PERSONAL DATA SHEET

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

concerned.

Print legibly. Tick appropriate boxe I. PERSONAL INFORMATION	as) and use separate sheet if necessary	y. Indicate N/A if not applicable	e. DO NOT AE	BREVIATE.	1. CS ID No.		Do not fill up. For	CSC use only)	
2. SURNAME	BATISTIL								
FIRST NAME	ROSELA	,	NAME EXTENSION (JR., SR)						
MIDDLE NAME	TAGRA								
3. DATE OF BIRTH		4C CITIZENCINO							
(mm/dd/yyyy)	08/20/1996	16. CITIZENSHIP							
4. PLACE OF BIRTH	MAASIN CITY, SO. LEYTE	AASIN CITY, SO. LEYTE If holder of dual citizenship,				Pls. indicate c	ountry:		
5. SEX	FEMALE	please indicate the del							
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS		House/Block/Lot No. Subdivision/Village			Street LIB-OG Barangay		
7. HEIGHT (m)	1.53			MAASIN			SO. LEYTE		
8. WEIGHT (kg)	47	ZIP CODE		City/Municipality 6600			Province		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS							
3. BLOOD III L				louse/Block/Lot No.		Street LIB-OG			
10. GSIS ID NO.	N/A			ubdivision/Villag	е	Barangay			
11. PAG-IBIG ID NO.	121233116596			MAASIN City/Municipality		SO. LEYTE Province			
12. PHILHEALTH NO.	132526675928	ZIP CODE		6600					
13. SSS NO.	0634147274	19. TELEPHONE NO.			1	WA.		:	
14. TIN NO.	708794454 20. MOBILE NO.			09392648622					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		bati	stilrosela	20@gmail.co	<u>m</u>		
II. FAMILY BACKGROUND	The second secon						Edinal Services		
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)		CHILDREN (Write full	I name and list a	all)	DATE OF BIRTH	(mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A						
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	BATISTIL								
FIRST NAME	ARGEO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TENIO								
25. MOTHER'S MAIDEN NAME									
SURNAME	TAGRA	1							
FIRST NAME	ANITA								
MIDDLE NAME	LASTRA	ASTRA (Continu			e on separate sheet if necessary)				
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATT	TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	LIB-OG ELEMENTARY SCHOOL	ELEMENTARY GRADUATE		JUNE 2003	MARCH 2009	GRADUATED	2009	VALEDICTOR IAN	
SECONDARY	SAINT JOSEPH COLLEGE	HIGH SCHOOL GRADUATE		JUNE 2009	APRIL 2013	GRADUATED	2013	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS (BAYBAY CITY)	BACHELOR OF SCIENCE IN A	GRIBUSINESS	JUNE 2013	JUNE 2017	GRADUATED	2017	N/A	
GRADUATE STUDIES	SOUTHERN LEYTE STATE UNIVERSITY- MAIN CAMPUS (SOGOD)	MASTER IN MANAGE		JANUARY 2020	JUNE 2020	N/A	N/A	N/A	
SIGNATURE	4776	(Continue on separate shee	et if necessary)	DAT	E	DECE	MBER 21, 20)23	
JONATURE	Loode patiete	7 .		J. J.			ORM 212 (Revised 2		

IV. CIVIL S	ERVICE ELIG	IBILITY							
7. CAREE	R SERVICE/ RA 108 SPECIAL LAWS	80 (BOARD/ BAR) UNDER S/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATI	ON / CONF	ERMENT	LICENSE (if a	pplicable) Date of
	BARANGAY ELIGIBILITY / DRIVER'S LICENSE (IT Applicable) CONFERMENT			NUMBER	Validity				
CAREER SERVICE EXAMINATION - PEN AND PAPER TEST (PROFESSIONAL LEVEL)		84.22%	AUGUST 20, 2023	SAINT JOSEPH COLL SOUTHER	EGE, MAASIN CITY, N LEYTE		374440	1/0/1900	
LICE	AGRICULTU		78.83%	NOVEMBER 28-30, 2017 TACLOBAN		CITY, LEYTE		0029197	8/20/202
	EXPERIENCE rate employmen	nt. Start from your rec		inue on separate sheet if	necessary) Ild be indicated in the a	ttached l		ence sheet.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION T (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)	
11/03/2021	PRESENT	PROJECT SPLIT- \	/ALIDATOR	DEPARTMENT OF	F AGRARIAN REFORM	25,000	N/A	CONTRACTUAL	Υ
09/04/2018	04/30/2021	COMMUNITY MA	ANAGER	CROPITAL ENTERPRISES CORPORATION		15,000	N/A	REGULAR	N
	- 1								
		i							
		//	CONTRACTOR OF THE PARTY OF THE	tinue on separate sheet if	necessary)	Carlo et 10			
SIGNA	TURE	RoselaBa	tuly.		DATE			FORM 212 (Revised 2)	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNM			RY ORGANIZ	ATION/S		
29. NAME & ADDRESS OF ORG (Write in full)	ANIZATION	INCLUSIV (mm/di		NUMBER OF HOURS		POSITION / NATURE OF WORK	
DEPARTMENT OF EDUCATION: "BRIGADA PAGBASA"		08/03/2021	09/30/2021	120		BRIGADA PAGBASA VOLUNTEER	
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)	INTERVENTIONS/TRAININ		S ATTENDE		/Managerial positio	inst	
30. TITLE OF LEARNING AND DEVELOPMENT INTERV (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
NC III: BOOKKEEPING		06/14/2021	10/23/2021	292	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA)	
CERTIFICATE OF TRAINING: FARMING AS A B	BUSINESS TRAINING	10/02/2018	10/04/2018	16	TECHNICAL	BAYER CROP SCIENCE INC PHILIPPINES	
CERTIFICATE OF TRAINING: BASICS OF TRAI	NING ADULTS	8/16/2018	8/19/2018	20	TECHNICAL	BAYER CROP SCIENCE INC PHILIPPINES	
VIII. OTHER INFORMATION	(Co	ontinue on separat	te sheet if necessa	ary)			
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIS		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
PROFICIENT IN MS OFFICE APPLICATIONS	(Write in full) NONE					PHILIPPINE ASSOCIATION OF	
(WORD, EXCEL, POWERPOINT) COMMUNITY ORGANIZING	AGRICULTURISTS, INC.						
DATA ENCODING, GATHERING AND							
ANALYZING							
ACCOUNTING/BOOKKEEPING							
TEAM PLAYER AND GOAL-ORIENTED							
		ontinue on separa	te sheet if necessa	T		T	
SIGNATURE Roma Batish				Di	ATE	DECEMBER 21, 2023 CS FORM 212 (Revised 2017), Page 3 of 4	
	J						

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 - Car	eer Employees)?	☐ YES	✓ NO			
			If YES, give detai	ls:			
35.	a. Have you ever been found guilty of any administrative off	ense?	☐ YES	✓ NO			
			If YES, give detail	ls:			
	b. Have you been criminally charged before any court?		☐ YES	✓ NO			
			If YES, give detail	ls:			
			Date Filed:				
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	YES	✓ NO			
	by any court or tribunal?		If YES, give detai				
			, , , , , , , , , , , , , , , , , , , ,				
37	Have you over been congreted from the consists in any of the	o following modes: resignation					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er	-	YES If YES, give detai	✓ NO			
	out (abolition) in the public or private sector?	ia or term, innonea contract or phasea	II TES, give detai	15.			
38	A. Have you ever been a candidate in a national or local ele	ction held within the last year (except					
00.	Barangay election)?	caor note main are last year (except	YES If YES, give deta	✓ NO			
	h lland and a simulation of the simulation of th	4 (2)					
	 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 deta	alls.			
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	✓ NO			
			If YES, give detail	ls (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	nna Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	,	□ vrc				
	,		YES If YES, please specif	y: NO			
b.	Are you a person with disability?		☐ YES ☑ NO				
			If YES, please specif				
C.	Are you a solo parent?		☐ YES	✓ NO			
			If YES, please specif	y ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	ENGR. FRANCO C. CINCO	DADRO COCOD CO LEVE	0947-497-6614				
ENGR. FRANCO C. CINCO		DARPO, SOGOD, SO. LEYTE	0947-497-0014	196			
	DR. ELWIN JAY V. YU	VSU, BAYBAY CITY, LEYTE	0960-449-2733				
	GUIRALDO FERNANDEZ JR., Ph.D.	VSU, BAYBAY CITY, LEYTE	0922-400-9161				
42.	I declare under oath that I have personally accomplished		no correct and				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized represent	ntative to verify/validate the contents state	d herein.	BATISTIL, ROSELA T.			
	agree that any misrepresentation made in this docur	ment and its attachments shall cause	e the filing of	PHOTO			
	administrative/criminal case/s against me.						
	numment loved ID c						
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	2 . 2 . 16					
	overnment Issued ID: PRC	Revelo Batily.					
\vdash							
ID/	/License/Passport No.: 0029197	ox)	4.000				
Da	tte/Place of Issuance: 03/06/2018 TACLOBAN CITY	DECEMBER 21, 2023 Date Accomplished	3				
-			Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
			1				
		1					
		Person Administering Oath					