CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE'	Γ				
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	e Work Experience Sheet sl	hall cause the	filing of ad	ministrative	e/criminal case/s	against the p	oerson	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCO	MPLISHING TH	HE PDS FOI	R <i>M.</i>				
	) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	DAVID					NAME EXTENSION (JF	R SR)		
FIRST NAME	NOESSA					TO THE EXTENSION (OF	., 0.1)		
MIDDLE NAME	CAMPOMANES			1					
DATE OF BIRTH     (mm/dd/yyyy)	3/6/1997	16. CITIZENSHIP	✓ Filipino ✓ Dual Citizenship ☐ by birth ☐ by natu			by natural	lization		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizen	zenship, Pls. indicate country:			country:			
5. SEX	☐ Male ☑ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A		Zone 4 Street Barangay Pangasugan				
7 11510117 ( )				bdivision/Village Baybay City	9		Barangay Leyte		
7. HEIGHT (m)	1.4478			ity/Municipality			Province		
8. WEIGHT (kg)	50 kg	ZIP CODE				6521			
9. BLOOD TYPE	NOT YET KNOWN	18. PERMANENT ADDRESS	Hou	N/A se/Block/Lot N	0.		Zone 4 Street		
10. GSIS ID NO.	N/A		Sui	N/A bdivision/Villag	^	Bai	Barangay Guadalupe		
11. PAG-IBIG ID NO.	1212-2973-4043			Baybay City ity/Municipality			Barangay Leyte Province		
12. PHILHEALTH NO.	13-250367792-3	ZIP CODE	6521						
13. SSS NO.	34-7727062-2	19. TELEPHONE NO.		N/A					
14. TIN NO.	353-247-220	20. MOBILE NO.	09983267633						
15. AGENCY EMPLOYEE NO.	n/a	21. E-MAIL ADDRESS (if any)	noessadavid06@gmail.c			<u>com</u>			
II. FAMILY BACKGROUND			·						
22. SPOUSE'S SURNAME	N/A	Divine Extension (ID, OD)	23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	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	DAVID								
FIRST NAME	WILBERT	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DATA								
25. MOTHER'S MAIDEN NAME									
SURNAME	CAMPOMANES								
FIRST NAME	PERLITA								
MIDDLE NAME	BANDILLA			(Continue on separate sheet if necessal			sary)		
III. EDUCATIONAL BACKGI	ROUND							1	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	SE PERIOD OF ATTENDANCE  From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	N/A	N/A		3/1/2009	N/A	2009	NONE	
SECONDARY	VISAYAS STATE UNIVERSITY-LABORATORY HIGH SCHOOL	N/A		7/1/2009	3/1/2013	N/A	2013	NONE	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRIBUSINE	ESS	7/1/2014	3/1/2018	N/A	2018	NONE	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
	(C	ontinue on separate sheet if nece	essary)		I		I	L	
SIGNATURE	7	$e^{-}$		DA	TE	N	ovember 4, 2022		

7. CARE	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF	ATE OF				LICENSE (if applicable)	
BA		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	ON / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date o	
	N/A	 A	N/A	N/A	N/A			NA	N/A	
. WORK	EXPERIENCE		(Con	tinue on separate sheet	if necessary)					
		ent. Start from your recei	nt work) Descriptio	n of duties should	be indicated in the attach	ed Work Ex		et.		
	LUSIVE DATES mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV' SERVI (Y/ N	
0/1/2017	11/30/2017	DATA ENC	DDER	COLLEGE OF VE	TERINARY MEDICINE	7000.00	N/A	JOB ORDER	Y	
/5/2018	1/3/2021	ACCOUNT SPE	CIALIST	EPERFORMAX	(PAYPAL ACCOUNT)	30000.00	N/A	PERMANENT	N	
/8/2021	PRESENT	CLERK/DEPUTY DOCUMENT	RECORDS CONTROL	DEPARTMENT	OF FOREST SCIENCE	12000.00	N/A	JOB ORDER	Y	
	1									
	1									
	-									
	1									
	1		(Con	tinue on separate sheet	if necessary)		1	i		

VI. VOLUNTARY WORK OR INVOLVEMENT	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF	NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES				DOOLTON ANATHOR OF MODIA			
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A		N/A	N/A	N/A	N/A			
	(0)							
VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary TTENDED	)				
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED B' Supervisory/ Technicalletc) (Write in full)			
GLOBAL COMMUNICATION	S TRAINING	6/1/2021	6/1/2021	8 HRS	TECHNICAL	EPERFORMAX		
VIRTUAL DATA PRIVACY ACT OF 2012	AWARENESS SEMINAR	4/7/2022	4/7/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Re-Orientation of of employees' Duties and Respons	ibilities and Good Customer Service	9/23/2021	9/23/2021	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Virtual Awareness Seminar on RA No. 11032 (East Government Service Delivery		6/28/2022	6/28/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Gender-Based Sexual Harassment in High		8/3/2022	8/3/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
	(Cont	tinue on separate	sheet if necessary	) ————————————————————————————————————				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. MEMBERSHIP IN ASSOCIATION/ORGANIZA							
COMMUNICATION SKILLS	TEAMMATE OF THE MONTH					CATHOLIC YOUTH UNITED FOR TRUTH		
COMPUTER PROFICIENCY		CATHOLIC WOMEN'S LEAGUE						
PUBLIC SPEAKING								
CUSTOMER SERVICE SKILLS	CUSTOMER SERVICE SKILLS							
INTERPERSONAL SKILLS								
ADMINISTRATIVE SKILLS								
MARKETING								
CIONATUDE	(Cont	tinue on separate	sheet if necessary		ATE	November 4, 2022		
SIGNATURE				Di	ATE	November 4, 2022  CS FORM 212 (Revised 2017), Page 3 of 4		

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 immediate Bureau or Department where you will be apppointed, a. within the third degree?		✓ NO					
b. within the fourth degree (for Local Government Unit - Ca	YES [ If YES, give details	NO S:					
35. a. Have you ever been found guilty of any administrative of	☐ 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 the retirement, dropped from the rolls, dismissal, termination, e out (abolition) 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 ele Barangay election)?	☐ YES ☑ NO If YES, give details:						
b. Have you resigned from the government service during to election to promote/actively campaign for a national or loca	☐ YES ☑ NO If YES, give details:						
39. Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————						
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972</li> </ol>							
a. Are you a member of any indigenous group?	YES	✓ NO					
b. Are you a person with disability?		If YES, please specify:  ☐ YES ✓ NO					
c. Are you a solo parent?	If YES, please specify YES If YES, please specify	✓ NO					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)						
NAME	ADDRESS	TEL. NO.					
ANATOLIO N. POLINAR	VISCA, BAYBAY CITY, LEYTE	563-7552	<b>** ** **</b>				
DENNIS P. PEQUE  CLARA P. MERCADO	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE BRGY. GUADALUPE, BAYBAY CITY,	563-7552					
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.  I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: NATIONAL ID							
ID/License/Passport No.: 4625-4085-7417-9267	ox)						
Date/Place of Issuance: MARCH 30, 2022		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	th						