not applicable.	O NOT ABBRE	VIATE:	1. 00 15 110.		(20 1101 1111 42.1	or ede ace oring)			
2. SURNAME	ORBE										
FIRST NAME	JEROME NAME EXTENSION (J					I (JR., SR)	N/A				
MIDDLE NAME	CAÑON										
DATE OF BIRTH     (mm/dd/yyyy)	02/01/1997 16. CITIZENSHIP			Filipir	по	Dual Citizenship					
(						by naturalization					
4. PLACE OF BIRTH	MALITBOG, SOUTHERN LEYTE	If holder of dual citizenship,		Pls. indicate			country:				
5. SEX	✓ Male Female	please indicate the de	tails.					•			
6 CIVIL STATUS	✓ Single Married  Widowed Separated	17. RESIDENTIAL ADDRESS	Hou	N/A se/Block/Lot No.			PUROK 1 Street				
	☐ Widowed ☐ Separated ☐ Other/s:		N/A			LAMBONAO					
7. HEIGHT (m)	1.76	1			bdivision/Village MALITBOG		Barangay SOUTHERN LEYTE				
8. WEIGHT (kg)	80	ZIP CODE	Ci	ty/Municipality		6603	Province				
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		N/A		PUROK 1					
10. GSIS ID NO.	N/A		House/Block/Lot No. N/A		Street  LAMBONAO						
	-	_	Subdivision/Village MALITBOG		)	Barangay SOUTHERN LEYTE					
11. PAG-IBIG ID NO.	121284988526	_		ity/Municipality		Province					
12. PHILHEALTH NO.	132027959265	ZIP CODE			6603						
13. SSS NO.	35-0736076-1	19. TELEPHONE NO.		N/A							
14. TIN NO.	D. <b>713-870-999</b>			0951-368-9993							
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jerome.canon.orbe@gmail.com							
II. FAMILY BACKGROUND											
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)				
FIRST NAME	NAME EXTENSION (JR., SR		N/A				N/A				
MIDDLE NAME											
OCCUPATION											
EMPLOYER/BUSINESS NAME											
BUSINESS ADDRESS											
TELEPHONE NO.											
24. FATHER'S SURNAME	ORBE	NAME EVERNOION (ID. CD)									
FIRST NAME	ROQUE NAME EXTENSION (JR., SR) N/A										
MIDDLE NAME	MORATA										
25. MOTHER'S MAIDEN NAME											
SURNAME	CAÑON										
FIRST NAME	ARLENE										
MIDDLE NAME						(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGI	ROUND					LUCLISOT LEVEL		SCHOLARSHIP/			
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS			
				From	То	(ii not graduatou)		RECEIVED			
ELEMENTARY	MALITBOG CENTRAL SCHOOL	PRIMARY EDUCATION		2005	2009		2009	NA			
SECONDARY	SANTO NIÑO ACADEMY	HIGHSCHOOL		2009	2013		2013	ESC			
VOCATIONAL / TRADE COURSE	N/A										
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE MAJO BREEDING	R IN PLANT	2015	2019		2019	CHED & DOST- JLSS			
GRADUATE STUDIES	N/A										
CIONATURE		(Continue on separate sheet if n	ecessary)	5.4	TE	1440	ADV 40.0	102E			
SIGNATURE				DA	IE	JANU	ARY 16, 2	U20			

V. WORK EXPERIMENTAL PROPERTY OF THE PROPERTY	SPECIAL LAW GAY ELIGIBILT -Professi AGRICULT SSIONAL ERIENCE Employmen E DATES	000 (BOARD/BAR) UNDER VS/CSSE TY / DRIVER'S LICENSE  ONAI EXAM  TURIST  DRIVER'S LICENSE  t. Start from your recent  POSITION TI  (Write in full/Do not a)  COMMUNITY DEVELOPI  PROJECT DEVELOPMI  AGRICULTUI  LABORE	MENT OFFICER II  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  RIST I	DEPARTMENT / AGE (Write in full.)  DEPARTMENT REGIONAL F	SJC, MAASIN LNHS, TACLO LTO  sheet if necessary)	BAN CITY, L BAYBAY  ed Work Experi  MONTHLY SALARY  P33,584.00  P30,531.00  P30,531.00  P19,620.00	EYTE	NUMBER N/A  0033230 H12-19- 001442  STATUS OF APPOINTMENT  COS  COS  COS  COS  COS  COS  COS	GOVT SERVICE (Y/N)  Y  Y  Y
CSE-P  AG  NON-PROFESS  V. WORK EXPER. (Include private em 28. INCLUSIVE D. (mm/dd/yy)  From 01/08/2024 12/.  05/01/2023 12/.  07/01/2022 12/.  04/01/2022 06/.  07/14/2021 12/.	-Professi AGRICULT SSIONAL SSIONAL TO 12/31/2024 12/31/2024 12/31/2022 12/31/2022	TURIST  DRIVER'S LICENSE  It. Start from your recent  POSITION TI (Write in full/Do not a)  COMMUNITY DEVELOPI  PROJECT DEVELOPMI  AGRICULTUI	85.98  83.17  NA  Work) Description  ITLE abbreviate)  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  ENT OFFICER II	March 3, 2024  NOV 5-7, 2019  MAY 17, 2019  MAY 17, 2019  Continue on separate  of duties should be  DEPARTMENT / AGE (Write in full.)  DEPARTMENT REGIONAL F  DEPARTMENT	sheet if necessary)  e indicated in the attach  ENCY / OFFICE / COMPANY  DO not abbreviate)  OF AGRICULTURE FIELD OFFICE VIII  OF AGRICULTURE	BAN CITY, L BAYBAY  ed Work Experi  MONTHLY SALARY  P33,584.00  P30,531.00  P30,531.00  P19,620.00	ence sheet.  SALARY/ JOB/ PAY GRADE (if applicable), STEP (Format '00-0'') INCREMENT  15  15  15	N/A  0033230  H12-19- 001442  STATUS OF APPOINTMENT  COS  COS  COS  COS	No Expiry 02/01/2025 02/01/2034  GOVT SERVICE (Y/N)  Y  Y
V. WORK EXPER (Include private em 28. INCLUSIVE D. (mm/dd/yy)  From 01/08/2024 12/. 05/01/2023 12/. 07/01/2022 12/. 04/01/2022 06/.	AGRICULT SSIONAL  ERIENCE Employmen E DATES (Vyyy) To 12/31/2024 12/31/2022 12/31/2022 12/31/2022	t. Start from your recent POSITION TI (Write in full/Do not a) COMMUNITY DEVELOPI PROJECT DEVELOPMI PROJECT DEVELOPMI AGRICULTUI	Work) Description  ITLE abbreviate)  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  ENT OFFICER II	MAY 17, 2019  MAY 17, 2019  MAY 17, 2019  (Continue on separate of duties should be DEPARTMENT AGE (Write in full.)  DEPARTMENT REGIONAL F.	sheet if necessary)  e indicated in the attach  ENCY / OFFICE / COMPANY  DO not abbreviate)  OF AGRICULTURE FIELD OFFICE VIII  OF AGRICULTURE	BAN CITY, L BAYBAY  ed Work Experi  MONTHLY SALARY  P33,584.00  P30,531.00  P30,531.00  P19,620.00	ence sheet.  SALARY/ JOB/ PAY GRADE (if applicable), STEP (Format '00-0'') INCREMENT  15  15  15	O033230 H12-19- 001442  STATUS OF APPOINTMENT  COS  COS  COS  COS	02/01/2025  02/01/2034  GOVT SERVICE (Y/N)  Y  Y
V. WORK EXPERIMATE AND ADMINISTRATION OF THE PROPERTY OF THE P	ERIENCE employmen to DATES (12/31/2024 12/31/2022 12/31/2022 12/31/2022 12/31/2021 12/31/2021 12/31/2021 12/31/2021	t. Start from your recent  POSITION TI (Write in full/Do not a)  COMMUNITY DEVELOPI  PROJECT DEVELOPMI  PROJECT DEVELOPMI  AGRICULTUI	NA  Work) Description  ITLE abbreviate)  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  ENT OFFICER II	Continue on separate  of duties should be  DEPARTMENT AGE (Write in full)  DEPARTMENT REGIONAL F	sheet if necessary)  a indicated in the attach  ENCY / OFFICE / COMPANY  DO not abbreviate)  OF AGRICULTURE  FIELD OFFICE VIII  OF AGRICULTURE	ed Work Experi  MONTHLY SALARY  P33,584.00  P30,531.00  P30,531.00  P19,620.00	ence sheet. SALARY JOB PAY GRADE (if applicable)& STEP (Format 100-07) INCREMENT  15  15  15	H12-19- 001442  STATUS OF APPOINTMENT  COS  COS  COS  COS	02/01/2034  GOVT SERVICE (Y/N)  Y  Y
V. WORK EXPER. (Include private em 28. INCLUSIVE D. (mm/dd/yy) From 01/08/2024 12/. 05/01/2023 12/. 07/01/2022 12/. 04/01/2022 06/. 07/14/2021 12/.	To 12/31/2024 12/31/2022 12/31/2021	t. Start from your recent  POSITION TI (Write in full/Do not a)  COMMUNITY DEVELOPI  COMMUNITY DEVELOPM  PROJECT DEVELOPMI  AGRICULTUI	work) Description ITLE abbreviate)  MENT OFFICER II ENT OFFICER II ENT OFFICER II ENT OFFICER II	Continue on separate  of duties should be  DEPARTMENT / AGE (Write in full.)  DEPARTMENT REGIONAL F	sheet if necessary)  a indicated in the attach  ENCY / OFFICE / COMPANY Do not abbreviate)  OF AGRICULTURE FIELD OFFICE VIII  OF AGRICULTURE	ed Work Experi MONTHLY SALARY  P33,584.00  P30,531.00  P30,531.00  P19,620.00	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/ INCREMENT  15  15  15	STATUS OF APPOINTMENT  COS  COS  COS  COS	GOVT SERVICE (Y/N)  Y  Y
Include private em.   28.   INCLUSIVE D. (mm/dd/yy)   From   01/08/2024   12/.   05/01/2023   12/.   07/01/2022   12/.   04/01/2022   06/.   07/14/2021   12/.	To 12/31/2024 12/31/2022 12/31/2022 12/31/2021	POSITION TI (Write in full/Do not a  COMMUNITY DEVELOPI  COMMUNITY DEVELOPI  PROJECT DEVELOPMI  PROJECT DEVELOPMI  AGRICULTUI	MENT OFFICER II  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  RIST I	DEPARTMENT REGIONAL F	e indicated in the attach  ENCY / OFFICE / COMPANY  TO FICE / COMPANY  TO FAGRICULTURE  FIELD OFFICE VIII  FOF AGRICULTURE	P33,584.00 P30,531.00 P30,531.00 P19,620.00	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/ INCREMENT  15  15  15	COS COS COS COS	Y Y Y
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28. INCLUSIVE D. (mm/dd/ys)  From  01/08/2024 12/-  05/01/2023 12/-  07/01/2022 12/-  04/01/2022 06/-  07/14/2021 12/-	To 12/31/2024 12/31/2023 12/31/2022 12/31/2022 12/31/2022	POSITION TI (Write in full/Do not a  COMMUNITY DEVELOPI  COMMUNITY DEVELOPI  PROJECT DEVELOPMI  PROJECT DEVELOPMI  AGRICULTUI	MENT OFFICER II  MENT OFFICER II  ENT OFFICER II  ENT OFFICER II  RIST I	DEPARTMENT / AGE (Write in full.)  DEPARTMENT REGIONAL F	ENCY / OFFICE / COMPANY //Do not abbreviate)  TOF AGRICULTURE   FIELD OFFICE VIII   FOF AGRICULTURE   FOF	P33,584.00 P30,531.00 P30,531.00 P19,620.00	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/ INCREMENT  15  15  15	COS COS COS COS	Y Y Y
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05/01/2020 12/0	12/01/2020	LABORE	ER			₽5 000 00			Y
						₱5,000.00	na	cos	Υ
				(Continue or a reason)	sheet if necessary)				
SIGNATURI				(Continue on separate				ARY 16, 202	 5

VI. VOLUNTARY WORK OR INVOLVEMENT	OLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS			POSITION / NATURE OF WORK		
		From NA	То			MA	
NA NA			NA	NA		NA .	
	linuo on sonarato s	shoot if nocessary					
(Continue on separate sheet if necessary)  VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED							
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for			rs for Division Ch	nief/Executive/Mana	agerial positions)  Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Training of Trainers Workshop on Good Agricultural Practices(GAP) and			То		·	Department of Agriculture Regional	
Good Animal Husbandry Pra		12/11/2024	12/12/2024	16	Technical	Field Office 08	
Organic Farming Essentials Training		11/29/2024	11/29/2024	8	Technical	Department of Agriculture Regional Field Office 08	
Community Organizing Towards Social Mobilization		08/27/2024	08/31/2024	40	Technical	Department of Agriculture Regional Field Office 08	
Training on Beneficiary Needs Assessment		05/16/2023	05/18/2023	24	Technical	Department of Agriculture Regional Field Office 08	
Participatory Rural Appraisal Training			11/10/2023	32	Technical	Department of Agriculture Regional Field Office 08	
echnology Forum on Fruit/Vegetable-Blended C	Coconut Water Processing System	09/09/2022	09/09/2022	4	Technical	Philippine Center for Postharvest Development and Mechanization	
Training-Workshop on Soil and Nutrient Manage	ement and Assessing Soil Heallth	08/30/2022	08/31/2022	16	Technical	Bureau of Soils and Water Management	
Climate Smart Farm Business	School Training	09/8,13,20,27, 2021	10/04/2021	40	Technical	Department of Agriculture Regional Field Office 08	
Hand's on Training on Geotagging of the Ball Villages	k Probinsya Bagong Pag-asa	12/01/2021	12/01/2021	8	Technical	Department of Agriculture Regional Field Office 08	
	tinue on separate s	sheet if necessary					
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTING (Write			SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DIY Crafts	NA NA					Philippine Association of Agriculturist	
Abstract painting							
	(Cont						
SIGNATURE	DATE				JANUARY 16, 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	_	] NO				
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:					
	Have you ever been convicted of any crime or violation of an any court or tribunal?	YES  NO If YES, give details:					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	✓ YES ☐ NO If YES, give details: Finished Contract					
38.	a. Have you ever been a candidate in a national or local election are local election.	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during th 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 permanent	☐ YES ☑ NO 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?		YES If YES, please specify:	✓ NO			
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
	NAME	ADDRESS	TEL. NO.				
	Ma. EDNA P. LABENIA	Tacloban City, Leyte	0949-431-1360				
	JOCELYN CABAÑAS	MAASIN CITY, SOUTHERN LEYTE	0919-794-8316				
12	IAMIE P. CANTILANG	Tacloban City, Leyte	0906-962-7758				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.  agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
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: 0033230	(A)					
ID	/License/Passport No.: PRC	ox)					
Da	ate/Place of Issuance: PRC Tacloban	25	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued g	government ID as indicated above.			
		h					