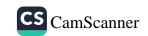
S Form No. 212 evised 2017	PERSOI	NAL DAT	A SI	HEE	Т				
RNING: Any misrepresenta	ation made in the Personal Data Sheet and th	e Work Experience Sheet	shall cause ti	he filing of a	dministrati	ve/criminal case	's against the	person	
ncerned.	TO FILLING OUT THE PERSONAL DATA SH								
nt legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NO	ABBREVIAT	E.	ECSID No.		(Do not fill up.	For CSC use	
SURNAME									
	MABAYA					NAME EXTENSION D	R (R)		
FIRST NAME ARCELI					and the				
MIDDLE NAME	LUMANIT				Section.				
DATE OF BIRTH (mm/dd/yyyy)	07/04/1996	16 CITIZENSHIP			☑ Filipino ☐ Dual Ottzenship ☐ by hirth ☐ by naturalization				
PLACE OF BIRTH	BAYBAY	If holder of dual citizenship,			Pls, indicate of	country:			
SEX	☐ Male ☐ Female	please indicate the f	retails,				and a second second		
CIVIL STATUS	☑ Single	17 RESIDENTIAL ADDRESS		ouse/Block/Lol N		PUROK 2 Street TAHUD			
UEICUT (a)			5	INOPACAN			Barangay LEYTE		
HEIGHT (m)	1.57			City/Municipality			Province		
. WEIGHT (kg)	62	ZIP CODE			6522	PUROK 2			
BLOOD TYPE	0+	18. PERMANENT ADDRESS	Н	ouse/Block/Lot N	6		Street	40000	
). GSIS ID NO.	N/A			Subdivision/VIIIage			TAHUD Barangay		
I. PAG-IBIG ID NO.	1212 0535 9452			INOPACAN		LEYTE			
2. PHILHEALTH NO.	1305 0194 3518	ZIP CODE	City/Municipality		6522				
3. SSS NO.	06 3999 3656	19. TELEPHONE NO.	N/A						
3. SSS NO. U6 3999 3656 4 TIN NO. 342 648 25000		20 MOBILE NO.	0992531971	and great the first and the first of the first state of the first stat					
				Marian Print					
S. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	arcellmaba	ya606@gma	il.com				
FAMILY BACKGROUN	ln/A		22 NAME of C	UII DDEN MA			DATE OF OR	111-111	
FIRST NAME	N/A	NAME EXTENSION (JR , SR)	23. NAME OF C	3. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm ZACH KYLO M. CORPEZ				Section Section 5	
MIDDLE NAME	N/A		C-10-1-	EAGUITIEG M. GORFEE			10/05/2021		
OCCUPATION .	N/A	and the second second	The second second	Accessors	Desputation	ar parter a succession	The state of the s	erestrore to	
EMPLOYER/BUSINESS NAME	N/A		2:000		a mining as				
BUSINESS ADDRESS	N/A							Terror	
TELEPHONE NO.	N/A	427 - 10	and discountries	Senson Self-Institution Co.	er of ground him.		ila mangagalari na sakabanangan	Company	
4 FATHER'S SURNAME	MABAYA				100			0-17671-0	
FIRST NAME	ARNULFO	NAME EXTENSION (JR., SR)		and problems					
MIDDLE NAME	CERILLA			10 Marine 1	100000000	1.0.0.50.0		A CONTRACT	
5 MOTHER'S MAIDEN NAME	OCIVICEN	- Park Carlotter	Joseph La	100 (100 (100 (100 (100 (100 (100 (100			Service Color	A. A. W.	
SURNAME	LUMANIT				1000				
FIRST NAME	MERLINDA				No.			10 V 10 V	
MIDDLE NAME	NEIR		(Continue on separate sheet				mcessary)		
II. EDUCATIONAL BACK	GROUND	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				1077		1	
X6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	AND COMPANY OF THE PROPERTY OF THE PARTY OF		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARS ACADEM HONOR: RECEIVE	
ELEMENTARY	PLARIDEL CENTRAL SCHOOL	PRIMARY EDUCA	PRIMARY EDUCATION		2009	GRADUATED	2009	N/A	
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY EDU	CATION	2009	2013	GRADUATED	2013	NA	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	NA	
COLLEGE	VISAYAS STATE UNIVERSITY	BCHELOR OF SCIE		2013	2017	GRADUATED	2017	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	I Jun	Continue un separate sheet If nec	essary)	1 04	TE	har 2	١, 2		
CIUITATURE		NAME OF TAXABLE PARTY.		. 110		I IUC	and the second s		

	SERVICE/ RA 108	0 (BOARD/ BAR) UNDER	RATING	DATE OF		TION LOCUE	DMCMA	LICENSE (if ap	
BARAN		/ CES/ CSEE // DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			NUMBER	Date Validi
CAREER SEF	RVICE PRFESS	SIONAL ELIGIBILITY	80.04	03/17/2019	NEW ORMOC CITY NA	NEW ORMOC CITY NATIONAL HIGH SCHOOL			
					<u> </u>				
Wo): K(=)	(PERIENCE			ontinue on separate she					
		t. Start from your regen	twork) Descriptio	n of duties should	he indicated in the attach	14//07/45 (0 	SALARY/ JOB/ PAY		
	SIVE DATES h/dd/yyyy)	POSITION T (Write in full/Do not			SENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
NOV. 2023	PRESENT	BRGY SECRI	TARY	BR	GY TAHUD	7,000	N/A	APPOINTED	Υ
NOV. 2022	PRESENT	VIRTUAL ADMIN	ASSISTANT	СҮВ	ERBACKER	30,000	N/A	CONTRACTUAL	N
JULY 2022	OCT. 2022	ENGINEERING		MUNICIPAL	ITY OF INOPACAN	6,000	N/A	JO	Y
JULY 2019	FEB. 2021	REGISTRATION OF SUPERVIS		PHILIPPINE ST	24,000	SG-10	cosw	Y	
MARCH 2018	JULY 2019	TEAM LEADER/SU	IPERVISOR	METRO RETAIL STORES GROUP INC.		12,000	N/A	REGULAR	N
	An an and a								
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	23.5								
1									
		the six and a							
1777-173									7
			(Coi	ntinue on separate shee		Constitution		06	
SIGNAT	UKE		//		DATE	7	W-4 11, 2	0 2 3 CS FORM 212 (Revised 20	-

9		NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK	
A			From	То			
				-			
		(Con	tinue on separate :	sheet if necessary			
I LEARN	ING AND DEVELOPMENT (L	&D) INTERVENTIONS/TRAINING P	ROCKAME A	RIANDAD)			
30. TIT	T F OF LEARNING AND DEVELOPMENT	INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAM (Write in full)			(mm/d	d/yyyy)			CONDUCTED/ SPONSORED BY (Write in full)
EMINAR -W	ORKSHOP ON PLANNING & BUDG	ETING TOWARDS EFFECTIVE	From	To			LEYTE PROVINCIAL ASSOCIATION OF LOCA
	GOVERNANCE BASED DISASTER RISK REDUCTI	ON & MANAGEMENT PLANNING	02/28/2025	03/02/2025	24	TECHNICAL	BUDGET OFFICERS (LEPALBO), INC.
ORKSHOP			06/05/2024	06/07/2024	24	TECHNICAL	MUNICIPALITY OF INOPACAN
EMINAR ON	BNEO FOR GREAT BARANGAYS		03/04/2024	03/06/2024	24	TECHNICAL	MUNICIPALITY OF INOPACAN
ALAHI CIDS	S - NATIONAL COMMUNITY DRIVE	N DEVELOPMENT PROGRAM	01/25/2024	01/25/2024	4	TECHNICAL	DSWD PALO
TEP-1 REGI	STRATION FOR THE PHILIPPINE ID	ENTIFICATION SYSTEM(PHILSYS)	01/11/2021	01/13/2023	24	SUPERVISORY	PSA
ASHIER CE	RTIFICATION PROGRAM		06/20/2020	06/20/2020	4	TECHNICAL	METRO STORES BAYBAY
			4104.009-0030-750435				
		1 200 1 200 1					
				-			
		(Con	tinue on separate :	sheet if necessary			
yIII. OTTHE	R INFORMATION:	E. T. Commercial Comme					
31.	SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN		NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA
			(Write	e in full)			(Write in full)
	GOOGLE SUITES						N/A
	COMPUTER LITERATE						
	MICROSOFT SUITES						
	CANVA DESIGN						
T	RAVEL AND WALKING						
	DRIVING						
	and the little of the same						
	SIGNATURE	(Contin	nue on separate sh	eet if necessary)	TAIL VELL		JULY 11, 2025
						TE	



	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 Heit, Core	= -	☑ NO				
	 b. within the fourth degree (for Local Government Unit - Card 	☐ YES [If YES, give details	☑ NO s:				
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 arby any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	d of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
38.	 a. Have you ever been a candidate in a national or local election)? b. Have you resigned from the government service during the 	☐ YES ☑ NO If YES, give details:					
20	election to promote/actively campaign for a national or local Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details:					
39.	Trave you acquired the status of an immigrant of permanent	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
40. a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO 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		ii 120, piease specify				
	NAME	ADDRESS	TEL. NO.				
	MIRAFLOR M. MARTINEZ	TAHUD, INOPACAN	9771086813	a a			
	ROCELYN JOY ROMERO	TAHUD, INOPACAN	9514645077				
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 represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	PHOTO			
G ID	Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: DRIVER'S LICENSE ID/License/Passport No.: H12-20-00-1883 Signature (Sign in lide the bin Date/Place of Issuance: 06/03/2024 - LTO BAYBAY			Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	1 1 JUL 2025 , affiant oxhibit	ing his/her validly issued	government ID as indicated above.			
	Doc. No.: 1739 Page No.: 12 Book No.: 11 Series of 20_15	Public Autorney Pursuan to RA S Person Administering Oat	PAPA II 9406	CS FORM 212 (Revised 2017), Page 4 of			
	and the second section of the section of			CO I ORM 212 (Newsed 2011), raye 4 01			