CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SI	1EE	Т			
concerned. READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	tation made in the Personal Data Sheet and the E TO FILLING OUT THE PERSONAL DATA SHE es] and use separate sheet if necessary. Indicate	he Work Experience Sheet si	shall cause the	e filing of ad	iministrative			p erson Far CSC use only)
I PERSONAL INFORMATI	ION						150	
2 SURNAME	CUATON					E OF STREET	3 Fm 3-11	
FIRST NAME	KATHLEEN MAE					NAME EXTENSION (JR	(, SR)	3147.00
MIDDLE NAME	MALAKI							
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 16, 2003	16 CITIZENSHIP		☑ Flüp	ino [Dual Citizenship	by naturali	ization
4 PLACE OF BIRTH	LAS PINAS CITY	If holder of dual citize	inship.			Pls. indicate c	Participation of the second	-
5 SEX	☐ Male ☐ Female	please indicate the de	etals.			The party of	1-10-11-	-
6 CIVIL STATUS	☑ Single	17. RESIDENTIAL ADDRESS		use/Block/Lat No		117715713	ROK SPILLWAY Street INGAY CATUBLI Barangay	1577-257-35
7. HEIGHT (m)	1.61 m		H	HINUNANGAN		\$0	OTHERN LEYTE Province	
8. WEIGHT (kg)	68 kg	ZIP CODE	U	City/Municipality		6608	Pitymor	2.2
9. BLOOD TYPE	A+	18 PERMANENT ADDRESS		7	11000	PU	ROK SPILLWAY	
10. GSIS ID NO.				use/Block/Lot No		BARA	Street WGAY CATUBLE Barangay	AN
11. PAGHBIG ID NO.				ubdivision/Village HINUNANG City/Municipality	SAN		SOUTHERN Province	LEYTE
12. PHILHEALTH NO		ZIP CODE						
13, SSS NO.		19, TELEPHONE NO.					-	
14 TIN NO.		20. MOBILE NO.			09	616330119		
15. AGENCY EMPLOYEE NO.		21, E-MAIL ADDRESS (if any)		cu	atonkathl	leen@gmail.d	com	
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME		NAME EXTENSION (JR., SR)	23. NAME of CHI	ILDREN (Write	i full name and t	kst all)	DATE OF BIRT	TH (mm/dd/yyyy)
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS					-		-	
TELEPHONE NO.								
24 FATHER'S SURNAME	CUATON	NAME EXTENSION (JR., SR)						-
FIRST NAME	JIMENEZ							
MODLE NAME	DIONSON							
5. MOTHER'S MAIDEN NAME	NA AKI	A COLUMN TO THE OWNER OF THE OWNER				-		
SURNAME EIDET NAME	MALAKI					-	Section 1	
FIRST NAME	LUZ			IC.		the sheet of page	Total Control	CANHE TO
MIDDLE NAME II EDUCATIONAL BACKS					primas un -n	parate sheet if neces	sary	
26. LEVEL	NAME OF SCHOOL (Write in full)	BÁSIC EDUCATION/DEGREI (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	RECEIVED
ELEMENTARY	HINUNANGAN EAST CENTRAL SCHOOL			W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	03/27/2015		2015	COMPENTE
SECONDARY	HINUNANGAN NATIONAL HIGH SCHOOL			06/07/2015	07/15/2021		2021	WITH HONORS
VOCATIONAL / TRADE COURSE			week.					
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN EN	MRONNENTAL	09/23/2021	07/25/2025		2025	
GRADUATE STUDIES								
SIGNATURE	V Deleton	Continue on separate sheet if nece	ssary)	DA	TE	081	11/2025	

ZI CAREER SERVICE/ RA 10 SPECIAL LAW	090 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (If a	opticable)
SPECIAL LAWS CEST CSEE BARANGAY EUGIBILITY / DRIVER'S LICENSE CAREER SERVICE PROFESSIONAL ELIGIBILITY DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER Date Valid	
		80.0	OCTOBER 17, 2024	CSC REGIONAL OF	FICE VIII, PAI	LOLEYTE		
		52.0	JULY 30, 2025		CT OFFICE SOUTHERN LEYTE		H11-25-002139	16/05/2030
			onthrue on separate sheet if	Decessor &				
V. WORK EXPERIENCE Unclude private employmen	et. Start from your recent	1979			hed Work Ex	perionce she		
28 INCLUSIVE DATES (mm/dd/yyyy)	POSITION TIT	LE	DEPARTMENT / AGE	ICY / OFFICE / COMPANY	MONTHLY	SALARYI JOBJ PAY GRACE (# replicate/& STEP	STATUS OF	GOVT SERVICE
From To	(Write in full/Do not at	breviale)	(Write in full/I	lo not abbreviste)	SALARY	(Famil 10-07) NOREMENT	APPOINTMENT	(x/ N)
		-						
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						1000		
			C. A. M. CAL		N. I		,	
SIGNATURE	Suaton	(Co	nämue on separate sheet if r	DATE		68/11/2	D &FORM 212 (Revised 20)	a general

VI. VOLUNTARY WORK OR INVOLVEMEN	TIN CIVIC NON-GOVERNMEN	T/PEOPLE/	VOLUNTAR	ORGANIZATIO	N/S	Walle Street Bridge Street	
29 NAME & ADDRESS OF	NAME & ADDRESS OF ORGANIZATION (Write in full)		INQ USIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
			A	ART- AT			
		-	-	- December	C Table		
		-					
		-					
						I american de la Companya de la Comp	
March 1							
VII LEARNING AND DEVELOPMENT (L&)	(Co D) INTERVENTIONS TRAINING I	ntinue on separat	e sheet if necess:	nry)			
30 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyy)		NUMBER OF HOURS	Type of LD (Managenal/ Supervisory/	OONDUCTED/ SPONSORED BY (Write in full)	
SESAM UPLB Exchanges 17	F-12-12-12-12-12-12-12-12-12-12-12-12-12-	From To 01/17/2025 01/17/2025			Technical/etc)		
		01/1//2025	01/17/2025	5 HOURS		Via online conferencing	
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N ASSESSED TO THE REAL PROPERTY.			1				
		-					
						-	
	(Co	ntinue on separat	a sheet if necess.	ary)			
VIII OTHER INFORMATION				William St.			
31 SPECIAL SKILLS and HOBBIES	32 NO		TNCTIONS / REC	OGNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
MICRSOFT WORD, PPT, AND EXCEL LITERATE	CERTIFICATE OF MERIT (HONOR AWARD IN ROTC SUMMER CAMP TRAINING (RSCT))						
COMPUTER LITERATE	CERTIFICATE OF COMPLETION IN ROTC TRAINING						
RESEARCH			2000 4 - 10			Mineral Company	
SPORTS							
	(Co	ntinue on separat	a sheet il nacquae	ary)			
SIGNATURE	(Continue an separate sheet If nocessary)		DATE		08/11/2025		

34. Are you related by consanguinity or affinity to the appointing of	or recommending authority, or to the	
chief of bureau or office or to the person who has immediate	supervision over you in the Office,	
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-	er Employees)?	YES NO
	If YES, give details.	
5. a. Have you ever been found guilty of any administrative offer	nse?	YES INO
		If YES, give details:
		and the second second second second second
b. Have you been criminally charged before any court?		YES V NO
, and good bolore any countr	If YES, give details:	
	Date Filed	
		Status of Case/s:
B. Have you ever been convicted of any crime or violation of any	TYES 7 NO	
by any court or tribunal?	If YES, give details:	
7. Have you ever been separated from the service in any of the	following modes: resignation,	TYES NO
retirement, dropped from the rolls, dismissal, termination, end	If YES, give details:	
out (abolition) in the public or private sector?		
8. a. Have you ever been a candidate in a national or local elect 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 campaign for a national c		If YES, give details:
g. Have you acquired the status of an immigrant or permanent re	esident of another country?	YES INO
		If YES, give details (country):
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277), and (c) Solo Parents Welfare Act of 2000 (RA 8972), pl 		
Are you a member of any indigenous group?	ease answer the lollowing items.	
Are you a member of any indigenous group?		YES VO
Are you a person with disability?		☐ YES ☑ NO
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If YES, please specify ID No:	
Are you a solo parent?	☐ YES ☑ NO	
		If YES, please specify ID No:
REFERENCES (Person not related by consanguinity or affinity to applicant la	ppointee)	
NAME	ADDRESS	TEL. NO.
		0 0
2 I declare under oath that I have personally accomplished the	nis Personal Data Sheet which is a tr	rue, 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 representations of the property of the pro		
I agree that any misrepresentation made in this docum administrative/criminal case/s against me.	ent and its attachments shall caus	se the filing of
authinisti auveruminai casers against me.	Service Control	
Government Issued ID (i.e.Pausport, GSIS, SSS, PRC, Driver's License, etc.)	, 1	
PLEASE INDICATE ID Number and Date of Issuance	1. Colem	
Government Issued ID: H11-25-002139	LXIGIA	
ID/License/Passport No. P8060882C	Signature (Sign inside the b	ox)
Date/Place of Issuance: SEP. 25, 2024 DFA TACLOBAN	Right Thumbmark	
	Date Accomplished	754
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above.
ATTENDED TO THE PARTY OF THE PA	Person Administering Oat	h
Committee of the Commit	aroun normalisating Out	