CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERS	SONAL DATA SHI	EET (PDS) BEFORE ACCOM	IPLISHING TH	E PDS FOR	RM.			
Print legibly. Tick appropriate boxes) and use separate sheet if					1. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIO									
2. SURNAME	LEONIDO								
FIRST NAME	EARL CIFFRIANE NAME EXTENSION (JR., SR) N/A								
MIDDLE NAME	ELIZAGA								
DATE OF BIRTH (mm/dd/yyyy)	9/20/2000 16. CITIZENSHIP					ization			
4. PLACE OF BIRTH	TACLOBAN CITY, LEYTE		If holder of dual citizenship,		Pls. indicate coun				280011
5. SEX	☐ Male	✓ Female	please indicate the details.					•	
6 CIVIL STATUS	✓ Single	Married Separated	17. RESIDENTIAL ADDRESS	46F House/Block/Lot No. NIA Subdivision/Village		****	ST. PAUL STREET Street HIPODROMO Barangay		
7. HEIGHT (m)	1.52		+ g)	CEBU CITY City/Municipality		CEBU Province			
8. WEIGHT (kg)	68		ZIP CODE	6000		Tiovinoc			
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS			T. PAUL STREET			
10. GSIS ID NO.	N/A			House/Block/Lot I				Street HIPODROMO	
	·		s		Subdivision/Village CEBU CITY			Barangay CEBU	
11. PAG-IBIG ID NO.	121328640	o19 		City/Municipality			Province		
12. PHILHEALTH NO.	1325064927	770	ZIP CODE			**	6000		
13. SSS NO.	06-4663861-6		19. TELEPHONE NO.	N/A					
14. TIN NO.	634884987		20. MOBILE NO.	09124465777					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		<u>earl</u>	ciffriane.l	eonido@gma	il.com	
II. FAMILY BACKGROUND	l								
22. SPOUSE'S SURNAME	N/A		NAME EXTENSION (JR., SR)		ME of CHILDREN (Write full name and list all) N/A			DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	IVAL EXILIBIOR (III., 51)		140			-			
MIDDLE NAME					***********				
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.			·						
24. FATHER'S SURNAME	LEONIDO		Lung memoral (19, 20, 19)						
FIRST NAME	ELMER		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	CLOSA		,				-		
25. MOTHER'S MAIDEN NAME				.*					
SURNAME	ELIZAGA								
FIRST NAME	EVA								
MIDDLE NAME	BENDOY				(0	Continue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCH (Write in ful		BASIC EDUCATION/DEGRI (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
					From , To				RECEIVED
ELEMENTARY	SAN JOSE ELEMENTARY SCHOOL		ELEMENTARY		2007	2008	GRADE 1	N/A	N/A SECOND HONORABLE
	MACARTHUR CENTRAL SCHOOL				2008	2013	N/A	2013	MENTION WITH HIGH
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL ABUYOG COMMUNITY COLLEGE		JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL		2013	2017	N/A GRADE 11	N/A	HONOR WITH HONOR
	MABOLO NATIONAL HIGH SCHOOL				2018	2019	N/A	N/A 2019	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	UNIVERSITY OF THE PHILIPPINES - CEBU		BACHELOR OF SCIENCE IN BIOLOGY		2019	2023	N/A	2023	DOST-SEI RA 7687/ CUM LAUDE
GRADUATE STUDIES	N/A								
SIGNATURE	() A. +1/	entido	Continue on separate sheet if nec	essary)	D	ATE		ctober 12, 2023	
	L James							500M 242 (B	

SIGNA	TURE	gray la	indo		DATE			ER 12, 2023 FORM 212 (Revised 2	2017), Page 2 of 4
				ntinue on separate sheet	if necessary)				
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		e e company de la company	¥1						
		N/A			*				
From	To	(Write in full/Do not		(Write in full/	NCY / OFFICE / COMPANY Do not abbreviate)	SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
28. INCLUS	SIVE DATES	t. Start from your recen				ed Work Exp	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
V. WORK E				ntinue on separate sheet i					
									
						-			
	N/A								,
ODECIAL LAMOLOGOLOGO		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFEI	RMENT	NUMBER	Date of Validity	
	R SERVICE/ RA 10	080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	pplicable)
IV. CIVIL SE	RVICE ELIGI	BILITY							

N. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERN			HOIWS			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE D (mm/dd/yy	DATES yyy) To NUMBER OF HOUR	S	POSITION / NATURE OF WORK		
N/A						
			_			
	(Continue on separate she	et if necessary)	-			
/II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIN	NING PROGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAM	INCLUSIVE DA ATTENDA	NCE	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY		
(Write in full)	(mm/dd/y)	yyy) NUMBER OF HOU	Supervisory/ Technical/etc)	(Write in full)		
N/A	From	То				
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	(Continue on separate sho	eet if necessary)				
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTINC			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO		
	(Write in	n run)		(write in ton)		
READING	N/A			N/A		
COOKING AND BAKING						
ARTS AND CRAFTS						
GAMING		(4)				
	(Continue on separate sh	eet if necessary)				
SIGNATURE Carry ex			DATE	OCTOBER 12, 2023		
2 10				CS FORM 212 (Revised 2017), Page 3		

34.	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 ☑ N	40				
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ N If YES, give details:	10			
35. a. Have you ever been found guilty of any administrative offense?			☐ YES ☑ N If YES, give details:	10			
	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 by 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, enout (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 election)?	tion held within the last year (except	☐ 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 or	☐ 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	√ NO				
b.	Are you a person with disability?	If YES, please specify:					
		If YES, please specify ID N					
C.	Are you a solo parent?	YES If YES, please specify ID N	✓ NO No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant of	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	XANDRIX PANTIN	MACARTHUR, LEYTE	09173045117	66			
MYRRAH JOY N. CABAJAR CEBU CITY, CEBU			09391568926	(2)			
	MARLISA B. RIÑOS	ABUYOG, LEYTE	09556275999				
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.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	Bucy son'd. EARL CIPPEIANE E. LEONIDO PHOTO			
	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) **LEASE INDICATE ID Number and Date of Issuance**						
۱r	overnment Issued ID: ePhilID						
Government Issued ID: ePhilID ID/License/Passport No.: 4936-2598-2415-7285 Signature (Sign inside the b			ox)				
D	ate/Place of Issuance: August 22, 2023	3	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued gover	rnment ID as indicated above.			
		Person Administering Oa					
				CC EODM 242 (Davinged 2047). Page 4 of			