CS Form No. 212 Revised 2017

## **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.

| 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 INFORMATIO   |   |   |   |                                    |                            |   |                   |                                |  |
| 2. SURNAME   | Bongcales   |   |   |                                    |                            |   |                   |                                |  |
| FIRST NAME   | Mark Louise   |   |   |                                    |                            | NAME EXTENSION (JR., SR)<br>N/A             |                   |                                |  |
| MIDDLE NAME  | Obeña   |   |   |                                    |                            |   |                   |                                |  |
| 3. DATE OF BIRTH (mm/dd/yyyy)  | 04/01/1996  |   | ✓ Filipino Dual Citizenship  □ by birth □ by naturalization |                                    |                            |   |                   |                                |  |
| 4. PLACE OF BIRTH  | Baybay Leyte  | If holder of dual citize                    | nship,  |                                    |                            | country:                                    |                   |                                |  |
| 5. SEX   | ✓ Male Female   | please indicate the de                      | Philippines   |                                    |                            |   |                   |                                |  |
| 6. CIVIL STATUS  | Single Married  | ZIP CODE  18. PERMANENT ADDRESS  House      |   | 1240                               |                            |   |                   |                                |  |
|  | Widowed Separated   |   |   | ise/Block/Lot No.<br>Gi            |                            |   | Street            |                                |  |
|  | Other/s:  |   |   | odivision/Villag                   | је                         | uadalupe (Utod)  Barangay                   |                   |                                |  |
| 7. HEIGHT (m)  | 1.68  |   |   | BAYBAY<br>ty/Municipality          |                            |   | LEYTE  Province   |                                |  |
| 8. WEIGHT (kg)   | 70.00   |   |   | ултаторату                         |                            | 7.10111100                                  |                   |                                |  |
| 9. BLOOD TYPE  | A+  |   |   |                                    |                            |   | 011               |                                |  |
| 10. GSIS ID NO.  | N/A   |   |   | se/Block/Lot N                     |                            |   | Street            |                                |  |
| 11. PAG-IBIG ID NO.  |   |   |   | odivision/Villag                   | ge                         | Barangay                                    |                   |                                |  |
|  | 121234990076  |   | Ci  | ty/Municipality                    | /                          | Province                                    |                   |                                |  |
| 12. PHILHEALTH NO.   | N/A   | ZIP CODE                                    |   |                                    |                            |   |                   |                                |  |
| 13. SSS NO.  | 0646048811 19. TELEPHONE NO.  |   |   | (1                                 |                            |   |                   |                                |  |
| 14. TIN NO.  | 730375477000  | 20. MOBILE NO.                              |   | 910-775-8360                       |                            |   |                   |                                |  |
| 15. AGENCY EMPLOYEE NO.  | VJO00163  | 21. E-MAIL ADDRESS (if any)                 |   |                                    | ml.bongca                  | ales@vsu.edu.ph                             | 1                 |                                |  |
| II. FAMILY BACKGROUND  |   |   | ı   |                                    |                            |   |                   |                                |  |
| 22. SPOUSE\'S SURNAME  | Bongcales   |   | 23. NAME of CH  | ILDREN (Wri                        | DATE OF BIRTH (mm/dd/yyyy) |   |                   |                                |  |
| FIRST NAME   | Marian  | Marian NAME EXTENSION (JR., SR)             |   | alyx Gideon Louise Sacro Bongcales |                            |   | 01/02/2023        |                                |  |
| MIDDLE NAME  | Sacro   | Sacro                                       |   |                                    |                            |   |                   |                                |  |
| OCCUPATION   | Clerk   |   |   |                                    |                            |   |                   |                                |  |
| EMPLOYER/BUSINESS NAME   | Visayas State Univer  | rsity                                       |   |                                    |                            |   |                   |                                |  |
| BUSINESS ADDRESS   | VSU, Pangasugan, Baybay City,   | VSU, Pangasugan, Baybay City, Leyte, 6521-A |   |                                    |                            |   |                   |                                |  |
| TELEPHONE NO.  |   |   |   |                                    |                            |   |                   |                                |  |
| 24. FATHER\'S SURNAME  | Bongcales   |   |   |                                    |                            |   |                   |                                |  |
| FIRST NAME   | Mario   | NAME EXTENSION (JR., SR)                    |   |                                    |                            |   |                   |                                |  |
| MIDDLE NAME  | Maglente  |   |   |                                    |                            |   |                   |                                |  |
| 25. MOTHER\'S MAIDEN NAME  | Emmylou Cotoner Obeña   |   |   |                                    |                            |   |                   |                                |  |
| SURNAME  | Bongcales   |   |   |                                    |                            |   |                   |                                |  |
| FIRST NAME   | Emmylou   |   |   |                                    |                            |   |                   |                                |  |
| MIDDLE NAME  | Obeña (Continue on separate sheet if necessary)                                     |   |   |                                    |                            | sary)                                       |                   |                                |  |
| III. EDUCATIONAL BACKG   | ROUND   |   | _   | l                                  |                            | HIGHEST                                     |                   | SCHOLARSHIP/                   |  |
| 26.<br>LEVEL   | NAME OF SCHOOL<br>(Write in full)   | BASIC EDUCATION/DEGRI<br>(Write in full)    | EE/COURSE   | PERIOD OF A                        | To To                      | LEVEL/UNITS<br>EARNED<br>(if not graduated) | YEAR<br>GRADUATED | ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY   | Bunga Elementary School   | Elementary                                  |   | 2002                               | 2008                       |   | 2008              | N/A                            |  |
| SECONDARY  | Bunga National High School  | High School                                 |   | 2008                               | 2012                       |   | 2012              | N/A                            |  |
| VOCATIONAL/ TRADE COURSE   | SPECTRUM ICT SOLUTIONS, OPC Laboratory Room,<br>405 Camagong st., Ormoc city, Leyte | TELECOM OSP INSTALLATION (FIB               | BER OPTIC CABLE)  | 2024                               | 2024                       |   | 2024              | N/A                            |  |
| VOCATIONAL/ TRADE COURSE   | EVSU Tanauan Campus, Canramos Tanauan, Leyte  | Electrical Installation and Main            |   | 2014                               | 2014                       |   | 2014              | N/A                            |  |
| COLLEGE  | Visayas State University  | Bachelor in Animal Sci                      | ence  | 2012                               | 2017                       | 2nd Year                                    | 2017              | N/A                            |  |
| GRADUATE STUDIES N/A (Continue on separate sheet if necessary)   |   |   |   |                                    |                            |   |                   |                                |  |
| SIGNATURE  | (C  | on separate street if flece                 | .ooury)   | DA                                 | ATE                        |   | 10/02/2024        |                                |  |

| IV.   | 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                                   |                             |  |                             | LICENSE (if applicable) |  |                          |                           |
|   |                               |                             |   | EXAMINATION /<br>CONFERMENT | ATION / CONFER   | RMENT                       | NUMBER                  | Date of<br>Validity  |                          |                           |
|   | N/A N/A                       |                             |   | N/A                         | N/A  |                             |                         | N/A  | N/A                      |                           |
|   |                               |                             |   |                             |  |                             |                         |  |                          |                           |
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|   |                               |                             |   |                             | (Continue on separate she  | pot if pocossand            |                         |  |                          |                           |
|   |                               | EXPERIE                     |   |                             |  |                             |                         |  |                          |                           |
| (Inc  |                               | vate employm<br>JSIVE DATES | ent. Start from your recent               | t work) Descripti           | on of duties should k  | e indicated in the attached | d Work Exper            | SALARY/ JOB/   |                          | 26: "                     |
|   |                               | m/dd/yyyy) To               | POSITION TITI<br>(Write in full/Do not ab | LE<br>obreviate)            | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) |                             | MONTHLY<br>SALARY       | PAY GRADE (if<br>applicable)& STEP<br>(Format"00-0")/<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/N) |
|   | N/A                           | N/A                         | N/A                                       |                             |  | N/A                         | N/A                     | N/A  | N/A                      | N/A                       |
|   |                               |                             |   |                             |  |                             |                         |  |                          |                           |
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|   |                               |                             |   |                             | (Continue on separate she  | eet if necessary)           |                         |  |                          |                           |
|   | SIGNATURE                     |                             |   |                             |  | DATE                        | 10/02/2024              |  |                          |                           |
|   |                               |                             |   |                             |  |                             |                         | CS   | FORM 212 (Revised 20     | 017), Page 2 of 4         |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S                         |   |   |                      |                    |   |  |  |  |
|---|---|---|----------------------|--------------------|---|--|--|--|
| 29. NAME & ADDRESS OF ORG<br>(Write in full)  | GANIZATION  |   | /E DATES<br>d/yyyy)  | NUMBER OF<br>HOURS |   | POSITION / NATURE OF WORK                                  |  |  |
| N/A   |   |   | N/A                  | N/A                |   | N/A  |  |  |
|   |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
| (Continue on separate sheet if necessary)  VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |   |   |                      |                    |   |  |  |  |
| (Start from the most recent L&D/training program and include  |   |   |                      |                    | agerial positions)  |  |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)                                   |   | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To |                      | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                 |  |  |
| Basic Life Support with CPR 2020 Guidelines with AED, Foreign Mask Application, Occupational First                      | Body Airway Obstruction and Bag Valve taid Training         | 03/04/2024  | 03/06/2024           | 24                 | Technical   | UDRRMSSO Visayas State University                          |  |  |
| Snake Bite and Marine Aquatic Envenomation  | n Seminar Workshop  | 02/28/2024  | 02/28/2024           | 4                  | Technical   | UDRRMSSO Visayas State University                          |  |  |
| 5S Revolution for Clerks & H  | leads   | 11/23/2023  | 11/23/2023           | 8                  | Technical   | Visayas State University                                   |  |  |
| Basic Life Support-CPR 2020 Guidelines with AED, FBAO for He Training.  | ealthcare Workers, and Standard First Aid                   | 06/10/2023  | 06/12/2023           | 24                 | Technical   | KABALIKAT CIVICOM 938 - BAYBAY CITY                        |  |  |
| HANDS ONLY CARDIOPULMONARY R  | ESUSCITATION  | 07/21/2022  | 07/22/2022           | 16                 | Technical   | (DOH) Department of Health                                 |  |  |
| Sealant Application for Damage I  | Mitigation  | 04/20/2021  | 04/20/2021           | 8                  | Technical   | Bostik Partner's Academy                                   |  |  |
| Surface Preparation and Wall P  | lastering   | 03/29/2021  | 03/29/2021           | 8                  | Technical   | Bostik Partner's Academy                                   |  |  |
| TILING: PLANNING, INSTALLING AN   | ID FINISHING  | 03/22/2021  | 03/22/2021           | 8                  | Technical   | Bostik Partner's Academy                                   |  |  |
|   |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
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|   |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
| VIII. OTHER INFORMATION   |   | Continue on separat                                 | e sheet if necessary |                    |   |  |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) |   |                      | OGNITION           |   | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |  |  |
| Basic electronics   |   |   |                      |                    | Philippine Amateur Radio Association                          |  |  |  |
| Basic Life Support  |   |   |                      |                    |   | Alarm Gardians Inc.  |  |  |
| ELECTRICAL INSTALLATION   |   |   |                      |                    |   | Kabalikat Civicom Inc.                                     |  |  |
| Basic in Computer Troubleshooting   |   |   |                      |                    |   |  |  |  |
| Welder  |   |   |                      |                    |   |  |  |  |
|   |   |   |                      |                    |   |  |  |  |
|   |   | Continue on separat                                 | e sheet if necessary | )                  |   |  |  |  |
| SIGNATURE   | ,   | •   | •                    |                    | ATE   | 10/02/2024   |  |  |
|   | <u> </u>  |   |                      |                    |   | CS FORM 212 (Revised 2017), Page 3 of 4                    |  |  |

| the chief of bureau or office or to the person who has Office, Bureau or Department where you will be appp a. within the third degree?  b. within the fourth degree (for Local Government Un  | ☐YES ✓I ☐YES ✓I If YES, give details:   |                                  |  |  |
|---|---|----------------------------------|--|--|
| <sup>35.</sup> a. Have you ever been found guilty of any administra   | ☐YES ✓I<br>If YES, give details:  | NO                               |  |  |
| b. Have you been criminally charged before any cour   | ☐YES ✓I  If YES, give details:  Date Filed:  Status of Case/s:  | NO                               |  |  |
| 36. Have you ever been convicted of any crime or violation regulation by any court or tribunal?   | ☐YES ✓I<br>If YES, give details:  | NO                               |  |  |
|   | retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or   |                                  |  |  |
| 38. a. Have you ever been a candidate in a national or lo (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? |                                  |  |  |
| 39. Have you acquired the status of an immigrant or perr  | Have you acquired the status of an immigrant or permanent resident of another country?  |                                  |  |  |
|   | Are you a person with disability?   |                                  |  |  |
| 41. REFERENCES (Person not related by consanguinity or affinity to a  | applicant /appointee)   |                                  |  |  |
| 42. I declare under oath that I have personally accomplicomplete statement pursuant to the provisions of perimpersonal philippines. I authorize the agency head/authorized ragree that any misrepresentation made in this cadministrative/criminal case/s against me. | ertinent laws, rules and regulations of the representative to verify/validate the content   | Republic of the stated herein. I | ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: N/A  ID/License/Passport No.: N/A  Date/Place of Issuance: N/A  | Signature (Sign inside the 10/02/2024 Date Accomplished   | box)                             | Right Thumbmark  |  |
| SUBSCRIBED AND SWORN to before me this  | , affiant ex  |                                  | government ID as indicated above.  |  |