CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	EET					
concerned. READ THE ATTACHED GUIDE	tion made in the Personal Data Sheet and the	EET (PDS) BEFORE ACCOM	PLISHING TH	E PDS FOR <u>M.</u>		criminal case/s a		\$ P	
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIC	( ) and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT A	BBREVIATE.	1.	CS ID No.		(Do not fill up. F	or CSC use only)	
2. SURNAME	VERECIO			180	28			in the second	
FIRST NAME	LEA ANN	. NAME EXTENSION (JR., SR)					., SR)		
MIDDLE NAME	MARTINEZ .		•				\$ E S		
3. DATE OF BIRTH	1/6/1991	16. CITIZENSHIP				5		t. =	
(mm/dd/yyyy)		If holder of dual citizenship, please indicate the details.		Filipino Dual Citizenship			by naturalization		
4. PLACE OF BIRTH	BGY OPONG TOLOSA, LEYTE			Pls. indicate country:				12.00	
5. SEX	☐ Male ✓ Female	please indicate the de	talis,			***************************************		Z	
6 CIVIL STATUS	✓ Single Married  Widowed Separated  Other/s:			use/Block/Lot No. St			ZONE 3A Street OPONG Barangay	Street DPONG	
7. HEIGHT (m)	1.5		C	TOLOSA ty/Municipality	1		LEYTE Province		
8. WEIGHT (kg)	. 57	ZIP CODE	O.	tymunicipality			Trovince		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS			,		ZONE 3A		
10. GSIS ID NO.	N/A		-	se/Block/Lot No.			Street OPONG		
11. PAG-IBIG ID NO.	1211-5814-4011			ubdivision/Village TOLOSA City/Municipality			Barangay  LEYTE		
12. PHILHEALTH NO.	13-025188209-7			ity/Municipality Province 6503					
13SSS NO.	06-3664028-1	19. TELEPHONE NO.	N/A						
14. TIN NO.	N/A	20. MOBILE NO.	09501800935						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		<u>lv</u>	erecioC	6@gmail.co	<u>m</u>		
			SHALL	The second second		AND THE PERSON			
II. FAMILY BACKGROUND					1000				
	N/A		23. NAME of CHI	ILDREN (Write ful		list all)	DATE OF BIRT	H (mm/dd/yyyy)	
	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	ILDREN (Write ful		list all)		H (mm/dd/yyyy)	
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI			list all)			
22. SPOUSE'S SURNAME FIRST NAME	N/A		23. NAME of CHI			list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A		23. NAME of CHI			list all)			
22. SPOUSE'S SURNAME  FIRST NAME  MIDDLE NAME  OCCUPATION	N/A		23. NAME of CHI			list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI			list all)			
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22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	VERECIO LEANDRO	NAME EXTENSION (JR., SR)	23. NAME of CHI	NA		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	VERECIO LEANDRO GUIRON	NAME EXTENSION (JR., SR)	23. NAME of CHI	NA		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	VERECIO LEANDRO GUIRON MARTINEZ	NAME EXTENSION (JR., SR)	23. NAME of CHI	NA		list all)			
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22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY	VERECIO LEANDRO  GUIRON MARTINEZ VERECIO ANGELITA ADVINCULA  ROUND  NAME OF SCHOOL (Write in full)  OPONG ELEMENTARY SCHOOL	NAME EXTENSION (JR., SR)  NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGREI (Write in full)		(Conti	inue on sep	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED	sary)  YEAR GRADUATED  2003	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL /	VERECIO  LEANDRO  GUIRON  MARTINEZ  VERECIO  ANGELITA  ADVINCULA  ROUND  NAME OF SCHOOL  (Write in full)  OPONG ELEMENTARY SCHOOL  TOLOSA NATIONAL HIGHSCHOOL	NAME EXTENSION (JR., SR)  NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGREI (Write in full)  N/A  N/A	E/COURSE	(Conti	inue on sep	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED	sary)  YEAR GRADUATED  2003  2007	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	

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SIGNATURE

DATE

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SPECIAL LAWS/CES/CSEE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	NATION / PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)  Date of Volidity		
BAR		N/A N/A N/A N/A N/A				N/A	Validity N/A		
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V. WORK E	XPERIENCE		(Co.	ntinue on separate sheet	if necessary)				
EXTENSION CONTRACTOR OF THE CONTRACTOR	ate employment ISIVE DATES	t. Start from your recen	t work) Descriptio	n of duties should t	ne indicated in the attach	ed Work Exp	SALARY/ JOB/ PAY		
(mi	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	To	DIM USAL TU	CTAFF.	DIV/NE W	ODD HOSDITAL	45.440.00	INCREMENT	DECI AD	
07-113/2019 3/22/2017		PHILHEALTH			ORD HOSPITAL SSING OUTSOURCING	15, 110.00	N/A N/A	REGULAR N/A	N
9/7/2016	6/18/2019	SERVICE CONT		DHII IDDINE ST	INC. ATISTICS AUTHORITY	N/A	N/A	. N/A	N
	6/15/2016	MACHINE PRO			ATISTICS AUTHORITY	N/A	N/A	N/A	Y
	11/30/2015	MANUAL PRO			ATISTICS AUTHORITY	N/A	N/A	N/A	Y
	9/6/2015	ENUMERA			ATISTICS AUTHORITY	N/A	N/A	N/A	Y
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		<u></u>		ntinue on separate sheet					Acceptance of
SIGNA	TURE	Liveaio			DATE	0	2/22/21	23 FORM 212 (Revised 20	1171 Page 2 of 1

29. NAN	ME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVI (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK		
	N/A	N/A	N/A	N/A		N/A		
	8							
₩.		Ψ,						
W.		191						
	' (Conti	nue on separate s	heet if necessa	ry)				
(II. LEARNING AND DEVEL Start from the most recent L&D/training	OPMENT (L&D) INTERVENTIONS/TRAINING PRogram and include only the relevant L&D/training taken for its	ROGRAMS A the last five (5) yea	TENDED ars for Division	Chief/Executive/Mana	agerial positions)			
	DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY		
THE OF LEARNING AND	(Write in full)	(mm/do	1/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)		
4TH LEVEL T	RAINING CENSUS OF POPULATION	N/A	N/A	40.0	N/A	UNIVERSITY OF THE PHILIPPINES TACLOBAN CITY		
	LY INJURED OR SICK WORKERS AND OCCUPATIONAL TY AND HEALTH AT WORKS	N/A	N/A	4.0	N/A			
	ERN VISAYAS ICT EXPO 2014	N/A	N/A	8.0	N/A			
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VIII. OTHER INFORMATION		nue on separate s	heet if necessa	ry)				
31. SPECIAL SKILLS and	NON-	ACADEMIC DISTIN		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
N/A		N/A	in full)			(Write in full)		
N/A								
		30				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
		3∓ 3†			190	2 0		
	7.	nue on separate s	sheet if necessa	MATERIAL CONTRACTOR AND	•	nn   20   20		
SIGNATURE WULCIO				DA	(IE	02/22/23 CS FORM 212 (Revised 2017), Page 3 of 4		

APPORT OF A VALUE TARRY OR OANT AT TOWN

Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Cal		V NO				
35. a. Have you ever been found guilty of any administrative of	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 a by any court or tribunal?	YES NO If YES, give details:					
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
a. Have you ever been a candidate in a national or local ele Barangay election)?      b. Have you resigned from the government service during the service during	YES NO If YES, give details:					
election to promote/actively campaign for a national or local	YES VO					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)</li> </ol>						
a. Are you a member of any indigenous group?	☐ YES					
b. Are you a person with disability?						
c. Are you a solo parent?		☐ YES ✓ NO  If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
NAME	ADDRESS	TEL. NO.	ID picture taken within			
MRS. ANGELIQUE T. CONDES	BGY TANAUAN, LEYTE		the last 6 months 3.5 cm. X 4.5 cm (passport size)			
MS. CHARLYN DELURIA	SAMAR, LEYTE		With full and handwritten			
MR, JOHNBY MERCADO	BGY TANAUAN, LEYTE		name tag and signature over printed name			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repring I agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the lesentative to verify/validate the contents	Republic of the stated herein.	Computer generated or photocopied picture is not acceptable  PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: VOTER'S ID	Louis					
ID/License/Passport No.: 3749-0028C-A0691LMV200000	(xc					
Date/Place of Issuance: N/A TOLOSA		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti Person Administering Oat		overnment ID as indicated above.			