CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE1	Γ				
WARNING: Anv misrepresentati	ion made in the Personal Data Sheet and the V					ninal case/s agair	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE	•		_	5tr att 7 6, 67 m	a. oaoo, o agan	iot allo por con	001100111001	
Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/				1. CS ID No.		(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATION									
2. SURNAME	ACAMPADO					NAME EXTENSION (JF	Q QD)		
FIRST NAME	DULCE AMOR					NAME EXTENSION (J	x., ory		
MIDDLE NAME	CABAHUG								
DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP		✓ Filipi	no 🗆	Dual Citizenship			
	01/12/1994		✓ by birth by naturali:			zation			
4. PLACE OF BIRTH	SULAT EASTERN SAMAR	If holder of dual citizer please indicate the de				country:			
5. SEX	☐ Male ☐ Female		I					•	
6 CMIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	N/A se/Block/Lot No).		N/A Street		
	Other/s:			N/A			RIVERSIDE		
7. HEIGHT (m)	1.676			odivision/Village SULAT	;	EA	Barangay ASTERN SAMAR		
8. WEIGHT (kg)	60	ZIP CODE	Ci	ty/Municipality		6815	Province		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS		N/A			NATIONAL ROAD		
			Hou	se/Block/Lot No N/A).	Street RIVERSIDE			
10. GSIS ID NO.	N/A		Sub	odivision/Village)	Barangay			
11. PAG-IBIG ID NO.	1211-4410-4535		Ci	SULAT ty/Municipality		EASTERN SAMAR Province			
12. PHILHEALTH NO.	08-025954941-1	ZIP CODE		6815					
13. SSS NO.	34-2894137-9	19. TELEPHONE NO.		N/A					
14. TIN NO.	467-498-948-000	20. MOBILE NO.		09940868795					
15. AGENCY EMPLOYEE NO.	N/A	dulceamorca.13@gmail.com							
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	ALBERO		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	ANDRO	NAME EXTENSION (JR., SR)	JADE FERLEE ALBE		LEE ALBEF	10/0		1/2013	
MIDDLE NAME	•		CLYDE ANDRE ALBERO			14/09/2020			
OCCUPATION	COURIER								
EMPLOYER/BUSINESS NAME	FLASH EXPRESS								
BUSINESS ADDRESS	BAYBAY CITY BRAN	NCH							
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ACAMPADO								
FIRST NAME	ALEXANDER	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DELA CUEVA								
25. MOTHER'S MAIDEN NAME									
SURNAME	CABAHUG								
FIRST NAME	ROSARIO								
MIDDLE NAME	BIAGCONG	BIAGCONG			(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKGR	ROUND								
26. LEVEL SIC	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	PERIOD OF ATTEN		To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	SULAT CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATI	ON	09/06/2000	31/03/2006	GRADUATE	2006	WITH HONORS	
SECONDARY	SULAT NATIONAL HIGHSCHOOL	SECONDARY/HIGHSC	HOOL	10/06/2006	30/03/2010	GRADUATE	2010	WITH	
VOCATIONAL /	TESDA - SAMAR NATIONAL SCHOOL OF ARTS AND TRADES	NATIONAL CERTIFICATE IN	COOKERY	10/06/2014	15/12/2014	GRADUATE	2014	HONORS N/A	
TRADE COURSE COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	GRICULTURE	15/08/2016	30/09/2020	GRADUATE	2020	N/A	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN PLAN		15/03/2021	PRESENT	GRADUATE	ON-GOING	N/A	
		Continue on separate sheet if nece		10,0012021	LOLIVI	J. FIDONIE	311 001110	19/7	
SIGNATURE			•	DA	TE				

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	TION / CONFERMENT		LICENSE (if applicable)	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If			(If Applicable)	CONFERMENT	1 2102 01 23 41110			NUMBER	Date of Validity
N/A		N/A	N/A	N/A			N/A	N/A	
V. WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)	-	-	_	-
		nt. Start from your recei	nt work) Description	on of duties should	be indicated in the attacl	hed Work Ex		et.	
	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	אסוו סטאוטו ווו פאיזאין /	abbi eviale)	(Wille III TUI	TOO HOL GOO! EVIGLE)	SALARY	(Format "00-0")/ INCREMENT	, a . ORTINIEN	(Y/N)
27/08/2024	27/12/2024	TECHNICAL SUPPO	RT STAFF 1	AGRICULTURAL TRAINING INS	TITUTE-REGIONAL TRAINING CENTER 8	16750.00	SG 8	CONTRACTUAL	Y
17/08/2023	28/12/2023	PART-TIME INST	RUCTOR	VISAYAS S	TATE UNIVERSITY	10000.00	SG 5	RIVERSIDE	Y
21/01/2023	PRESENT	FREELANCE T	UTOR	RAF	REJOB INC.	2000.00	N/A	FREELANCE	N
12/02/2016	16/07/2016	SERVICE CF	REW	JOLLIBEE FO	OOD CORPORATION	9000.00	SG 5	CONTRACTUAL	N
02/05/2015	01/12017	SALES ASSO	CIATE	ROBINSONS F	8000.00	SG 5	EASTERN SAMAR	N	
11/09/2011	16/12/2011	CASHIEF	₹	SUPERVALU	9000.00	SG 5	CONTRACTUAL	N	
		•							
			(Cor	ntinue on separate sheet	if necessary)				
SIGNATURE			,		DATE				
								S FORM 212 (Revised 20	1171 Page 2 of A

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	OLUNTARY O	RGANIZATIO	V/S		
29. NAME & ADDRESS OF O (Write in full			/E DATES ld/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
PLANT PROTECTION MAJORS ASSOCIATION - BAYBAY CITY LEYTE			06/10/2019	8 HRS/DAY		SECRETARY	
I I LEADAUNG AND DEVELOPMENT (LOD)		Continue on separa		ary)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR						
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE ATTEN	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY	
(Write in full		From	d/yyyy) To		Technical/etc)	(Write in full)	
THE CRUCIAL ROLE OF DIAGNOSTIC IN I	DISEASE MANAGEMENT	21/06/2023	21/06/2023	1.5	MANAGERIAL	PHYTOHEALTH De La Salle State University	
RESPONDING TO AN INCREASING THREAT - PROTECTING DISEASES	PLANTS AND TREES FROM PESTS AND	14/06/2023	14/06/2023	2.0	MANAGERIAL	PHYTOHEALTH De La Salle State University	
WORKING WITH FUNGI IN THE	DIGITAL ERA	24/06/2022	24/06/2022	2.0	MANAGERIAL	MYCOLOGICAL SOCIETY OF THE PHILIPPINES INC.	
PLANTATION HERBICIDE RESISTANCE M	IANAGEMENT WEBINAR	05/09/2022	05/09/2022	2.0	MANAGERIAL	THE CROPLIFE PHILIPPINES INCORPORATION	
GETTING TO KNOW BLACK SOLDIER FLY AND ITS POTENTIAL			05/09/2022	2.0	SUPERVISORY	BUREAU OF PLANT INDUSTRY	
VICTOR BIOLOGY, ECOLOGY AND CONTROL OF ARTHROPODS CHEMICAL RESISTANCE AND CONTROL OF ARTHROPOD PESTS			05/04/2022	2.0	SUPERVISORY	DE SALLE STATE UNIVERSITY	
						Г	
	(6	Continue on separa	ate sheet if necess	arv)			
VIII. OTHER INFORMATION	,-			- 1,			
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COOKING	N/A					PLANT PROTECTION MAJORS ASSOCIATION	
DRIVING							
OPERATING A MICROSCOPE							
INTERNET SURFING							
MICROSOFT APPLICATIONS							
TRAVELLING							
	(Continue on separate sheet if necessary)						
SIGNATURE				Di	ATE		

34. Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Caree	YES YES If YES, give detail	☑ NO ☑ NO is:				
35. a. Have you ever been found guilty of any administrative offer	☐ 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 any any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	✓ YES ☐ NO If YES, give details: FINISHED CONTRACT					
38. a. Have you ever been a candidate in a national or local elect Barangay election)?	ion held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local c	## ☐ YES If YES, give details:					
39. Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	YES					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
NAME	ADDRESS	TEL. NO.				
ELVIRA L. OCLARIT	GUADALUPE, BAYBAY CITY LEYTE	9199495234	9.8			
ROBELYN T. PIAMONTE	COGON, BAYBAY LEYTE	9171546999				
MA. PERLITA LACANDAZO	TACLOBAN CITY, LEYTE	9237204613				
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. 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: UMID						
ID/License/Passport No.: 0111-589090-7	oox)					
Date/Place of Issuance: MANDALUYONG CITY/2016		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	Person Administering Oat	:h				