| CS Form No. 212 Revised 2017 | PERS | ONAL DA | TA | SHEET | - | | |
|---------------------------------|---|------------------------------------|-------------|---|---------------------------|---------------------------------|--|
| | ation made in the Personal Data S | heet and the Work Experien | ce Sheet sh | nall cause the filing | of administrative/cri | minal case/s against the | |
| | E TO FILLING OUT THE PERSONA | | | | | | |
| | es) and use separate sheet if neces | ssary. Indicate N/A if not applica | ble. DO NOT | ABBREVIATE. 1.0 | CS ID No. | (Do not fill up. For CSC use on | |
| I. PERSONAL INFORMATION | | | | | THE YEAR | | |
| 2, SURNAME | AMARILLO | | | | THANK EVTENS | (ID 60) | |
| FIRST NAME | ANALISA | | | | NAME EXTENS | N/A | |
| MIDDLE NAME | PESCADER | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 12/14/1998 | 16. CITIZENSHIP | | Filipino | Dual Citize | nship | |
| 4. PLACE OF BIRTH | JAVIEN, LEYTE | If holder of dual citizens | | | | cate country: | |
| 5. SEX | ☐ Male | please indicate the det | ails. | | | | |
| 6 CIVIL STATUS | Single Married Widowed Separated Other/s: | 17, RESIDENTIAL ADDRESS | | NIA House/Block/Lot No. NIA Subdivision/Village | | PUROL 3 Street CABAI Berangey | |
| 7. HEIGHT (m) | 147 | | | City/Municipality | | LEYTE Province | |
| 8. WEIGHT (kg) | 45 | ZIP CODE | | COS2 | | FIOVENCE | |
| 9. BLOOD TYPE | B | 18. PERMANENT ADDRESS | | N/A House/Block/Lat No. | | PUROK 8 | |
| 10. GSIS ID NO. | NIA | | | N/A Subdivision/Village | | Barangay Barangay | |
| 11. PAG-IBIG ID NO. | 1212-7790-9416 | Service 1 | | JAVIER City/Municipality | | LE YTE Province | |
| 12. PHILHEALTH NO. | 13-250586779-7 | ZIP CODE | | Ce511 | | | |
| 13, SSS NO. | NIA | 19. TELEPHONE NO. | | NIA | | | |
| 14. TIN NO. | 775-359-435-000 | 20. MOBILE NO. | (| 7950-373 | -2878 | | |
| 15, AGENCY EMPLOYEE NO. | NIA | 21. E-MAIL ADDRESS (if any) | ano | alisa-amar | illo@ van | edu-ph | |
| II. FAMILY BACKGROUND | | | | | | | |
| 22. SPOUSE'S SURNAME | MIA | | | CHILDREN (Write full nar | | DATE OF BIRTH (mm/dd/yyy | |
| FIRST NAME | NIA | NAME EXTENSION (JR., SR) | LIAN | DENISSE | FERNANDE Z | 07/14/2019 | |
| MIDDLE NAME | NIA | | | , and a second | | | |
| OCCUPATION | NIA | | | | | | |
| EMPLOYER/BUSINESS NAME | NIA | | | | | | |
| BUSINESS ADDRESS | NIA | | | | | | |
| TELEPHONE NO. | NIA | | | | | | |
| 24. FATHER'S SURNAME | AMARILLO | | | | | | |
| FIRST NAME | ALFREDO | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | OM POD | | | | | | |
| 25. MOTHER'S MAIDEN NAME | find | | | | | | |
| SURNAME | PEGCADERO | | | | | | |
| FIRST NAME | | | | | | | |
| MIDDLE NAME | SUL ANA BIGMANOS | 7 | | (Continue) | on separate sheet if nece | ecapul | |
| III. EDUCATIONAL BACK | | | | | | | |

| 6. LEVEL | NAME OF SCHOOL (Write in fulf) | BASIC EDUCATION/DEGREE/COURSE (Write in fulf) | PERIOD OF ATTENDANCE | | LEVEL/ UNITS | YEAR GRADUATED | SCHOLARSHI ACADEMIC HONORS |
|------------------------------|-----------------------------------|--|----------------------|------|-------------------|-------------------|----------------------------------|
| | | | From | То | EARNED (if not | | RECEIVED |
| ELEMENTARY | BINULTO ELEM. rettook | ELEMBUTATE GRAQUATE | 2005 | 201 | wife Honor | 2011 | NIA |
| SECONDARY | JAVIER NAT'L HIGH CHOOL | HILH SCHOOL ERADUATE | 2011 | 20/5 | w/Honors | 2015 | NIA |
| VOCATIONAL / TRADE COURSE | AIN | NA | NA | NA | NIA | NIA | NIA |
| COLLEGE | VILLATAI STATE UNIVERSITY | BC IN AGRICULTURE | 2015 | 2017 | NA | 2011 | VAAI |
| GRADUATE STUDIES | NIA | NA | NIA | NA | NIA | NIA | NIA |

DATE | |2 | 09 | 2 02 | CS FORM 212 (Revised 2017), Page 1 of 4

| CAREER | | 1080 (BOARD/BAR) UNDER | RATING | DATE OF | | | | LICENSE (if a | pplicable) |
|---------|--------------------------|---|-----------------|-------------------------------|--|-------------------|---|--------------------------|--------------------------|
| BARA | | WS/ CES/ CSEE ITY / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINAT | ION / CONFI | ERMENT | NUMBER | Date o |
| GRICULT | nurkt LI | CENSURE EXAM | 76-33 | NOV-9-11, 2021 | TACLOBAN | aH | | WIA | NH |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | (Cont | inue on separate sheet if nec | cessary) | | | | |
| | EXPERIENC ate employm | E sent. Start from your rec | ent work) Descr | iption of duties should | be indicated in the a | ttached W | ork Experie | nce sheet. | |
| | SIVE DATES n/dd/yyyy) | POSITION T | | | CY / OFFICE / COMPANY not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT | STATUS OF APPOINTMENT | GOVT SERVIC (Y/ N) |
| 11/21 | PRESENT | Information Des | ic officer | Vou HOSPITA | V | 12,000-1 | NA | J.0 | 7 |
| | | | 29 | | | | | | |
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| SIGNA | TURE | 4 | (Cont | inue on separate sheet if ned | DATE | 12 | 109/20 | 21 | |
| | | | | | | | | ORM 212 (Revised 20 | 17), Page 2 |

| NAME & ADDRESS OF ORGANIZATION (Write in full) | | VE DATES id/yyyy) | NUMBER OF HOURS | PO | DSITION / NATURE OF WORK | |
|---|---|----------------------------------|---------------------|--|--|--|
| | From To | | | | | |
| NA | NA | NIA | NA | | NIA | |
| | | | | | | |
| | | | | | | |
| | (Conti | nue on separate | sheet if necessary) | | | |
| LEARNING AND DEVELOPMENT (L&D) from the most recent L&D/training program and inclu | INTERVENTI | IONS/TRAIN at L&D/training to | ING PROGRAMS |) years for Division Cl | hief/Executive/Managerial positions) | |
| TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | ATTEN | NDANCE | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) | |
| NA | NA | NIA | NIA | N/A | NIA | |
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| | (Conti | inue on separate | sheet if necessary) | | | |
| OTHER INFORMATION | | | | | MEMBERSHIP IN | |
| SPECIAL SKILLS and HOBBIES | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | | | ITION | 33. ASSOCIATION/ORGANIZATION (Write in full) | |
| COMPUTAL SKILLS U/A | | | Δ. | | NA | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Conti | inue on separate | sheet if necessary) | | | |

| 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 | | | |
|----------|--|---|--|---|--|
| | b. within the fourth degree (for Local Government Unit - Care | eer Employees)? | ☐ YES ☑ NO If YES, give details: | | |
| 35. | a. Have you ever been found guilty of any administrative offer | ense? | ☐ YES | | |
| | 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 ar regulation 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, 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 (except Barangay election)? 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: ☐ YES ☐ NO If YES, give details: | _ | | |
| 39. | Have you acquired the status of an immigrant or permanent | ☐ YES | | | |
| | 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? Are you a person with disability? Are you a solo parent? | If YES, please specify: YES NO If YES, please specify ID No: YES NO If YES, please specify ID No: | _ | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant | /appointee) | | | |
| | NAME | ADDRESS | TEL. NO. | | |
| D.E | ENNIS NARUA FERNANDEZ JR. | GATONS BAHBAH CITY | 0951-045-3507 | | |
| TE | ODORA DORUS BRAGANZA | AUBUERA LEYTE | 0933-664-7ax | | |
| C | ANNEH MAI 6. BANDILLA | VISCA BAYBAY CITY | 0912-158-057 | | |
| 42. | I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized reprinerin. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me. | laws, rules and regulations of the resentative to verify/validate the | e Republic of the contents stated | | |
| PI Go | Die Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance Divernment Issued ID: PATSPORT License/Passport No.: P15 15 272A | Signature (Sign inside | the box) | | |
| Da | ete/Place of Issuance: DPA TACLOBAN | Date Accomplish | ed Right Thumbmark | | |
| SUB | SCRIBED AND SWORN to before me this | , affiant exhibiting his/her validly Person Administering | issued government ID as indicated above. Oath | | |