CS Form No. 212									
Revised 2017	PFRS	ONAL DAT	ΔSI	4FF	Т				
			<i>-</i>		-				
	on made in the Personal Data Sheet and	•		•		riminal case/s ag	ainst the pers	on concerned.	
	TO FILLING OUT THE PERSONAL DATA b⊡es() and use separate sheet if					(Do not t	fill up. For CSC	use only)	
I. PERSONAL INFORM.		,	· ·			,			
2. SURNAME	ALVAREZ								
FIRST NAME	JHONDEL								
MIDDLE NAME	SIOS-E								
3. DATE OF BIRTH (mm/dd/yyyy)	05/28/1997	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization				tion	
4. PLACE OF BIRTH	CARIGARA,LEYTE	If holder of dual citize	If holder of dual citizenship,			□ by birth □ by naturalization Pls. indicate country:			
5. SEX	✓ Male ☐ Female	please indicate the o	letails.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRES	BL	<u> </u> K 7 LOT 1	16		N/A		
O CIVIL STATUS	☐ Widowed ☐ Separated	d		e/Block/Lot		Street SAGKAHAN			
	☐ Other/s:		Subo	division/Villa	ge	Barangay			
7. HEIGHT (m)	1.63m			ARIGARA y/Municipalit		LEYTE Province			
8. WEIGHT (kg)	48 KG	ZIP CODE				6529			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRES	BLK 7 LOT 16 House/Block/Lot No.		N/A Street				
10. GSIS ID NO.	N/A		ECOVILLE 2 Subdivision/Village CARIGARA		SAGKAHAN Barangay				
11. PAG-IBIG ID NO.	N/A				\	LEYTE			
12. PHILHEALTH NO.	N/A	ZIP CODE	City	y/Municipality Province 6529					
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
14. TIN NO.	N/A	20. MOBILE NO.		09056713361/09659247875					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if ar	alvarezjhondel04@gmail.com						
II. FAMILY BACKGRO		,							
22. SPOUSE'S SURNAME	N/A		23. NAME of	CHILDREN	(Write full n	ame and list all)	DATE OF BIR	TH (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR.,SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAM									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. ATHER'S SURNAME	ALVAREZ								
FIRST NAME	RODOLFO	N/A							
MIDDLE NAME	MOLITO	1							
25. MOTHER'S MAIDEN NAME	SIOS-E								
SURNAME	ALVAREZ								
FIRST NAME	MARILOU								
MIDDLE NAME	OBERO			(Co	ontinue on s	eparate sheet if ne	ecessary)		
III. EDUCATIONAL BAG	CKGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		OD OF IDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	CARIGARA II CENTRAL	GRADUATE	D	2004	2010	GRADUATE	2010	WITH	
SECONDARY	JUGABAN NATIONAL HIGH	GRADUATE	D	2010	2014	GRADUATE	2014	WITH HONORS	
VOCATIONAL /	CALL CENTER ACADEMY GRADI		n	2018	2019	GRADUATE	2019	WITH	

GRADUATED

BACHELOR OF SECONDARY

EDUCATION-PHYSICAL

N/A

DATE

2018

2014

N/A

05/25/2022

2019

2018

N/A

D GRADUATE

D

N/A

HONORS EDM

SCHOLAR

N/A

2019

2018

N/A

CS FORM 212 (Revised 2017), Page 1 of 4

VOCATIONAL / TRADE COURSE

COLLEGE

GRADUATE STUDIES

SIGNATURE

CALL CENTER ACADEMY

EASTERN VISAYAS STATE UNIVERSITY-CARIGARA CAMPUS

N/A

IV. CIVIL SERVICE ELIGIBILITY									
27. CARE	ER SERVICE/	RA 1080 (BOARD/ BAR)	RATING	DATE OF				LICENSE (i	f applicable)
LINDED SDECIAL LAWS/ CES/ CSEE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CON	FERMENT	NUMBER	Date of
BOARD OF PROFESSIONAL						ANI 2:=		4=466:5	Validity
TEACHER			80.6	09/30/2018	TACLOB	AN CITY	/	1716346	05/28/2022
V MODE	/ EVDEDIE	NOF	(Conti	inue on separate sh	eet if necessary)				
V. WORF	K EXPERIE	NCE Dyment. Start from ye	our recent work	() Description of	duties should be inc	dicated in	n the attach	ed Work Exp	erience shee
	SIVE DATES						SALARY/ JOB/ PAY GRADE (if		
	n/dd/yyyy)	POSITION T (Write in full/Do not		C	/ AGENCY / OFFICE / OMPANY	MONTHLY SALARY	applicable)& STEP (Format	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То	(vviite iii iuli/Do not	abbieviale)	(Write in full	(Write in full/Do not abbreviate)		"00-0")/		(1/ IN)
NI/A	NI/A	NI/A			N/A	NI/A		NI/A	NI/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
	1								
	<u>L</u>					<u> </u>			
	1								
	1								
	L		(Cantin	ule on senarata ah	eet if necessary				
	A.T. (5.5		(Sontil)	nue on separate sh			60 ===	040.75	7) 5
SIGN	ATURE			DATE	05/25/2022		CS FORM	212 (Revised 201	/), Page 2 of 4
	_		,				_	_	_

29. NAME & ADDRESS OF C (Write in fu			VE DATES id/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A		N/A	N/A	N/A	N/A			
		(Cantinua an		-4 if				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	ROGRAMS A						
(Start from the most recent L&D/training processing of the start from the most recent L&D/training processing from the most recent labeled from the most		INCLUSIVE DATES OF		r the last five	(5) years for Division Chief/Executive/Managerial positions) Type of LD			
30. INTERVENTIONS/TRAINING PROGRAM			IDANCE Id/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc		CONDUCTED/ SPONSORED BY (Write in full)	
SOLAR NIGHT ASS	SEMBLY	05/23/2022	05/23/2022	24HRS	TECHNICAL		TESDA	
PROVIDING FRONT OFF	ICE SERVICES	05/23/2022	05/23/2022	24HRS	TECHNICAL	TECHNICAL TESDA		
DEVELOPING TRAINING CU	RRICULUM (TM2)	05/23/2022	05/23/2022	24HRS	TECHNICAL		TESDA	
ENGLISH AS A MEDIUM OF INSTRUCTION		05/21/2022	05/21/2022	24HRS	TECHNICAL		TESDA	
SHIP'S CATERING	G NC III	05/21/2022	05/21/2022	24HRS	TECHNICAL		TESDA	
PLAN TRAINING SES	SION (TM1)	05/20/2022	05/20/2022	24HRS	TECHNICAL		TESDA	
AUTOMOTIVE BATTER	Y SERVICING	05/20/2022	05/20/2022	24HRS	TECHNICAL		TESDA	
INTRODUCTION TO AGRO-EN	TREPRENEURSHIP	05/20/2022	05/20/2022	24HRS	TECHNICAL		TESDA	
CONTACT SERVICE NC II (CAL	L CENTER)	10/10/2018	11/06/2018	144HRS	TECHNICAL		CALL CENTER ACADEMY	
JOB HUNTING SEMINAR		04/14/18	04/16/18	24HRS	TECHNICAL		ENFANT DU MEKONG	
INTERNSHIP TRAINING		01/15/18	03/23/18	260HRS	TECHNICAL		EASTERN VISAYAS STATE UNIVERSITY-CARIGARA	
		(Continue or	n separate she	et if necessary	y)			
VIII. OTHER INFORMATION	NON-ACAF	DEMIC DISTIN	NCTIONS / RE	COGNITION			MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES CONTACT SERVICE NC2	2. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) WITH HONORS					33.	(Write in full) CALL CENTER ACADEMY & TESDA	
LEADERSHIP	SERVICE MERIT AWARD AND CERTIFICATE OF RECOGNITION			TION		TERN VISAYAS STATE UNIVERSITY-CARIGARA		
LEADEROIII	SERVICE MERITAW						CAMPUS	
	00.	(Continue or	n separate she	et if necessar				
SIGNATURE			DATE		05/25/2022		CS FORM 212 (Revised 2017), Page 3 of 4	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

34.	Are you related by consanguinity or affinity to the appo						
	chief of bureau or office or to the person who has imm Bureau or Department where you will be apppointed,						
	a. within the third degree?	☐ YES ☑] NO				
	b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO					
	j v	If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	☐ YES [✓ NO				
			If YES, give	details:			
	b. Have you been criminally charged before any court?)	☐ YES	✓ NO			
	b. Have you been crimmany charged before any courts		If YES, give	_			
		_	Date Filed:				
			Statu	s of Case/s:			
36.	Have you ever been convicted of any crime or violation	of any law, decree, ordinance or	☐ YES	▼ NO			
	regulation by any court or tribunal?		If YES, give details:				
37.	Have you ever been separated from the service in any		☐ YES ☑ NO				
	resignation, retirement, dropped from the rolls, dismiss finished contract or phased out (abolition) in the public		If YES, give details:				
38.		·					
	year (except Barangay election)?	al election field within the last	☐ YES f YES, give detai	☑ NO ils·			
	h Have you resigned from the government convice du	ring the three (2) month period	☐ YES	✓ NO			
	 b. Have you resigned from the government service du before the last election to promote/actively campaign f 		f YES, give detai				
39.			☐ YES	▼ NO			
	country?	r	If YES, give details (country):				
			11 1 2 3, give	aotano (ocanay).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b	-					
	Persons (RA 7277); and (c) Solo Parents Welfare Act						
а	Are you a member of any indigenous group?		YES	☑ NO			
b	Are you a person with disability?		If YES, please ☐ YES	specify:			
	Are you a person with disability:		_	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 a	applicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	ROSE EGUILLOS	TACLOBAN CITY	09066124036				
	ARWIN BORJA	BURAUEN,LEYTE	0909337359	13.00			
	REV. JUAN OPEÑA	PALO,LEYTE	0916642166				
42.	I declare under oath that I have personally accompli	·	vhich is a true,				
	correct and complete statement pursuant to the prov	d regulations of	THE POST OF THE PROPERTY				
	the Republic of the Philippines. I authorize the verify/validate the contents stated herein. I agree that			PHOTO			
	and its attachments shall cause the filing of administra		tino document				
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's icense, etc.) PLEASE INDICATE ID Number and Date of	O(I)					
	Sovernment Issued ID PRC						
	D/License/Passport N 1716346						
╽┢	·	box)					
Ľ	Pate/Place of Issuance TACLOBAN CITY		Right Thumbmark				
BSC	RIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly	issued government ID as indicated ab			
		Person Administering O					