CS Form No. 212								
Revised 2017	PERSON	AL DAT	A SI	HEE	T			
	ation made in the Personal Data Sheet and th	e Work Experience Sheet	shall cause	e the filing o	f administr	ative/criminal ca	se/s against t	the person
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH	IEET (PDS) BEFORE ACCO	MPLISHIN	G THE PDS	FORM.			
	s (and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIA	TE.	1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATIO		人名英克尔格兰克 人名英克						
2. SURNAME	LADAGA					T		
FIRST NAME	REY							
MIDDLE NAME	CAJAYON			_				
DATE OF BIRTH (mm/dd/yyyy)	05/08/1949	16. CITIZENSHIP	☑ Filipino [Dual Citizenship by birth by naturalization		
4. PLACE OF BIRTH	SAN JOSE, OCCIDENTAL MINDORO	If holder of dual citizen	holder of dual citizenship,		Pls. indicate	country:		
5. SEX	✓ Male Female	please indicate the de	tails.	Philippine	S			-
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		N/A			N/A	
	Widowed Separated Other/s:		December 1990 Company of the Company	OUSE/Block/Los UROK MALIG	The State of the S		Street CAMINAWIT	
7 (15)(117 (m)	Outer/3.			Subdivision/Vill	The second secon	OCCIE	Barangay DENTAL MINE	OORO
7. HEIGHT (m)				City/Municipal			Province	
8. WEIGHT (kg)		ZIP CODE	5100					
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Н	N/A ouse/Block/Lo	No.		Street	
10. GSIS ID NO.			1	UROK MALIG		CAMINAWIT Berangay		
11. PAG-IBIG ID NO.			Subdivision/Village SAN JOSE			OCCIDENTAL MINDORO		OORO
12. PHILHEALTH NO.		ZIP CODE	5100	City/Municipal	ny		Province	AND STREET, ST
13. SSS NO.		19. TELEPHONE NO.	N/A					
14. TIN NO.		20. MOBILE NO.	0947-431-	-5262				
15. AGENCY EMPLOYEE NO.				attyreyladaga2022@gmail.com				
II. FAMILY BACKGROUND		21. E-MAIL ADDRESS (if any)	allyleyi	auayazu	zzwyma	III.COM		
22. SPOUSE'S SURNAME	SOTELO		23. NAME of	CHILDREN (Write full name	and list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	ALEJANDRA	NAME EXTENSION	23. NAME of CHILDREN (Write full name at					
MIDDLE NAME	PERIA		LOWELYN LADAGA - TAJONERA		19/09/1975			
OCCUPATION	BUSINESSWOMAN		PORTIA LADAGA - ESLAVA			12/06/1977		
EMPLOYER/BUSINESS NAME	N/A		REY S. LADAGA JR.			30/03/1979		
BUSINESS ADDRESS	STA CRUZ, OCCIDENTAL MINDORO		NET O. LADAGA SK.			72.50	30/03/13/3	
TELEPHONE NO.	N/A			***************************************			1	
24. FATHER'S SURNAME	LADAGA (DECEASED)		<u> </u>				-	
FIRST NAME	ORENCIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	MADELO				**************************************		-	
25. MOTHER'S MAIDEN NAME		Marie Committee of the	<u> </u>					
SURNAME	CAJAYON (DECEASED)			***************************************			-	
FIRST NAME	MERCEDES			MHTV) IT SINUTEN KINSTONINSKI SII (SINUTEN KISSINI	WWW.W.COCKANNERS, WILLIAMS			
MIDDLE NAME	ABELEDA			/	Continua on e	eparate sheet if nec	accond)	
III. EDUCATIONAL BACKG					oonunge on s	oparate sheet in hec	essai y)	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	<u></u>	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	CAMINAWIT ELEMENTARY SCHOOL	GRADE VI		1955	To 1961		1961	SALUTATO
SECONDARY	DIVINE WORLD COLLEGE	FOURTH YEAR	į.	1961	1965		1965	NAN
VOCATIONAL / TRADE COURSE								
COLLEGE	UNIVERSITY OF THE PHILIPPINES	BACHELOR OF ART	TS IN	1965	1969		1969	
GRADUATE STUDIES	SAN BEDA COLLEGE	BACHELOR OF LAWS		1970	1974		1974	
SIGNATURE	(Cor	otinue on separate sheet if neces	sary)	JULY 1,202	2	CS FORM 212	2 (Revised 2017)	, Page 1 of 4

27. CARE									
8	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF			LICENSE (if a	applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
BAR EXAMINATION CIVIL SERVICE EXECUTIVE EXAMINATION			1974	MLQU - MANILA			25780		
CIVIL SE	(PROFES			1989	DIVINE WORLD COLLEGE - SAN JOSE, OCCIDENTAL MINDORO				
V WORK I			(Co	ntinue on separate sheet	if necessary)				
	EXPERIENCE rate employme	ent. Start from your recen	t work) Description	on of duties should b	e indicated in the attach	ed Work F	vnerience sha		
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TI	TLE		ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not a	abbreviate)	(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
2022	PRESENT	MUNICIPAL M	AYOR	LGU - SAN JOSE,	OCCIDENTAL MINDORO				
2013	2016	VICE MAYO	DR .	LGU - SAN JOSE,	OCCIDENTAL MINDORO				
2010	2013	VICE MAYO	DR .	LGU - SAN JOSE,					
2009	2011	BARANGAY KA	GAWAD	LGU - CAMINAWIT,					
2004	2007	SENIOR BOARD I	MEMBER	LGU - OCCID					
1995	1999	BRANCH MAN	AGER	DEVELOPMENT BA					
	1994	BRANCH ATTO	RNEY	DEVELOPMENT BA					
1975	1975	LEGAL OFFIC	ER II	DEPARTMENT OF					
			-						
	~~								
				,					
									21
					-				· · · · · · · · · · · · · · · · · · ·
		/							
CIONET	rupe T		(Conti	inue on separate sheet if					
SIGNAT	UKE			DATE	JULY 1, 2022		CS FORM 212	(Revised 2017), Pag	ge 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSI (mm/d	VE DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK	
, N/A			To N/A	N/A		N/A	
		linue on separate s)			
VII. LEARNING AND DEVELOPMENT (L&D)				iof/Evacutive/Mana	parial positions)		
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the			USIVE DATES OF		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
N/A		N/A	N/A	N/A	N/A	N/A	
					And the second and th		
					The second secon		
	(Conti	nue on separate si	neet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A	N/A					N/A	
		Common Marie (Marie Andrews An					
SIGNATURE	(Conti	nue on separate sh	The state of the s		HILW & COST		
SIGNATURE			DATE		JULY 1, 2022	CS FORM 212 (Revised 2017), Page 3 of 4	

34. 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 approinted,	ate supervision over you in the Office,					
a. within the third degree?		☐ YES I	NO			
b. within the fourth degree (for Local Government Unit - Ca	1	✓ NO				
		If YES, give det	tails:			
		ETTOTA POSTA MORNINGA MARIANTA				
35. a. Have you ever been found guilty of any administrative o	ffense?	✓ YES	□ NO			
-	If YES, give det	rails:				
		BY SANGUNIAN	NG PANLALAWIGAN OCCIDENTAL MINDORO			
b. Have you been criminally charged before any court?	✓ YES	□ NO				
l		If YES, give det				
			Date Filed:			
		Sta	atus of Case/s: DISMISSED			
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation	YES	✓ NO			
by any court or tribunal?	If YES, give det	ails:				
		MARKATA TOTAL TOTA				
37. Have you ever been separated from the service in any of t		✓ YES	□NO			
retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	end of term, finished contract or phased	If YES, give details:				
	action hald within the last year for a t	MUNICIPAL MAYOR				
38. a. Have you ever been a candidate in a national or local el Barangay election)?	ection neid within the last year (except	☐ YES ☑ NO				
		If YES, give deta	IIIS:			
b. Have you resigned from the government service during last election to promote/actively campaign for a national or		YES	☑ NO			
		If YES, give deta	ills:			
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES	□ NO			
		If YES, give details (country):				
40. D						
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 	agna Carta for Disabled Persons (RA					
a. Are you a member of any indigenous group?	, please allower the following items.					
and the second of the second o		│				
b. Are you a person with disability?	☐ YES ☑ NO					
		If YES, please spec	cify ID No:			
c. Are you a solo parent?	YES	✓ NO				
		If YES, please spec	CITY ID NO:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
GOVERNOR EDUARDO B. GADIANO	MAMBURAO, OCCIDENTAL MINDORO	9175501458				
CONGRESSMAN LEODY F. TARRIELA	SAN JOSE, OCCIDENTAL MINDORO	9178960268	(Carl			
VICE MAYOR SANTIAGO JAVIER JR.	SAN JOSE, OCCIDENTAL MINDORO	9088250254				
42. I declare under oath that I have personally accomplishe						
complete statement pursuant to the provisions of perting	nent laws, rules and regulations of the	Republic of the				
Philippines. I authorize the agency head / authorized rep	resentative to verify/validate the conten	ts stated herein. I				
agree that any misrepresentation made in this doci administrative/criminal case/s against me.	ument and its attachments shall ca	use the filing of	PHOTO			
serimos da vivinimai vacero againet me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		1				
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: INTEGRATED BAR OF THE PHIL.	l \ \	-				
ID/License/Passport No.: 25780	Signature (Sign inside the box	x)	AND SERVE			
Date/Place of Issuance: PASIG CITY, MANILA	JULY 1,2022		- KARA			
		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issue	d government ID as indicated above.			
_						
	Person Administering Oath	-				
			CS FORM 212 (Revised 2017), Page 4 of 4			
			11 to 1000 2011/, 1 ayo 4 014			