CS Form No. 212									
PERSONAL DATA SHEET									
	tion made in the Personal Data Sheet and th	ne Work Experience Sheet a	hall cause the	filing of ad	ministretiv	e/criminal case/i	against the	person	
CONCERNED.  READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH	EET (PDS) BEPORE ACCOM	PLISHING TH	E POS POR	ML.				
Print legibly, Tick appropriate boxes	) and use separate sheet if necessary, indicate	N/A If not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use onl	
PPERSONAL INFORMATIO	N.								
2. BURNAME	CABILING								
FIRST NAME	ANTHON MIGUEL					NAME EXTENSION (J	R., 5R)		
MIDOLE NAME	ELORCHA								
3. (mmkkd/yyyy)	DECEMBER 18, 1999	16. CITIZENSHIP	✓ Filipino □ Dual Citizenship □ by birth □ by naturaliza			dization			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize				Pts. indicate	Pls. indicate country:		
5. SEX	✓ Male ☐ Female	please indicate the d	etails.					•	
6 CML STATUS	✓ Single	17. RESIDENTIAL ADDRESS		222		ANDRES BONIFACIO			
O GIVE STATES	☐ Widowed ☐ Separated		Hou	House/Block/Lot No.		DALI	Street LINO AVELL	ANA	
i	Other/s:		Sui	N/A bdivision/Villag	9	PAU	Barangay		
7. HEIGHT (m)	1.65 (m)	1		BAYBAY			LEYTE		
8. WEIGHT (kg)	80 (kg)	ZIP CODE	C	lly/Municipality		6521	Province		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS		222		AND	RES BONIFA	CIO	
10. GSIS ID NO.	N/A	1		N/A		PAUL	Street LINO AVELLANA		
11. PAG-IBIG ID NO.	121345953919	1		bdivision/Village BAYBAY			Barangay LEYTE		
				tyMunicipality			Province		
12. PHILHEALTH NO.	132029636390	ZIP CODE	6521						
13. SSS NO.	06-4908601-6	19. TELEPHONE NO.	N/A						
14. TIN NO.	654-802-764	20. MOBILE NO.	0965-088-47						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (If any)	CABILINGAN	THONMIG	UELEGMA	L.COM			
II. FAMILY BACKGROUND		and the second							
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	-		l list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) MÅ			N/A	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	CABILING	NAME EXTENSION (JR., SR)							
FIRST NAME	MIGUEL	MA							
MIDDLE NAME	PERNITO								
25. MOTHER'S MAIDEN NAME	ELORCHA								
SURNAME	ISRAEL								
FIRST NAME	BABILYN								
MIDDLE NAME	OLMOGES			(Co	ontinue on sej	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EJCOURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (Il not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION		2007	2013	GRADUATED	2013	1ST HONOR	
	BAYBAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	SCHOOL 2013 2017 GRADUATED		2017	WITH HONOR			
SECONDARY	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL		2017	2019	GRADUATED	2019	WITH HIGHEST HONOR	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	NA	
	ACLC COLLEGE OF ORMOC	BACHELOR OF SCIENCE		2019	2020	45 UNITS	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	INFORMATION TECHNOL BACHELOR OF SCIENCE		2020	2024	GRADUATED	2024	N/A	
GRADUATE STUDIES	N/A	STATISTICS N/A		N/A	N/A	N/A	N/A	N/A	
C.T. C. TOURS		ontinue on separate sheet if nece	essary)		N/A		N/A	N/A	
SIGNATURE		iii		DA	TE	الال	1 26, 20	)14	

	ol/electiviters	LENGUV							
	SPECIAL L	1080 (BOARD/ BAR) UNDER AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFE	RMENT	LICENSE (If a)	Dete of Validity
DRIVER'S	LICENSE		N/A	DECEMBER 19,2023	BAYBAY	CITY, LEYTE		H12-18-003802	
_									
			<u> </u>						
								-	
			(Co	ntinue on separate sheet	If necessary)				
	eonemede.	int Sincinom your econ	CONTRACTOR OF STREET	ether lattle Director Stein of Fig. 1	entiristimorrastitim tilma mennet	warrend Se	a-100-lan-100-lan-1		
28. INC	CLUSIVE DATES						SALARY/ JOB/ PAY		govT
From	(mmkid/yyyy) To	POSITION T (Write in full/Do not	ITLE abbreviate)	DEPARTMENT / AGE (Write in full	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY	ORADE (I applicable)& STEP (Format '00-0'y INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
NA	NA	N/A			N/A	N/A	NA	N/A	N/A
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			(Cor	ntinue on separate sheet	if necessary)				
SIGI	NATURE		5 (rð		DATE			26, 2024 SF089212 (Parised 2	100

29. NAME & ADDRESS OF O		INCLUSIV (mm/dx	E DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		From N/A	То				
N/A			N/A	N/A		N/A	
VII'S LEARNING AND DEVELOPMENT (L.S.D.)		inue on separate					
				المالية المالية المالية			
30. TITLE OF LEARNING AND DEVELOPMENT INTO		ATTEN	DATES OF IDANCE IDANCE IDANCE	NUMBER OF HOURS	Type of LD ( Managerist/ Super-Asory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
MEAT QUALITY: PRODUCER AND CONSUMER; 8 PER	SPECTIVE	9/29/2023	9/29/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN YISAYAS STATE UNIVERSITY	
THE ARMCHAIR STATISTICIAN: HOW STATISTICS CA	IN LEAD YOU TO THE WRONG WAY	8/17/2023	8/17/2023	4	FOUNDATION	EASTERN VISAYAS STATE UNIVERSITY	
INNOVATIONS FOR IMPACT: SGD+ ENERGY TRANSIT	TIONAL COLLABORATION	5/25/2023	5/25/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
FROM OUTPUTS TO OUTCOMES: ASSESSING THE IM	PACT OF DEVELOPMENT PROJECTS	4/20/2023	4/20/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
HOW TO WRITE AND PUBLISH A HIGH-IMPACT JOUR	NAL ARTICLE	1/30/2023	1/30/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
DISSEMINATION FORM ON THE RESULTS OF THE 20 ACCOUNTS OF THE PROVINCE OF LEYTE AND CITY		12/12/2022	12/12/2022	4	FOUNDATION	PHILIPPINE STATISTICS AUTHORITY - EASTERN VIBAYAS	
	Cont	inue on separate s					
VIII OTHER INFORTATION	Cont	mue on separate s	sneet if nocessary,				
31. SPECIAL SKILLS and HOSSIES	32. NON-/	ACADEMIC DISTIN (Write	ICTIONS / RECOG in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Witte in full)	
DIGITALLY LITERATE	EXCEL	LENT RESEAR	CHER AWAR	DEE		PHILIPPINE STATISTICAL ASSOCIATION, INC.	
OD AT DESIGNING							
INTERPERSONAL COMMUNICATION							
STATISTICAL ANALYSIS							
DATA INTERPRETATION							
ATTENTION TO DETAILS							
RESOURCEFUL							
SIGNATURE	(Cont	nue on separate s	heel If necessary)	0.4	ITE	JULY 26, 2024	
STOTE	(M)			.,_	CS FORM 212 (Revised 2017), Page 3 or		

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		NO NO				
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES					
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	ny law, decree, ordinance or regulation by	Y YES INO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi 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)?		☐ 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	candidate?	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ 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),		- Ka				
a.	Are you a member of any indigenous group?		U YES	✓ NO			
b.	Are you a person with disability?		If YES, please specify:  YES  If YES, please specify ID	✓ NO			
C.	Are you a solo parent?		YES If YES, please specify ID	✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)					
	NAME	ADDRESS	TEL. NO.				
THEA C. GALOS		TACLOBAN CITY, LEYTE	9276039033	66			
HAI	NNA RACHELLE A. GOHIL	JAVIER, LEYTE	9169451197	( &			
	EL KEINT G. TIGOL	BAYBAY CITY, LEYTE	9569878955				
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 representagree that any misrepresentation made in this document 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.	ANTHON MIGUEL PECABILING			
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: PHILIPPINE IDENTIFICATION CARD	X G	· ·				
F	//License/Passport No.: 2179-6375-8730-9471	Signature (Sign Inside the b					
D	ate/Place of Issuance 1 18 Syn 2021   BAYBAY CITY, LEYTE	JULY 14 102) Pale Accomplished	4	Right Thumbmark			
	SUBSCRIBED AND SWORM to perfore me this	ATTY, KIEFER CLINT L. PETILL PUBLIC ATTORNEY I Pursuant to R.A. 9406		remment ID as indicated above.			
	N TO THE WAY	Person Administering Oat	h	CS FORM 212 (Revised 2017), Page 4 o			