

CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BONGAT							
FIRST NAME	CORAZON					NAME EXTENSION (JR., SR)		NA
MIDDLE NAME	NAVARRA							
3. DATE OF BIRTH (mm/dd/yyyy)	07/02/1993		16. CITIZENSHIP		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:			
4. PLACE OF BIRTH	ORMOC CITY							
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		17. RESIDENTIAL ADDRESS		N/A			BONIFACIO STREET
7. HEIGHT (m)	1.48				House/Block/Lot No.			Street
8. WEIGHT (kg)	65 kg				N/A			DISTRICT 20
9. BLOOD TYPE	O+				Subdivision/Village			Barangay
10. GSIS ID NO.	N/A				ORMOC CITY			LEYTE
11. PAG-IBIG ID NO.	121188219441		ZIP CODE		City/Municipality			Province
12. PHILHEALTH NO.	132020714836				6541			
13. SSS NO.	0635513878				18. PERMANENT ADDRESS			N/A
14. TIN NO.	334906334-000		ZIP CODE		House/Block/Lot No.			Street
15. AGENCY EMPLOYEE NO.	N/A				N/A			DISTRICT 20
19. TELEPHONE NO.	N/A				Subdivision/Village			Barangay
20. MOBILE NO.	09668630805		City/Municipality			Province		
21. E-MAIL ADDRESS (if any)	cnbongat@gmail.com		6541					

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		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	BONGAT			
FIRST NAME	JUAN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TORRES			
25. MOTHER'S MAIDEN NAME	FLORDELUNA LAURON NAVARRA			
SURNAME	BONGAT			
FIRST NAME	FLORDELUNA			
MIDDLE NAME	NAVARRA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

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	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ORMOC CITY CENTRAL SCHOOL	ELEMENTARY EDUCATION	1999	2005	GRADUATE	2005	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2005	2009	GRADUATE	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	WESTERN LEYTE COLLEGE	BACHELOR OF SCIENCE IN NURSING (COLLEGE EDUCATION)	2009	2013	GRADUATE	2013	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE		DATE	DECEMBER 26, 2024		CS FORM 212 (Revised 2017), Page 1 of 4		

IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
					NUMBER	Date of Validity		
	PROFESSIONAL REGULATION COMMISSION	77.8	01/05/2014	Cebu City	0858148	07/02/2025		
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	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	GOVT SERVICE (Y/ N)
	From	To						
	Oct/01/2024	Present	STAFF NURSE	GATCHALIAN MEDICAL CENTER	15000.00	N/A	Probationary	N
	May/01/2022	07/30/2024	STAFF NURSE (Operating Room Nurse)	GATCHALIAN MEDICAL CENTER	19500.00	N/A	Regular	N
	Oct/01/2019	04/30/2022	STAFF NURSE (Charge Nurse, Multiple Specialties)	GATCHALIAN MEDICAL CENTER	19500.00	N/A	Regular	N
	Nov. 01/2016	April 30/ 2017	STAFF NURSE (Medical & Surgical Ward)	OSPA-FMC	12000.00	N/A	Probationary	N
	Aug. 1/2014	May 30/ 2015	Volunteer Nurse (Maternal & Pediatric Ward)	GATCHALIAN MEDICAL CENTER	N/A	N/A	Volunteer	N
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	DECEMBER 26, 2024		CS FORM 212 (Revised 2017), Page 2 of 4	

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION


31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (WRITTEN FULL)
	Leadership Clinical		None		N/A
	Clinical Judgement				
	Patient care				
	Clinical documentation& organizational mgmt				
	Communication skills				


(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 26, 2024	CS FORM 212 (Revised 2017), Page 3 of 4
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed. a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Resignation for greener pasture
38. 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 three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): <hr/>
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
BELÉN M. VELASQUEZ, RN	ORMOC CITY	09152997658
LUSTER MIGUEL ESCASINAS, RN	ORMOC CITY	09561298392
CHERRY LOU SOTTO, RN	ORMOC CITY	09156011376


BONGAT, CORAZON N.
 PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance <hr/> Government Issued ID: Passport <hr/> ID/License/Passport No.: P3365137C <hr/> Date/Place of Issuance: 02/22/2023 DFA TACLOBAN	<div style="text-align: center;">  Signature (Sign inside the box) <hr/> December 26, 2024 <hr/> Date Accomplished </div>	<div style="height: 100px; border: 1px solid black; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; font-size: small;">Right Thumb mark</div> </div>
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath