CS Form No. 212									
Revised 2017	PERSOI	NAL DAT	A SH	IEE7	Γ				
	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the t	filing of adm	ninistrative/	criminal case/s a	gainst the pe	rson	
READ THE ATTACHED GUIDE	concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.								
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION	() and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT AI	BBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
	Deligero								
	Leonel					NAME EXTENSION (JR	., SR)		
MIDDLE NAME									
3. DATE OF BIRTH	Tantoy	ı							
(mm/dd/yyyy)	12/28/1988 16. CITIZENSHIP			✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization					
4. PLACE OF BIRTH	Maasin City, Southern Leyte	If holder of dual citizen	izenship, Pls. indicate country:			ountry:			
5. SEX	✓ Male ☐ Female	please indicate the de	e details.				•		
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	Hou	House/Block/Lot No.			Juan Luna Street		
	☐ Widowed ☐ Separated ☐ Other/s:						Sto. Rosario		
7. HEIGHT (m)	1.68		Sub	Subdivision/Village Macrohon			Barangay Southern Leyte		
` '		7/0.0005	Ci	City/Municipality			Province		
8. WEIGHT (kg)	80	ZIP CODE 18. PERMANENT ADDRESS				6601	Juan Luna		
9. BLOOD TYPE	0+	10. I ENWANENT ADDITECT	Hou	se/Block/Lot No	0.		Street		
10. GSIS ID NO.			Suk	odivision/Village	9		Sto. Rosario Barangay		
11. PAG-IBIG ID NO.	121061608666		Ci	Macrohon ty/Municipality			Southern Leyte Province		
12. PHILHEALTH NO.	12-0508846253-8	ZIP CODE	6601						
13. SSS NO.	06-3010781-0	19. TELEPHONE NO.							
14. TIN NO.	938-333-744-000	20. MOBILE NO.	+63 9157832844						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any) <u>leoneldeligero@gmail.com</u>							
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	Morilla		23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH					TH (mm/dd/yyyy)	
FIRST NAME	Charlotte	NAME EXTENSION (JR., SR)	Calysthia M. Delig		a M. Deligero	1	11/23	3/2017	
MIDDLE NAME	Tiempo	Tiempo							
OCCUPATION	Government Employee (J								
EMPLOYER/BUSINESS NAME	LGU-Macrohon								
BUSINESS ADDRESS									
TELEPHONE NO.	TELEPHONE NO.								
24. FATHER'S SURNAME	Deligero	NAME EXTENSION (ID. OD)							
FIRST NAME	Lemuel	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Kuizon								
25. MOTHER'S MAIDEN NAME									
SURNAME	Tantoy								
FIRST NAME	Luz								
III. EDUCATIONAL BACKGI	ROUND		_					SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	Macrohon Central School	Grade 1 to 6		6/1/1995	4/1/2001		2001		
SECONDARY	MACI - JKD Learning Foundation, Inc	High School		6/1/2001	4/1/2005		2005		
VOCATIONAL / TRADE COURSE									
COLLEGE	University of San Carlos	B.S. Computer Engine	eering	6/1/2005	4/1/2010		2010		
GRADUATE STUDIES	Cebu Technological University	Cebu Technological University Master's in Public Admini			11/1/2017		2017		
	(0	Continue on separate sheet if nece	ssary)						

gress .

SIGNATURE

May 14, 2021

DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Civil Service Professional		82.3	4/6/2014	Universit					
Real Estate Appraiser		80.0	8/30/2015	Southwestern University			0007635		
	Real Estat	e Broker	83.2	2/28/2016	Southwestern University			0027007	
NAPOLCOM PNP Entrance Exam		77.3	4/24/2016	Universit					
Basic Competency on Local Treasury Exam		80.5	6/24/2018	Leyte Normal University					
Licensure Examination for Professional Teachers		82.4	3/24/2019	Southwestern University			1793614		
Intermediate Competency on Local Treasury Exam			10/13/2019	Cebu Normal University					
V WORK	EXPERIENCE		(Con	tinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attache	ed Work Exp		t.	
	USIVE DATES nm/dd/yyyy) To	POSITION TI (Write in full/Do not a		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)
8/1/2015	11/6/2020	Site Reliability I	Engineer	FireEye Philip	opines Corporation			Regular	N
1/1/2017	12/1/2017	Part-Time Financi	ial Advisor	Sun L	ife Financial			Part-time	N
4/1/2010	8/31/2015	Network Securit	y Analyst	Secure-DNA Man	aged Security Services			Regular	N
	(Continue on separate sheet if necessary)								
SIGN	ATURE		98		DATE			May 14, 2021	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / \	VOLUNTARY	ORGANIZATI	ON/S			
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To				POSITION / NATURE OF WORK		
N/A		N/A		N/A	N/A			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P		eparate sheet if ne TTENDED	cessary)	_			
(Start from the most recent L&D/training program and include		the last five (5) ye	ears for Division Ch	nief/Executive/Man	agerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (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)		
Basic Customer Service Skills Seminar		12/5/2018		16.0	Customer Service	CSC SLFO		
Real Estate Brokerage Seminar				120.0	Technical	National Real Estate Association		
Real Estate Appraiser Seminar				120.0	Technical			
						National Real Estate Association		
erate sheet if necessary) VIII		_	_	_	_			
	N	ON-ACADEMIC DIS	STINCTIONS / REC	OGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) N/A					33. (Write in full)		
Computer Networking	N/A					N/A		
Network Security								
	Cooking							
Playing Basketball and volleyball								
trata chaot if naccessard								
erate sheet if necessary) SIGNATURE	green of the second	Ł.			DATE	May 14, 2021		
3.0.0.0	78					<u> </u>		

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	YES If YES, give details:	NO				
35. a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:					
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 a by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES If YES, give details:	/ NO				
Barangay election)?	8. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?					
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	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: YES					
		If YES, please specify ID No:				
c. Are you a solo parent?		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
NAME	ADDRESS	TEL. NO.				
Rachel L. Sinoc	Rizal, Macrohon, Southern Leyte	9565984920	125			
Karen Magsico		9171345972	(4)			
Rhesel Joan Ranis-Tompong		9176335597				
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 repre I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the stated herein.	PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Ge.					
Government Issued ID: Driver's License ID/License/Passport No.: G01-11-004746	1					
	ox)					
Date/Place of Issuance: Cebu City Date Accomplished Right Thumbmark						
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	vernment ID as indicated above.			
	th					
	Person Administering Oa	JI .				
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