C5 orm No. 212 Revised 2017		NAL DATA				iminal pass/s ago	ingt the perso	0
concerned	ation made in the Personal Data Sheet and the E TO FILLING OUT THE PERSONAL DATA SHE							
Print legibly. Tick appropriate boxe	es () and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT ABE	REVIATE.		1. CS ID No.		(Do not fill up. For	CSC use only
I. PERSONAL INFORMATIO								
2. SURNAME	CORPUZ				1	AME EXTENSION (JR.,	SR)	
FIRST NAME	REYNAND					NIA		
MIDDLE NAME	EDAR							
3. DATE OF BIRTH (mm/dd/yyyy)	04/13/1999	16. CITIZENSHIP					by naturalization	
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizensh	ip,			Pls. indicate co	untry:	
5. SEX	Male Female	please indicate the detail	s.					~
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		use/Block/Lot No PUROK 6 bdivision/Village			Street PA-A Barangay	
7. HEIGHT (m)	1.67		C	HILONGOS City/Municipality			Province Province	
8. WEIGHT (kg)	60	ZIP CODE						
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hav	use/Block/Lot No			Street	
	N/A	1		PUROK 6			PA-A Barangay	
10. GSIS ID NO.			Su	bdivision/Village HILONGOS			LEYTE	
11. PAG-IBIG ID NO.	121308815889	-	C	city/Municipality			Province	
12. PHILHEALTH NO.	13-252765383-9	ZIP CODE		6524				
13. SSS NO.	06-4742522-6	19. TELEPHONE NO.	N/A					
14. TIN NO.	614-248-266-00000	20. MOBILE NO.	09122033227					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		co	rpuzreyna	and@gmail.c	<u>om</u>	
I. FAMILY BACKGROUND								11 (11 16 10
2. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	, NAME of CH	ILDREN (Write		st all)	DATE OF BIRTI	
FIRST NAME	N/A	NAME EXTENSION (Jr., Sr.)		N/A			N/	A
MIDDLE NAME	NIA							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	NIA							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	CORPUZ	LIMIT SYTTMOION (ID. CD)						
FIRST NAME	SABINIANO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	LUMBOG							
5. MOTHER'S MAIDEN NAME								
SURNAME	EDAR							
FIRST NAME	LUCENA							
MIDDLE NAME	CENITA			(0	Continue on se	parate sheet if neces	sary)	
II. EDUCATIONAL BACKG	GROUND					3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		SCHOLARSH
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ (Write in full)	COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEM
ELEMENTARY	PA-A ELEMENTARY SCHOOL	N/A		2004	2012	NA	2012	3rd HON RABLE ME
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SCIENCE, TECHNOLOGY, ENGINE MATHEMATICS	ERING AND	6/1/2016	4/1/2018	N/A	2018	WITH HIG

MIDDLE NAME	CENITA	(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKS	ROUND						OGUGI ARGUNDI
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	
	(AALING III IOII)		From	То	(ii not graduated)		RECEIVED
ELEMENTARY	PA-A ELEMENTARY SCHOOL	N/A	2004	2012	NA	2012	3rd HOND- RABLE MENDS
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS	6/1/2016	4/1/2018	N/A	2018	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	NIA	MA	NIA
COLLEGE	VISAYAS STATE UNIVERSITY - BAYBAY	BACHELOR OF SCIENCE IN CHEMISTRY	8/1/2018	8/12/2022	N/A	2022	SCHOLAR /
GRADUATE STUDIES	N/A	NIA	NIA	NA	NIA	NIA	NIA
	(C	ontinue on separate sheet if necessary)					
SIGNATURE	K		D	ATE	FE	EBRUARY 19, 20	24

The same of the sa	RVICE ELIGIE								
CAREE	R SERVICE/ RA 108 SPECIAL LAW:	80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	
BAR	ANGAY ELIGIBILIT	Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of Validity
CHEMIST	LICENSUR	E EXAMINATION	84.60%	12/13-14/2023	TACLOBAN			0015517	84/13/2
CHEMICAL	- TECHNIC	IAN LICENSURE		12/15/2023	TACLOBAN			N/A	N/A
P	XAMINATIO	N .	84.00 %	16 13 200	TACLUDAIN				
Wask	EVERNOE		(Col	ntinue on separate sheet if	necessary)				
V. WORK I (Include priv	EXPERIENCE vate employmen	nt. Start from your recent	work) Description	of duties should be in	ndicated in the attached	Work Expe	rience sheet.		
28. INCL	USIVE DATES mm/dd/yyyy)	POSITION TO (Write in full/Do not	TLE	DEPARTMENT / AGEN	CY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	GRADE (if applicable) & STEP (Format *00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То			DEPARTMENT OF	PURE AND APPLIED	DUD 40 000	INCREMENT	*C4100.740-1	Y
9/45/2022	2/1/2023	PART-TIME INST	TRUCTOR	CHEMISTRY, VISAY	AS STATE UNIVERSITY	PHP 16,000	N/A	TEMPORARY	1
			(Cor	ntinue on separate sheet if i	necessary)				
SIG	NATURE	Ky			DATE		FEBRUARY 19, 2	024	

29. NAME & ADDRESS OF	T IN CIVIC / NON-GOVERNMENT			ORGANIZATIOI	V/S	
(Write in	ORGANIZATION full)		/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
						N/A
VII. LEARNING AND DEVELOPMENT (L&	(Con (Con (Con)) INTERVENTIONS/TRAINING PR	tinue on separate : ROGRAMS AT	sheet if necessary TENDED	()		
		INCLUSIVE	DATES OF		Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in I		ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	То			
N/A		NA	N/A	N/A	N/A	N/A
	(Cont	inue on separate s	heet if necessary)			
VIII. OTHER INFORMATION	NON	ACADEMIC DISTIN	CTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.	(Write				33. (Write in full)
ANALYTICAL & MATHEMATICAL	1	J/A				INTEGRATED CHEMISTS OF THE PHILIPPINES
LABORATORY SKILLS						VSU CHEMICAL SOCIETY
MANAGEMENT SKILLS						HNVS SUPREME STUDENT'S GOVERNMENT
CHEMISTRY						
COMPUTER SKILLS						
MUSIC						
GAMING						
	(Conti	nue on separate si	neet if necessary)	DA	TE	EERDUADV 40, 2024
SIGNATURE	1/4			DA	-	FEBRUARY 19, 2024 CS FORM 212 (Revised 2017), Page 3 of 4

ct	you related by consanguinity or affinity to the appointing of	recommending authority, or to the	
	nief of bureau or office or to the person who has immediate s	upervision over you in the Office,	
B	ureau or Department where you will be apppointed,		
a	within the third degree?		☐ YES ☑ NO
b	. within the fourth degree (for Local Government Unit - Caree	er Employees)?	☐ YES ☑ NO
			If YES, give details:
			The state of the s
35 5	a. Have you ever been found guilty of any administrative offen	nse?	☐ YES ☑ NO
JJ. C	That's you ever been found going of any authinistrative offen		If YES, give details:
	b. Have you been criminally charged before any court?		☐ YES ☑ NO
	b. Have you been chilinally charged before any count		If YES, give details:
			Date Filed:
			Status of Case/s:
	Have you ever been convicted of any crime or violation of any	law, decree, ordinance or regulation by	YES / NO
36,	any court or tribunal?		If YES, give details:
37.	Have you ever been separated from the service in any of the	following modes: resignation, retirement,	YES NO
	dropped from the rolls, dismissal, termination, end of term, fin	If YES, give details:	
	in the public or private sector?		
38.	a. Have you ever been a candidate in a national or local elect	tion held within the last year (except	☐ YES ☑ NO
	Barangay election)?		If YES, give details:
	b. Have you resigned from the government service during the	e three (3)-month period before the last	YES NO
	election to promote/actively campaign for a national or local of	candidate?	If YES, give details:
-	Have you acquired the status of an immigrant or permanent r		☐ YES ☑ NO
39.	Trave you acquired the states of art intringitant or portionation.		If YES, give details (country):
	D (1) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-	no Corta for Dipabled Persons (PA	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Maga 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	na Carra for Disabled Persons (NA	
		please director are tellerining itemor	T VEC NO
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:
b.	Are you a person with disability?		☐ YES ☑ NO
	The you a person mar disability !		If YES, please specify ID No:
C.	Are you a solo parent?		
-	Are you a solo parent:		YES NO
	Ale you a solo paroni.		If YES, please specify ID No:
44		appointee)	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /		If YES, please specify ID No:
41.		appointee) ADDRESS	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /		If YES, please specify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applicant // NAME	ADDRESS	If YES, please specify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applicant // NAME	ADDRESS	If YES, please specify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applicant // NAME	ADDRESS	If YES, please specify ID No:
	REFERENCES (Person not related by consanguinity or affinity to applicant // NAME ELIZABETH S. QUEVEDO	ADDRESS ORMOC CITY, LEYTE	If YES, please specify ID No: TEL. NO. N/A
	NAME ELIZABETH S. QUEVEDO I declare under oath that I have personally accomplished	ADDRESS ORMOC CITY, LEYTE this Personal Data Sheet which is a t	If YES, please specify ID No: TEL. NO. N/A rue, correct and
	REFERENCES (Person not related by consanguinity or affinity to applicant // NAME ELIZABETH S. QUEVEDO	ADDRESS ORMOC CITY, LEYTE this Personal Data Sheet which is a tent laws, rules and regulations of the	If YES, please specify ID No: TEL. NO. N/A True, correct and Republic of the ed herein.
	NAME LIZABETH S. QUEVEDO I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document.	ADDRESS ORMOC CITY, LEYTE this Personal Data Sheet which is a tent laws, rules and regulations of the ntative to verify/validate the contents state	TEL. NO. N/A Tue, correct and Republic of the ed herein.
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CS FORM 212 (Revised 2017), Page 4 of 4