CS Form No. 212 Revised 2017	PERSO	ONAL DA	TA:	SHEE	T	cs For	RM 212 (Revised 2	(017), Fage 4 of
	tation made in the Personal Data SI	heet and the Work Experienc	ce Sheet sh	hall cause the fills	ng of admin	istrative/crim	ninal case/s aç	gainst the
person concerned.	E TO FILLING OUT THE PERSONAL							
Print legibly. Tick appropriate boxe	es []) and use separate sheet if neces	sary Indicate N/A if not applicable	DO NOT	ABBREVIATE.	1 CS ID No	TANK AND ADDRESS OF AD	(Do not fill up For	r CSC use only
Markey Live Dage Live		Action Continued		1-31-1425	Sec. 2500	See Los	A SHEET NAME	
2 SURNAME	TRIPOLI					NAME EXTENSION	(52 31 40	
FIRST NAME	AMCR	MAY				NAME EXICIT	M land and	
MOOLE NAME	TIGOL							
3 (IATE OF BIRTH (mm/bld/yyyr)	MAY 28, 2000	16 CITIZENSHIP		Filipino		Dual Citizens	ship by naturaliz	zation
4 PLACE OF BIRTH	MTBH	if holder of dual obtrensh	TIP.			Pls. Indica	ete country	
6 SEX	Male Female	please indicate the detail	is					~
6 CIVE STATUS	Single Married Wildowed Separated Other/s.	17 RESIDENTAL ACORESS		House Birch Lot No.			Street	
7 HEIGHT (m)	1.58	1		Cly Municipally			Province	
8 MEIGHT (Hg)	ця	ZIP CODE						
9 GLOOD TYPE		18 PERMANENT ACCRESS		House Block Lot No.			Street	
10 GSIS ID 11O		1		Subdivision/Village			Barangay	
11 PAG-IBIG ID NO]		City/Municipality			Province	
12 PHILHEA TH NO	13-025519429-4	ZIP CODE						
13 SSS NO		19 TELEPHONE NO						
14 TIN NO		20 MOBILE NO						
15 AGENCY EMPLOYEE NO		21 E-MAIL ADDRESS (if any)				- Control (1997)		
THE THE ACT OF CORE UNI			7 11541	CHILDREN (Write tult	- con and let	-6	DATE OF BIRTH	(mm (ddhann)
22 SPOUSE'S SURNAME		NAME EXTENSION (AL. SR)	23. Novine Cr. O	NITTING! (MINE OF	TARRIE OLIVE IN A	E.J	UNIE OF BIRTH	(masos)))))
FIRST NAME								
MIDDLE NAME								
OCCUPATION								
EMPLOYER/RUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO								
24 FATHER'S SURNAME	TRIPOLI							
FIRST NAME	SAMUEL	have extension (JR, SR) JR						
MODLE NAME	NUNEZ							
S MOTHER'S MAIDEN NAME	AMORA PAPL	TIGOL						
SURNAME	T160L							
FIRST NAME	AMORA							
MODILE NAME	PABL		1	Canun	ue on coparab	sheet if neces	sary	d the
RAEDIGATIONAL RESERVE		Constitution of the state of th	THE STATE	A SHAP THE	- Marie M	NAME OF STREET	公中和原外	计算
e leve	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREEM (Write in UII)	COURSE	PERIOD OF ATT	TENDANCE To	LEVEU UNITS EARNED	YEAR GRADUATED	SCHOLARSHIN ACADEMIC HONORS RECEIVED
ELEMENTARY	Makinha Elementary			7000 300C	WOLLY 3013	19.00	2012	Valedie
	tost Vicayan Advention			70x 3013	April		3018	with
SECONOARY		1	,	344 14	3018		4018	Persons
SECONDARY VOCATIONAL!	Academy				1 ,		1	ı
VOCATIONAL (TRADE COURSE	Academy	Backer in Stronder	a Education	A 20%	Aug. 2022		2022	
VOCATIONAL (VIsaya State University	Backwor in Secondary S	y Edución tudici	bugust acab	Aug. 2022		2022	

CS Form No. 212

CAREER SERVICEIR	A 1080 (BOARDI BAR) UNDER	FATING	DATE OF				LICENSE (#	applicable)
SPECIAL LAWS/CES/CSEE BAPANGAY ELICIBILITY / DRIVER'S LICENSE		(if Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT			ERMENT	NUMBER	Date Valid
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n la				nh 4/9				
	1							
Water a Velacia	^+	(Contin	ue on separate sheet if n	ecessary)		Talle Preside Miles		
(VO) N. € D (DER LE). Lude private empley	us ment. Start from your rec	ant work) Passer) :	tion of duties shoul	d be indicated in the s	tached V	10,7,12,11.7	rice sheet.	. The
INCLUSIVE DATES (mm/dd/yyyy)	POSITION T	TLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARYI XOBI PAY CRADE (N	STATUS OF	GOV
From To	(Write in full/Do not		(Write in full)	Do not abbreviate)	SALARY	applicable) & STEP (Format "00-0") INCREMENT	APPOINTMENT	SERVIC (Y/ N)
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SIGNATURE		hori	are on reperate speel of	DATE		07-23	५- देव -काम सार मिन्नन	

NAME & ADDRESS OF ORCANZATION	ON INCLUSIVE DATES (mm/dd/yyy)		MENT / PEOPLE / VOLUN		
(Wide in full)	From	ta ta	HAMER OF HILAS		POSITION / NATURE OF WORK
Internet Society	२०१४	2012			Member
Roybay Youk Organization	2018	3023			Schrotany
My sister, thy friend	3003				President
II. LEARNING AND DEVELOPMENT (LG	1-7-7	un en en en	G PROGRAMS A To Balance (S)	e de l'est	restration and an incident
TITLE OF LEARNING AND DEVEL OPMENT INTERVENTIONS/TRAINING PROCESSAMS (Wills in full)	ATTEN		NUMBER OF HOURS	Type of (J) (Monagerial Supervisory)	CONDUCTED/ SPONSORED BY (Write in full)
Masteguide Training	Sera 2016	June 2021	,	echnicatiels)	
Action Research Workshop		April 15, 2000			Descriment of teamer thus
	Carte	UP OJ SEJINI ZIP Z			
L OTHER INFORMATION					TANK EN PROPERTY
31 SYSCIAL SALLS and HORBES	NON-	ACADEMIC DISTING (With	TTONS - RECOGNITO	N	MEMBERSHIP IN 23 ASSOCIATION OWITE in full (Write in full)
	Æ andni	in on suparete she	el il necessary)		
SIGNATURE	I ~Λ	teri	DATE		07- 23-22

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?		☐ YES ☑ NO
1	b within the fourth degree (for Local Government Unit - Car	eer Employees)?	☐ YES ☑ NO
	E Thum the fourth output (for 2000). Output only		If YES, give details
35	a Have you ever been found guilty of any administrative offer	ense?	☐ YES ☑ NO
			If YES, give details
l			
ı	b Have you been criminally charged before any court?		☐ YES ☑ NO
1			If YES, give details Date Filed
l			Status of Case/s
35	Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or	☐ YES ☑ NO
"	regulation by any court or tribunal?	•	If YES, give details
37	Have you ever been separated from the service in any of the		☐ YES ☑ NO
	retirement, dropped from the rolls, dismissal, termination, en		If YES, give details
_	phased out (abolition) in the public or private sector? a Have you ever been a candidate in a national or local elec-	ction held within the last year	
38	Have you ever been a candidate in a national or local elec- (except Barangay election)?	Cuon neiu wiumi die last year	☐ YES ☐ NO If YES, give details
1	b Have you resigned from the government service during th	se three (3)-month period hefore	☐ YES ☑ NO
1	the last election to promote/actively campaign for a national	or local candidate?	If YES, give details
39	Have you acquired the status of an immigrant or permanent		YES NO
			If YES, give details (country)
40	Pursuant to (a) Indigenous People's Act (RA 8371), (b) Mag	gna Carta for Disabled Persons	
	(RA 7277), and (c) Solo Parents Welfare Act of 2000 (RA 89	372), please answer the following	
ľ	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify
b	Are you a person with disability?		☐ YES ☑ NO
	Assume a sele parent?		If YES, please specify ID No ☐ YES ☑ NO
	Are you a solo parent?		If YES, please specify ID No
41	REFERENCES (Person not retailed by consanguinty or affinity to applicant	(appointed)	
-	NAME	ADDRESS	TEL NO
_	Mai banne Bual	Canaliay, Bonol	
_			66
	Ritzelle G. Lambo	Malithag, So. Leyke	1 60 1
	Joshua B. Casinillo	Isabel, leyte	
42	I declare under oath that I have personally accomplished this	s Personal Data Sheet which is a	true, correct and
	complete statement pursuant to the provisions of pertinent Philippines I authorize the agency head/authorized repr	laws, rules and regulations of the esentative to verify/validate the	contents stated
	herein I agree that any misrepresentation made in the	his document and its attachments	s shall cause the AMOR MAY T TRIPOLI
	filing of administrative/criminal case/s against me		
G	overnment Issued ID (** Faisport GSIS SSS FRC Diver's License etc.)		A. Carrier
	EASE INDICATE ID Number and Date of Issuance	_ ~1.	
a	wernment issued ID	1004.	<u>u</u>
(D	License/Pessport No	Signature (Sugursida	the box)
Da	te/Pace of Issuance	Date Accomplish	
L		Date Accomplish	Light Continues
SUBS	SCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly	issued government ID as indicated above.
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		Person Administering	Oath