CS Form No. 212 Revised 2017	D						
	PERSOI	NAL DAT	A SH	IEET			
	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	III cause the fi	ling of administrative/c	riminal case/s ag	ainst the pers	son
	TO FILLING OUT THE PERSONAL DATA SHE						
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() the use separate sheet if necessary. Indicate to N	N/A if not applicable. DO NOT	ABBREVIATE.	1. CS ID No.		(Do not fill up. F	For CSC use only)
2. SURNAME	PALLER						
FIRST NAME	ARA LOU				NAME EXTENSION (JF	R., SR)	
MIDDLE NAME	ARA LOU VINGNO						
3. DATE OF BIRTH		40. OITIZENOUID					
(mm/dd/yyyy)	JUNE 30, 1998	16. CITIZENSHIP		✓ Filipino	Dual Citizenship by birth	_	ization
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citize				by naturalization country:	
5. SEX	☐ Male ✓ Female	please indicate the de	etails.				•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		<u> </u>		HICGOP	
	☐ Widowed ☐ Separated ☐ Other/s:			se/Block/Lot No. bdivision/Village		Street CARIDAD	
7. HEIGHT (m)	1.61 m.			BAYBAY		Barangay LEYTE	
8. WEIGHT (kg)	55kg	ZIP CODE	Ci	ity/Municipality	6521	Province	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS				HICGOP	
10. GSIS ID NO.	NA NA		House/Block/Lot No.		Street CARIDAD		
			Sul	bdivision/Village BAYBAY		Barangay CITY	
11. PAG-IBIG ID NO.	121230123609	С		City/Municipality		Province	
12. PHILHEALTH NO.	13-025509627-4	ZIP CODE	6521				
13. SSS NO.		19. TELEPHONE NO.	NA				
14. TIN NO.	349-792-532	20. MOBILE NO.	09366400389				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	aralouvingnopaller@gmail.com				
II. FAMILY BACKGROUND	ALA.						
22. SPOUSE'S SURNAME	NA NA	23. NAME of CH NAME EXTENSION (JR., SR)		ILDREN (Write full name and	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	NA NA			NA NA			
OCCUPATION	NA NA						
EMPLOYER/BUSINESS NAME	NA NA						
BUSINESS ADDRESS	NA NA						
TELEPHONE NO.	NA NA						
24. FATHER'S SURNAME	PALLER						
FIRST NAME	ARCADIO	JR.					
MIDDLE NAME	PEPITO						
25. MOTHER'S MAIDEN NAME							
SURNAME	VINGNO						
	VINGNO						
FIRST NAME	LOURDES						
FIRST NAME MIDDLE NAME				(Continue on se	parate sheet if neces	sary)	
	LOURDES APELLIDO			(Continue on se	parate sheet if neces	sary)	
MIDDLE NAME	LOURDES APELLIDO	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
MIDDLE NAME III. EDUCATIONAL BACKG	LOURDES APELLIDO ROUND NAME OF SCHOOL		EE/COURSE	· · ·	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS
MIDDLE NAME III. EDUCATIONAL BACKGI 26. LEVEL	LOURDES APELLIDO ROUND NAME OF SCHOOL (Write in full)		EE/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
MIDDLE NAME III. EDUCATIONAL BACKGI 26. LEVEL ELEMENTARY	LOURDES APELLIDO ROUND NAME OF SCHOOL (Write in full) CARIDAD ELEMENTARY SCHOOL			PERIOD OF ATTENDANCE From To 06/05/2005 03/25/2010	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED 2010	ACADEMIC HONORS RECEIVED 1ST HONORABLE
MIDDLE NAME III. EDUCATIONAL BACKGO 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL /	LOURDES APELLIDO ROUND NAME OF SCHOOL (Write in full) CARIDAD ELEMENTARY SCHOOL	(Write in full)	PMENT	PERIOD OF ATTENDANCE From To 06/05/2005 03/25/2010	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED 2010	ACADEMIC HONORS RECEIVED 1ST HONORABLE
MIDDLE NAME III. EDUCATIONAL BACKG 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	LOURDES APELLIDO ROUND NAME OF SCHOOL (Write in full) CARIDAD ELEMENTARY SCHOOL CARIDAD NATIONAL HIGH SCHOOL	(Write in full) SOFTWARE DEVELOR	PMENT	PERIOD OF ATTENDANCE From To 06/05/2005 03/25/2010 06/04/2010 03/27/2014	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED 2010 2014	ACADEMIC HONORS RECEIVED 1ST HONORABLE

Paller

SIGNATURE

07/03/2022

DATE

IV. CIVIL S	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		DATE OF EXAMINATION / PLACE OF EXAMINA		TION / CONFERMENT		LICENSE (if a			
		CONFERMENT	ON / GUNFER	WHENT	NUMBER	Date of Validity			
	N.A	\							
			(Cor	ntinue on separate sheet	if necessary)				
	EXPERIENCE	nt. Start from your recen	t work) Description	n of duties should h	e indicated in the attache	od Work Evn	erience sheet		
28. INCLU	USIVE DATES nm/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AGI	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	. (Write in full/Do not	abbreviate)	(Write in ful	/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
06/19/2019	02/19/2020	TSKI		TAYTAY SA K	AUSWAGAN (TSKI)	7000.00		REGULAR	NO
03/22/2020	PRESENT	SOCIAL MEDIA A	SSOCIATE	WIPR	O LIMITED	18000.00		REGULAR	NO
	<u> </u>								
		1.15	(Cor	l ntinue on separate sheet		<u> </u>	I		l
SIGN	ATURE	Pal	ller .		DATE	07/03/2022			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
NA		NA	NA	NA	NA		
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s)			
(Start from the most recent L&D/training program and include				ief/Executive/Mana	gerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial CONDUCTED/ SPONSORED BY Supervisory/ (Write in full)		
INVESTMENT LITERACY PROGRAM		6/9/2017	6/9/2017	3.0	Technical	Visayas State University	
Entrepreneurship and Export Competitiveness at Ce	nter for Continuing Education	03/17/2017	03/17/2017	4.0	Technical	Visayas State University	
	_						
	_						
	(Cont	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION	NOV	A O A DE MIO DIOTIN	IOTIONIO / DECOC	NUTION		MEMBEROUID IN ACCOUNTION OF CANIFESTION	
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTIN (Write	e in full)	MITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
NA	NA NA				NA		
	(Con	tinue on separate s	sheet if necessary)		L	

SIGNATURE	Apalles	DATE	07/03/2022
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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 - Ca		NO NO				
35.	a. Have you ever been found guilty of any administrative of	☐ YES ✓ If YES, give details:	NO				
	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 a by any court or tribunal?	YES NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e 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 ele Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):					
40.							
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group?	, please answer the following items:	YES	✓ NO			
b.	Are you a person with disability?		If YES, please specify: YES	✓ NO			
C.	Are you a solo parent?	If YES, please specify ID YES If YES, please specify ID	✓ NO				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
	NAME	ADDRESS	TEL. NO.				
	Bert Penalosa	Department of Business and Management	9266481984				
	Nilda Amistoso	Department of Business and Management	9362081944				
	Grace Buanjug	WIPRO LIMITED, CEBU CITY	9475269029				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repil agree that any misrepresentation made in this docadministrative/criminal case/s against me.	nent laws, rules and regulations of the resentative to verify/validate the content	Republic of the s stated herein.	РНОТО			
P	Covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Indicate the state of Issuance of Issuance Indicate the state of Issuance of Issuanc	Palle)				
l ⊩	D/License/Passport No.: 1302556274	Signature (Sign inside the b	oox)				
D	ate/Place of Issuance: Baybay City	07/03/2022 Date Accomplished	,	Right Thumbmark			
F	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued gov	vernment ID as indicated above.			
	Γ						
	-	Person Administering Oat	th				
1	_						