PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

| | E TO FILLING OUT THE PERSONAL DAT | | | | | | | 222 | |
|--------------------------|---|--|---------------------------------------|-----------------|--------------|------------------------------------|-----------------------|--------------------------------|--|
| I. PERSONAL INFORMATI |) and use separate sheet if necessary. Indicate | N/A if not applicable. DO NO | I ABBREVIA I | E. | 1. CS ID No. | (Do | not fill up. For | CSC use only) | |
| 2. SURNAME | MAGALLANO | | | | | | | | |
| FIRST NAME | BENJIE NAME EXTENSION (JR.,SR) | | | | | | | | |
| MIDDLE NAME | | | | | | | | | |
| 3. DATE OF BIRTH | ASOY | | | | | | | | |
| (mm/dd/yyyy) | O2/26/1995 | 16. CITIZENSHIP | Filipino Dual Citizenship | | | | | | |
| 4. PLACE OF BIRTH | SAINT BERNARD, SOUTHERN LEYTE | If holder of dual citizer | □ by birth □ by natur | | | _ · | alization | | |
| 4. PLACE OF BIRTH | · · · · · · · · · · · · · · · · · · · | please indicate the de | · · | | | | | | |
| 5. SEX | ✓ Male Female | · | | | | | | | |
| 6 CIVIL STATUS | ✓ Single | 17. RESIDENTIAL ADDRESS | N/A House/Block/Lot No. | | lo. | PUROK 4 Street | | | |
| | Other/s: | | Cub | N/A | | N | MAHAYAHAY Barangay | | |
| 7. HEIGHT (m) | 1.52 | | * | | | ITHERN LEYTI | THERN LEYTE | | |
| 8. WEIGHT (kg) | 55 | ZIP CODE | City/Municipality Province | | | Province | | | |
| 9. BLOOD TYPE | 0+ | 18. PERMANENT ADDRESS | | | | | | | |
| | | | House/Block/Lot No. Street | | | Street | | | |
| 10. GSIS ID NO. | N/A | | Sub | division/Villag | е | | Barangay | | |
| 11. PAG-IBIG ID NO. | N/A | | City | y/Municipality | , | | Province | | |
| 12. PHILHEALTH NO. | 13-025453158-9 | ZIP CODE | | 6616 | | | | | |
| 13. SSS NO. | 06-3925529-6 | 19. TELEPHONE NO. | N/A | | | | | | |
| 14. TIN NO. | 713-129-377 | 20. MOBILE NO. | 09238701171 | | | | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | benjieasoymagallano@gmail.com | | | | | | |
| II. FAMILY BACKGROUNI | | | | | | | DATE C | F BIRTH | |
| 22. SPOUSE'S SURNAME | N/A | NAME EXTENSION (JR., SR) | 23. NAME of CHILDREN (Write full nam | | | e and list all) (mm/dd/yyyy) | | | |
| FIRST NAME | N/A | NAME EXTENSION (JIV., SIV) | | | | N/A | | /A | |
| MIDDLE NAME | N/A | | N/A | | | | N/A | | |
| OCCUPATION | N/A | | | | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | | |
| 24. FATHER'S SURNAME | MAGALLANO | | | | | | | | |
| FIRST NAME | PATRECIO | NAMEEXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | BAYLAN | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | |
| SURNAME | ASOY | | | | | | | | |
| FIRST NAME | ELVIRA | | | | | | | | |
| MIDDLE NAME | ANIANA (Continue on separate sheet if necessa | | | | | essary) | | | |
| III. EDUCATIONAL BACK | GROUND | | | | | | | | |
| 26. | NAME OF SCHOOL | BASIC EDUCATION/DEGRE | | | | YEAR | SCHOLARSHI P/ | | |
| LEVEL | (Write in full) | (Write in full) | | From | To | UNITS EARNED (if not graduated) | GRADUATE D | ACADEMIC HONORS RECEIVED | |
| ELEMENTARY | MAHAYAHAY ELEMENTARY SCHOOL | PRIMARY EDUCATION | | 06/06/2003 | 30/06/2008 | ELEMENTARY GRADUATE | 2008 | WITH | |
| SECONDARY | THE SISTERS OF MARY SCHOOL | HIGH SCHOOL | | 06/06/2008 | 04/10/2012 | HIGH SCHOOL | 2012 | N/A | |
| VOCATIONAL / | BOYSTOWN, CEBU N/A | N/A | | N/A | N/A | GRADUATE N/A | N/A | N/A | |
| TRADE COURSE | | BACHELOR OF SCIEN | NCE IN | | | COLLEGE | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | AGRICULTURE | <u> </u> | 06/08/2012 | 4/13/2016 | GRADUATE | 2016 | N/A | |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | MASTER OF SCIENCE IN HO tinue on separate sheet if nec | , , , , , , , , , , , , , , , , , , , | | | N/A | | | |
| SIGNATURE | 95748 | ando on separate sneet ii net | DATE January 2, 2024 | | | | | | |
| | | | | | | CS FORM 2 | 212 (Revised 20 | 17), Page 1of 4 | |

| IV. CIVIL S | ERVICE ELIC | GIBILITY | | | | | | | |
|---|---|---|-----------|--|--|---------------------|--|--------------------------|---------------------|
| 27. CAREEF | | 080 (BOARD/ BAR) UNDER NS/ CES/ CSEE | RATING | DATE OF EXAMINATION / | PLACE OF EXAMINATION / CONFERMENT | | | LICENSE (if a | pplicable) Date of |
| | BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) | | | CONFERMENT | SAINT PAUL SCHOOL | | | NUMBER | Validity |
| RA 108 | 30- LICENSED | AGRICULTURIST | 80.3 | OCT. 19-21, 2016 | SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES- CAMPETIC, PALO LEYTE | | | 0026551 | 26/02/2020 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | EXPERIENCE | | | nue on separate shee | et if necessary) | attached W | ork Experien | co shoot | |
| 28. INCLU | JSIVE DATES | | | | | | SALARY/ JOB/ PAY GRADE (if | | GOV'T |
| | m/dd/yyyy) | POSITION T (Write in full/Do not | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | MONTHLY SALARY | applicable)& STEP (Format "00-0")/ | STATUS OF APPOINTMENT | SERVICE (Y/ N) |
| 2/27/26 | To | AGRICULTURAL T | ECHNICIAN | MUNICIPAL AG | MUNICIPAL AGRICULTURE OFFICE- | | INCREMENT N/A | JOB ORDER | Y |
| 6/13/2018 | 03/07/2017 | | | | NARD, SO. LEYTE | 6000.00 14500.00 | | CONTRACTUAL | |
| | 4/30/2021 | MICROFINANCE | | | ES FOUNDATION INC. | | N/A | | N |
| 8/15/2020 | 12/15/2020 | PART-TIME INS | IRUCTOR | VISAYAS S I | TATE UNIVERSITY | 19500.00 | N/A | CONTRACTUAL | Y |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SIGN | ATURE | 9874B | (Conti | nue on separate shee | t if necessary) DATE | 1/2/2024 | | | |
| CS FORM 212 (Revised 2017), Page 2 of 4 | | | | | | | | | |

| VI. VOLUNTARY WORK OR INVOLVEME | NT IN CIVIC / NON-GOVERNI | _ | | TARY ORGA | NIZATION/S | | | |
|--|-----------------------------------|------------------------------|------------------|--------------------|---|--|--|--|
| 29. NAME & ADDRESS OF OI (Write in full) | | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | | POSITION / NATURE OF WORK | | |
| | | From | То | | | | | |
| N/A | | N/A | N/A | N/A | | N/A | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ue on separate | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L& | D) INTERVENTIONS/TRAININ | 1 | DATES OF | DED | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE | | ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) | | |
| (Write in full) | | From | То | _ | Technical/etc) | (vvite in idii) | | |
| Training Workshop on Preparing Manuscript for Pu | blication | 3/29/2023 | 3/31/2023 | 24 hours | Technical | VSU GRADUATE SCHOOL | | |
| Challenges in Horticultural Foods Safety and Trade Mycotoxins | : From MRL's to Microbes to | 5/18/2023 | 5/18/2023 | 5 hours | Technical | AUSTRALIAN CENTRE FOR INTERNATIONAL AGRICULTURAL RESEARCH (ACIAR- GAP) | | |
| Attended the 5th National Hybrid Rice Technology F | orum | 9/22/2017 | 9/22/2017 | 8 hours | Technical | VISAYAS STATE UNIVERSITY | | |
| Attended the Valuing Lesson on Corn Program Imp | lementation | 09/07/2017 | 09/08/2017 | 16 hours | Technical | AGRICULTURAL TRAINING INSTITUTE-RTC8 | | |
| Short training courses on Marcotting and Grafting | echnique of Fruit Trees; Tube and | 08/05/2015 | 08/06/2015 | 10 hours | Technical | DEPARTMENT OF HORTICULTURE-VSU | | |
| Cleft Grafting on Tomato; Flower Arrangement | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| AUL OTHER INCORMATION | (Contin | ue on separate | sheet if necessa | ary) | | | | |
| VIII. OTHER INFORMATION | NON-A | CADEMIC DISTIN | CTIONS / RECO | OGNITION | | MEMBERSHIP IN | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON 78 | | e in full) | ONTION | | 33. ASSOCIATION/ORGANIZATION (Write in full) | | |
| Computer literate (microsoft word, excel and powerpoint) | | N/A | \ | | | N/A | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (Contin | ue on separate | sheet if naces | arv) | | | | |
| SIGNATURE | 7574s | iue on separate | oneet II Hetessa | | ATE | 01/2/2024 | | |

CS FORM 212 (Revised 2017), Page 3 of 4

| 34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, | | | |
|--|--|-------------------------------------|--------------------------------|
| a. within the third degree? | ☐ YES ☑ NO | | |
| b. within the fourth degree (for Local Government Unit - Ca | areer Employees)? | ☐ YES ☑ NO | |
| | If YES, give details: | | |
| | | | |
| 35. a. Have you ever been found guilty of any administrative of | niense? | ☐ YES ☑ NO If YES, give details: | |
| | | ii 1ES, 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 | any law, decree, ordinance or | ☐ YES ☑ N | 0 |
| regulation by any court or tribunal? | | If YES, give details: | |
| | | | |
| Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, et | | ☐ YES ☑ N If YES, give details: | 0 |
| out (abolition) in the public or private sector? | ia of office and according to the contract of price of the contract of the con | ii i Lo, give details. | |
| 38. a. Have you ever been a candidate in a national or local e | election held within the last year (except | ☐ YES 🔽 | NO |
| Barangay election)? | | If YES, give details: | |
| b. Have you resigned from the government service during | • • | ☐ YES ☑ | NO |
| last election to promote/actively campaign for a national or | | If YES, give details: | |
| 39. Have you acquired the status of an immigrant or permaner | nt resident of another country? | ☐ YES ☑ | |
| | | If YES, give details (countre | ry): |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N | lagna Carta for Disabled Persons (RA | | |
| 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 | • | | |
| a Are you a member of any indigenous group? | | ☐ YES If YES, please specify: | NO |
| b Are you a person with disability? | | YES | NO |
| | If YES, please specify ID No: | | |
| c Are you a solo parent? | ☐ YES ☑ If YES, please specify ID No: | NO | |
| 41. REFERENCES (Person not related by consanguinity or affinity to | applicant /appointee) | | |
| NAME | ADDRESS | TEL. NO. | |
| JINA MAY B. MORALES | VISCA, BAYBAY CITY, LEYTE | N/A | |
| ERMA C. CAPILITAN | SAINT BERNARD, SOUTHERN LEYTE | N/A | |
| LILY BRIAN VIVAREZ | SAINT BERNARD, SOUTHERN LEYTE | N/A | |
| 42. I declare under oath that I have personally accomplished | <u> </u> | | 8 |
| complete statement pursuant to the provisions of pertin | | | OHANASAM ST SIEKISH |
| Philippines. I authorize the agency head/authorized rep | · | | 1 |
| I agree that any misrepresentation made in this do administrative/criminal case/s against me. | cument and its attachments shall cau | se the illing of | РНОТО |
| | | | |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's | 00-6 | | |
| License, etc.) PLEASE INDICATE ID Number Gov ernment Issued ID: Philhealth | 98-198 | | |
| ID/License/Passport No. 13-025453158-9 | | | |
| | box) | | |
| Date/Place of Issuance: Maasin City, Soutrhern Leyte | | Right Thumbmark | |
| SUBSCRIBED AND SWORN to before me this | , affiant ex | hibiting his/her validly issued gov | ernment ID as indicated above. |
| | · | | |
| | | | |
| | | | |
| | Person Administering Oat | th | |