CS Form No. 212 Revised 2017 PERSONAL DATA SHEET									
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and th					oriminal case/s a	gainst the pe	rson	
concerned.	TO FILLING OUT THE PERSONAL DATA SH								
Print legibly. Tick appropriate boxes	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.	-	1.05 O No.	***	(Do not fit up 1	or OSC use only	
I. PERSONAL INFORMATIO									
2. SURNAME	CABAJES					NAME OF THIS AND	100, 104		
FIRST NAME	DENISA		***			I PAGE ST (ENGY OF	, 24		
- MIDDLE NAME	SORIA			,					
3. DATE OF BIRTH (mm/dd/yyy)	1/30/1976	18. CITIZENSHIP		☐ Filipino ☐ Dual Ottzership ☐ by birth ☐ by naturali				or co	
4. PLACE OF BIRTH	BAYBAY CITY,LEYTE	If holder of dual citizen	nship,	Pls. indicate of			oxtry		
5. SEX	☐ Male ☑ Fernale	please indicate the d	etalis.					~	
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		N/A House/Slock/Let No			N/A Stand		
	☐ Widowed ☐ Separated ☐ Other/s:		Hou		N/A			MARCOS	
		Su		tdirinka//illago BAYBAY			Berngey LETTE		
7. HEIGHT (m)	5'2	-		HyMunicipality			Province		
8. WEIGHT (kg)	59	ZIP CODE				6521			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hou	N/A pa/Block/Lot N	6		N/A Street		
10. GSIS ID NO	NIA		Sut	NIA SubdivisionVillage			MARCOS Barargay		
11. PAG-IBIG ID NO	1212-1430-4210		0	BAYBAY CityMunicipality			LEYTE Profree		
12. PHILHEALTH NO.	1300254848655	ZIP CODE		6521					
13. \$55 NO.	33-3020876-0 19. TELEPHONE NO.			NIA					
14. TIN NO.	170235-542	20. MOBILE NO.	09467172633						
15. AGENCY EMPLOYEE NO.	TEE NO NIA 21. E-MAIL ADDRESS (If any) <u>denisacabajes 76@gmail.com</u>								
H. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	CABAJES		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mmlod/yyyy)			
FIRST NAME	ROMEL	MEL NAME EXTENSION (JR., SR) NA		N/A			N/A		
MIDDLE NAME	CASTEN								
OCCUPATION	KAGAWD								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	SORIA (DECEASED)								
FIRST NAME	NEMESIO (DECEASED) NAME EXTENSION (JR., SR) SR								
MIDDLE NAME	BOHOL (DECEAS	SED)							
25. MOTHER'S MAIDEN NAME	RALLOS (DECEASED)								
SURNAME	SORIA (DECEASED)								
FIRST NAME	LECERIA (DECEASED)								
MIDDLE NAME	RALLOS (DECEA	(Continue on separate sheet if necessary)							
III. EDUCATIONAL BACKG	ROUND				17.00				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVELY UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY		From	N/A	N/A	1987	RECEIVED N/A	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY		N/A	N/A	N/A	1992	N/A	
VOCATIONAL /	N/A	N/A		N/A					
TRADE COURSE COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE	IN	N/A	N/A N/A	N/A N/A	N/A 2017	N/A N/A	
GRADUATE STUDIES	N/A	AGRICULTURE N/A		N/A	N/A	N/A	N/A		
		(Continue on separate sheet if nec	essary)	1	1000	J."^	170	N/A	
SIGNATURE	Į "			DA	ATE	1/12	2003	3	



IV. CIVIL SERVICE ÉLIGIBILITY									
 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY 			RATING	DATE OF EXAMINATION /				LICENSE (if a	pplicable)
ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
N/A		N/A	N/A	N/A			N/A	N/A	
					And with the time of the continue of the conti			redormalurebish errandere errores.	**************************************
			Name of the last o						
	(include privat	e employment. Start from	References and an area of the second	tinue on separate sheet () Description of civi	AND DOMESTIC OF THE PARTY OF TH	n the ellectron	West Angel	in o deut	
28. INC	LUSIVE DATES					I	SALARY/ JOB/ PAY		
	(mmkld/yyyy) To	POSITION T (Write in full/Do not	TLE abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY BALARY	ORADE (If applicable) & BTEP (Format '00-0')/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
10/1/2017	12/31/2023	Science Researc	h Assistant	Department of H	Department of Horticulture, Visayas State			10	
		Colonio Nesealo		University,Vis	ca Baybay City, Leyte	10584.90	N/A	70	Y
4									
100									- To Handy and hope
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			7/1-22		Hereevee and 1				
SIGNATURE (tinue on separate sheet	DATE	1/	12/20:	2 >1	and the same of th
St. 1-1-1-16	THE REAL PROPERTY.		-		33/3/96			FORM 212 (Revised 2	017). Page 2 of 4



VI. VOLUNTARY WORK OR INVOLVEMENT IN GIVIC / NON-GOVERNMEN				are.		
29 NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/c	VE DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK	
NONE	NONE	To NONE	NONE	NONE		
	-					
	-				, "	
(Co	ntinue on separate	sheet if necessar	v)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	PROGRAMS A	TTENDED				
(Start from the most recent LLD training program and include only the relevant LLD training taken h		E DATES OF	Sunga Crong Tich			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)	From	То	-	Supervisory/ Technical/etc)	(White in full)	
Vegetable Production (Organic and GAP),Seed Processing and storage training	12/28/2018	12/28/2018	8	8	Department of Horticulture, Visayas State University, Visca Baybay City, Leyte	
Training on Marcotting	4/24/2018	4/24/2018	8	8	Department of Horticulture, Visayas State University, Visca Baybay City, Leyte	
Training on Grafting	4/24/2018	4/24/2018	8	8	Department of Horticulture, Visayas State University, Visca Baybay City, Leyte	
Training on Hydroponics	4/23/2018	4/23/2018	8	8	Department of Horticulture, Visayas State University, Visca Baybay City, Leyte	
Vegetable Production Using Animal Manure, as part of the Yolanda Recovery and Rehabilitation Program (YRRP)	2/21/2019	2/21/2019	8	8	Sabang Daguitan, Dulag, Leyte	
Training on Hydroponics Vegetable Production	2/24/2022	2/24/2022	8	8	Brgy. Butason-I, Tabango, Leyte	
<u></u>						
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	-	-				
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		-				
		-	-			
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	ontinue on separati	sheet if necessa.	ry)			
VIII. OTHER INFORMATION	NI ACADETIC E	MOTIONS -				
31. SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DIST (W)	INCTIONS / RECO	OGNITION	1 1 1	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
NA NA	N	A	NA NA			
	ontinue on separat	sheet if necess	n)			
SIGNATURE Ca	onunud un separat	anow ii nocessa		ATE	1/12/2023	
			The second		CS FORM 212 (Revised 2017), Page 3 of	



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? b. within the fourth degree (for Local Government Unit - Car		☑ NO ☑ NO			
35. a. Have you ever been found guilty of any administrative of	YES [If YES, give details:	ZI NO			
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 ☑ NO If YES, give details:				
Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except				
election to promote/actively campaign for a national or local	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 					
Are you a member of any indigenous group?		☐ YES If YES, please specify:	☑ NO		
b. Are you a person with disability?	YES If YES, please specify	✓ NO			
c. Are you a solo parent?	YES If YES, please specify	ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)				
NAME	ADDRESS	TEL. NO.			
DR. ROSARIO A. SALAS	VISAYAS STATE UNIVERSITY,	9088732033			
PROF. ARSENIO D. RAMOS	VISCA, BAYBAY CITY, LEYTE VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	N/A	20		
DR. MARILOU M. BENITEZ	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	9395106664			
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 reproduced in this document agree that any misrepresentation made in this document administrative/criminal case/s against me.	If this Personal Data Sheet which is a trend laws, rules and regulations of the esentative to verify/validate the contents	s stated herein.	DENISA S. CABAJES		
Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: TIN					
iD/License/Passport No.: 170-235-542	Inse/Passport No.: 170-235-542 Shinature (Sign Inside the t				
Date/Place of Issuance: 08/25/1994		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ng his/her validly issued go	overnment ID as indicated above		
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			CS FORM 212 (Reviews 2011). Prope a ce		