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10. GSIS ID NO.		N/A			Su	N/A bdivision/Village			KABALASAN Barangay	
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12 PHILHEALTH NO.	130	2-5634-67	97	ZIP CODE		6521	-		1	
13. SSS NO.	06	-4647506	0	19. TELEPHONE NO.				NA		
14. TIN NO.	6	37-952-89	5	20. MOBILE NO.			0:	9510220837		
15. AGENCY EMPLOYEE NO.		N/A	-	21. E-MAIL ADDRESS (if any)		<u>sa</u>	amantec	ams@gmail.c	om	
II. FAMILY BACKGROUND		-			14/3/5-				WI VI VI	
22. SPOUSE'S SURNAME			N/A		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)
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VIII. OTHER INFORMATION		(Continue	on separate she	et if necessary)			
31. SPECIAL SKILLS and HOBBIES	32.	NON-A	CADEMIC DISTIN		NITION	PQT (same	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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a within the third degree?		YES 🖸	NO .
b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	YESTROD BY	
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a. Have you ever been found guilty of any administrative offer	nse?	YES Z	NO
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b. Have you been criminally charged before any court?	The second secon	T YES] NO
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Have you ever been convicted of any crime or violation of any any court or tribunal?	law, decree, ordinance or regulation by		O NO
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7. How you may been expended from the second	Con to de		
Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fini		YES [If YES, give details:	Z NO
in the public or private sector?			N/A
a. Have you ever been a candidate in a national or local election	on held within the last year (except	☐ YES	☑ NO
Barangay election)?		If YES, give details:	N/A
b. Have you resigned from the government service during the		YES	☑ NO
election to promote/actively campaign for a national or local ca		If YES, give details:	N/A
Have you acquired the status of an immigrant or permanent re	esident of another country?	YES	7 NO
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 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p 		100 mm	
Are you a member of any indigenous group?	lease answer the following items:		
, so jour memor, or any maganious groups		If YES, please specify:	N/A
Are you a person with disability?		☐ YES	✓ NO
			1 NO
		If YES, please specify ID	
Are you a solo parent?		If YES, please specify ID	No: NA
		If YES, please specify ID	No: NA
REFERENCES (Person not related by consangulality or affinity to applicant /a		If YES, please specify ID YES If YES, please specify ID	No: NA
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