| CS Form No. 212 | | | | | | | |
|---|-----------------------------------|------------------------------------|------------------------|--|--------------------|-----------------------|--------------------------------|
| Revised 2017 | PERSO | DNAL DA | TA S | 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 | | | | | /D | 000 11 |
| I. PERSONAL INFORMATION |) and use separate sheet if neces | sary. Indicate N/A if not applicab | ole. DO NOT | ABBREVIATE. 1. CS ID N |). | (Do not fill up. Fo | r CSC use only) |
| 2. SURNAME | ALBERIO | | | | | | |
| | | | | | NAME EXTENS | ION (JR., SR) | N1/A |
| FIRST NAME | JAKE DENVER | | | | | | N/A |
| MIDDLE NAME | N/A | • | | 1 | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 11-03-2023 | 16. CITIZENSHIP | | Filipino | Dual Citize | nship n by natural | ization |
| 4. PLACE OF BIRTH | | If holder of dual citizens | hip, | | | ate country: | izacion |
| 5. SEX | Male Female | please indicate the deta | ails. | N/A | | | • |
| 6 CIVIL STATUS | Single Married | 17. RESIDENTIAL ADDRESS | | N/A House/Block/Lot No. | S | ISON ST. | |
| | ☐ Widowed ☐ Separated ☐ Other/s: | | | N/A | В | ARANGAY | 7 |
| 7. HEIGHT (m) | | | Ŋ | Subdivision/Village MAMBURAO | OCCIDE | Barangay NTAL MINE | OORO |
| . , | 173 | ZIP CODE | | City/Municipality | | Province | |
| 8. WEIGHT (kg) | 65 | 18. PERMANENT ADDRESS | 5106 | N/A | S | ISON ST. | |
| 9. BLOOD TYPE | А | | | House/Block/Lot No. | | Street | |
| 10. GSIS ID NO. | N/A | | | Subdivision/Village | P | AYOMPON Barangay | <u> </u> |
| 11. PAG-IBIG ID NO. | N/A | | | MAMBURAO City/Municipality | OCCIDE | NTAL MINE | OORO |
| 12. PHILHEALTH NO. | N/A | ZIP CODE | 5106 | , , , | | | |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | N/A | | | | |
| 14. TIN NO. | N/A | 20. MOBILE NO. | 090677 | 782016 | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | ALBER | RIOJAKE27@GMAI | L.COM | | |
| II. FAMILY BACKGROUND | | | | | | | |
| 22. SPOUSE'S SURNAME | N/A | | 23. NAME of C | CHILDREN (Write full name and I | ist all) | DATE OF BIRTH | H (mm/dd/yyyy) |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) N/A | CHILD | 1 | | MM/DD/ | YYYY |
| MIDDLE NAME | N/A | | CHILD | 2 | | MM/DD/ | YYY0 |
| OCCUPATION | N/A | | CHILD: | 3 | | MM/DD/ | YY00 |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | |
| TELEPHONE NO. | N/A | | | | | | |
| 24. FATHER'S SURNAME | | | | | | | |
| FIRST NAME | | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | |
| | | | | | | | |
| SURNAME | | | | | | | |
| FIRST NAME | | | | | | | |
| MIDDLE NAME | NOUND . | | | (Continue on sepa | rate sheet if nece | ssary) | |
| III. EDUCATIONAL BACKG | NAME OF SCHOOL | | | | LEVEL/ | | SCHOLARSHIP/ |
| 26. LEVEL | (Write in full) | BASIC EDUCATION/DEGREE/CO (V | URSE /rite in full) | PERIOD OF ATTENDANCE From To | UNITS | YEAR GRADUATED | ACADEMIC HONORS RECEIVED |
| ELEMENTARY | | | | | - GINELI | | |
| SECONDARY | | | | | 1 | | |
| VOCATIONAL / | | | | | + | | |
| COLLEGE | | | | | + | | |
| | | | | | + | 1 | |
| GRADUATE STUDIES | | (Continue on separate sheet it | necessary) | | | | |
| SIGNATURE | | , | | DATE | | | |
| | | | | | | | |

| IV. CIVIL SERVICE ELIGIBILITY | | | | | | | | | |
|-------------------------------|--|----------------------------------|------------------------|-----------------------------|--------------------------|-----------------------|---|-------------|---------------------|
| 27. CAREE | AREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING RATING (KAnalinahla) DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT | | | | LICENSE (if applicable) | | | | |
| | | BEE BILITY / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINAT | MINATION / CONFERMENT | | NUMBER | Date of Validity |
| | | | | | | | | | |
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| | | Works | stuff | | | | | | |
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| V WORK | EVDEDIENG | | (Continu | ue on separate sheet if n | ecessary) | | | | |
| | EXPERIENC | ;E nent. Start from your re | cent work) Descrip | otion of duties shou | ld be indicated in the a | ttached V | Vork Experi | ence sheet. | |
| 28. INCLU | JSIVE DATES | POSITION TITLE | | | Y / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if applicable)& | STATUS OF | SERVICE |
| From | m/dd/yyyy) | not abbrevi | (Write in full/Do ate) | (Write in full/I | Do not abbreviate) | SALARY | STEP (Format "00-0")/ | APPOINTMENT | |
| FIOIII | То | | | | | | INCREMENT | | |
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| | | | (Continu | ue on separate sheet if n | ecessary) | | | | |
| SIGNA | ATURE | | | | DATE | | | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT I | | | T/PEOPLE/ | VOLUNTARY (| ORGANIZATION/S | | |
|--|---|----------------------|------------------------|-------------------------------|--|--|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | From | (mm/dd/vvvv) | NUMBER OF HOURS | POSITION / NATURE OF WORK | | | |
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| | emily motter | | | | | | |
| | amily matter | | | | | | |
| I'' I FARMING AND DEVELOPMENT // OR | | tinue on separate sh | | TTENDED | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include | | | | | of/Executive/Managerial positions | | |
| 30 TITLE OF LEARNING AND DEVELOPMENT | | S OF ATTENDANCE | tille last live (5) ye | Type of LD | | | |
| 30. INTERVENTIONS/TRAINING PROGRAMS (Write in full) | From | (mm/dd/yyyy) To | NUMBER OF HOURS | (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) | | |
| (/ | FIOIII | 10 | | Technical/etc) | | | |
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| | (Con | tinue on separate sh | eet if necessary) | _ | | | |
| VIII. OTHER INFORMATION | | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | NON-ACADEMIC DI | STINCTIONS / RECO | GNITION | (Write in full) | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full) | | |
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| | (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | DATE | | | | | | |

| 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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care | ☐ YES ☐ NO ☐ YES ☐ NO ☐ NO ☐ YES ☐ NO | | | | | |
|-----------|---|--|---|--|--|--|--|
| 35. | a. Have you ever been found guilty of any administrative offe | If YES, give details: |) | | | | |
| | | If YES, give details: | | | | | |
| | b. Have you been criminally charged before any court? | ☐ YES ☐ N If YES, give details: Date Filed: Status of Case/s: | 0 | | | | |
| 36. | Have you ever been convicted of any crime or violation of ar regulation by any court or tribunal? | ☐ YES ☐ NO If YES, give details: | | | | | |
| | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector? | ☐ YES ☐ NO If YES, give details: ———— | | | | | |
| 38. | a. Have you ever been a candidate in a national or local election)? | ☐ YES ☐ NO If YES, give details: | | | | | |
| | b. Have you resigned from the government service during the last election to promote/actively campaign for a national | ☐ YES ☐ NO If YES, give details: | | | | | |
| 39. | Have you acquired the status of an immigrant or permanent | YES NO If YES, give details (country): | | | | | |
| 40. a. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 Are you a member of any indigenous group? | YES If YES, please specify: | NO | | | | |
| b. | Are you a person with disability? | | ☐ YES ☐ NO If YES, please specify ID No: | | | | |
| C. | Are you a solo parent? | | If YES, please specify ID No | NO | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant | /appointee) | | | | | |
| | NAME | ADDRESS | TEL. NO. | 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 | | | |
| 12 | I declare under oath that I have personally accomplished thi | a Daraanal Data Chaat which is a t | rue correct and | Computer generated | | | |
| 12- | complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represer I agree that any misrepresentation made in this docu administrative/criminal case/s against me. | Republic of the ts stated herein. | or photocopied picture is not acceptable PHOTO | | | | |
| P | OVERTIMENT 1550EG TO (I.E.Passport, GSIS, SSS, PRO, DITVER'S LICERSE, etc.) | | | | | | |
| Ja G | PLEASE INDICATE ID Number and Date of overnment Issued ID: | | | | | | |
| IC | D/License/Passport No.: | Signature (Sign inside | the box) | | | | |
| D | ate/Place of Issuance: | Date Accomplish | ed | Right Thumbmark | | | |
| SUB | SCRIBED AND SWORN to before me this | , affiant exhibiting his/her validly i | ssued government ID as indicate | d above. | | | |
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| | | Person Administering | Oath | | | | |