Ci Form No. 212 Revised 2017 WARNING: Any misrepresentation me	PERSOI de in the Personal Data Sheet and the Work Exparlance Sheet	NAL DATA	HE	ET		24				
THE ATTACHED GUEDE TO FILL	INO OUT THE OFFICE AND A SECOND SECON		o'criminal ca	us's against the pe	With Concerns	Ĺ				
PERSONAL MEGRICATION	d u parale sheet if necessary. Indicate N/A if not applicable. DO NO	OT ABBREVATE.			105086		Course	e fortist m		
2 SURNAME						· · · · · · · · · · · · · · · · · · ·	S			
2 SURVAILE	NIERVES									
FIRST NAME	MAE ANNE	•		PANE EFFERENCE (# . 19)						
MIDDLE NAME	LARGOZA									
3 DATE OF BIRTH (mm/dd/yyyy)										
	7/3///296	7/31/1998 16. CITIZENSHIP			FILIPINO					
4. PLACE OF BIRTH	HINDANG, LEYTE	HINDANG, LEYTE If holder of dual ofcombin			. Ps. indicate country PALPPINES					
5. SEX	FENALE	piesse indicate the details	L							
6 CIVIL STATUS		17 RESIDENTIAL ADDRESS				Sind				
	SINGLE			HouseBook at N	9		MASE.			
		1		Substituted (News	•	Sourcey LETE				
7. HEIGHT (m)	1.50m			HIICANG CayAluricipality						
8. WEIGHT (kg)	43kg	ZIP CODE		E23						
9 BLOOD TYPE		18 PERMANENT ADDRESS	House Street No. Street							
10. GSIS ID NO.	N/A	N/A						38-45%		
11. PAG-IBIG ID NO.	N/A				Subdivision/Village HINDANG			LEYTE		
						CkyNunicipality				
12. PHILHEALTH NO.	N/A	ZP C00E		£23						
13. SSS NO. 14. TIN NO.	NIA 19 TELEPHONE NO.			FLE.						
15. AGENCY EMPLOYEE NO	383-417-120-000 20. MOSILE NO.									
	N/A	21. E-MAIL ADDRESS (Fary)		THE COURSE	Widows Spec	Sheaffiller cou				
IL FAMILY BACKGROUND			m we 40							
22. SPOUSE'S SURNAME FIRST NAME	NA NA	N/A INAME EXTENSION (JR., SR)			23. NAME of C-ILDREN. (Write full name and lackall) N/A			(missyring)		
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS										
TELEPHONE NO. 4. FATHER'S SURNAME	MANGUERA									
FATHER'S SURNAME	ORLANDO	N/A								
MODILE NAME	FAJARDO									
O MOTHER'S MAIDEN NAME										
SURNAME	NIERVES LORNA									
FIRST NAME .	LARGOZA				Continue on separate about 2 reconsumy					
MIDDLE NAME										
I. EDUCATIONAL BACKGROUND				PERIOD OF A	TTENEARCE	HIGHEST LEVEL		DOM		
6. LEVEL	NAME OF SCHOOL BASIC EDUCATION DEG (Write in full) (Write in full)		OURSE	UNITS EAR		(f not greated)	YEAR GRADUKTE	100		
		<u> </u>		HOTE	>0			-		
ELEMENTARY	HINDANG CENTRAL SCHOOL	PRIMARY		2005	2011	GRADUATE	2011	NONE		
SECONDARY	HINDANG NATIONAL HIGH SCHOOL	SECONDARY		2011	2015	GRADUATE	2015	CTH HONORA MERTOR		
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HOUSE/GEEPING INC II		2019	2019	COMPLETED	2519	PESFA SOID		
COLLEGE	SAINT MICHAEL COLLEGE OF HINDIANG, LEYTE INC.	BACHELOR OF SECONDARY EX	CATION	2015	2020	GRADUATE	2020	=		
GRADUATE STUDIES	N/A	N/A ntinue on separate sheet if secessary)		N/A	RA.	NEA.	104	NA.		
							23/20			

CAREE	RVIGE ELIC	080 (00400) 080	N. M. Office of the Control of the C	DATE OF			Bright St. St. St.	LICENSE (I ap	olicable)
			RATING (if Applicable)	EXAMINATION / CONFERMENT				NUMBER	Date of Validity
N/A		N/A	N/A	N	NA .		N/A	N/A	
	EXPERIENCE		A PART OF THE PART	tinue on separate sheet					
INCL	USIVE DATES	POSITION	MILE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARYI JOBI PAY ORADE (II applicable) & STEP	STATUS OF APPOINTMENT	COVT SERVICE
From	То	(Write in full/Do no ENGLISH AS A SECON			&Do not abbreviate)		PICREMENT		[// N]
16/2021	8/30/2021 9/17/2021	TEACH SURVEY FIELD S	ER	NAT	TVE CAMP AL CLIMATE NOW	P 15,000.00	N/A N/A	CONTRACTUAL	N
31/2022	4/9/2022	RESEARCH ASSISTAN			SION PHILIPPINES	P 15,000.00	N/A	CONTRACTUAL	N
1/2022	5/31/2022	ELECTORAL BOARD		COMELEC		P 6,000.00	N/A	CONTRACTUAL	Y
8/2022	9/17/2022	COMMUNITY-BASE SYSTEM ENU	MERATOR	PHILIPPINE STATISTICS AUTHORITY		P 18,000.00	N/A	CONTRACTUAL	Y
0/13/2022 	11/30/2022	MAP AND DATA			ATISTICS AUTHORITY	P 16,000.00		CONTRACTUAL	Y
032022	12/30/2022	MAP DATA	CRIFICK	PHILIPPINESI	ATISTICS AUTHORITY	₽ 3,500.00	N/A	CONTRACTUAL	Y
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SIGN	ATURE	\sim	γ.		DATE	0	1/23/	2023	

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CS FORM 212 (Ferward 2017), Page 2 of 4

29 NA	ME & ADDRESS OF ORG		The second second	E DATES	ORGANIZATIO		
29	(Write in full)	WILLIAM STATE OF THE STATE OF T			NUMBER OF HOURS		POSITION / NATURE OF WORK
SANGGUNIANG KABATAAN			7/10/2019	PRESENT	N/A	SECRETARY	
				ļ	-		
			tinue on separate		γ)		
LEARNING AND DEVE	LOPMENT (L&B) I	NTERVENTIONS/TRAINING P	The second second second				
). TITLE OF LEARNING AN		VENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	(Write in full)		From	To			
ETTING STARTED IN ESSAY W	RITING		10/1/2020	12/31/2020	N/A	N/A	COURSERA
AMMAR AND PUNCTUATION			10/1/2020	12/31/2020	N/A	N/A	COURSERA
DUSEKEEPING NC II			5/9/2019	7/10/2019	436 HRS	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
IGLISH FOR TEACHING PURP	OSES		9/27/2018	9/29/2018	N/A	N/A	COURSERA
RE-SERVICE TEACHING			8/6/2018	10/20/2018	N/A	SUPERVISORY	SAINT MICHAEL COLLEGE OF HINDANG, LEYTE INC.
DERSTANDING THE METHO	O OF RESEARCH		10/1/2020	12/31/2020	N/A	N/A	COURSERA
EACH ENGLISH NOW			10/1/2020	12/31/2020	N/A	NIA	
ESEARCH ASSISTANT AND T	FAM I FANER TRAININ	IG.	6/20/2022	6/22/2022	N/A	N/A	COURSERA
DMMUNITY-BASED MONITOR			7/18/2022	7/23/2022	N/A	N/A	PHILIPPINE STATISTICS AUTHORITY
AP AND DATA PROCESSING			10/10/2022	10/12/2022	N/A	N/A	PHILIPPINE STATISTICS AUTHORITY
AP AND DATA PROCESSING	PROVINCIAL FROMIN		10/10/2022	TOTIZZOZZ	-	-	
					-	-	
					-	-	
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			-	1			
			-	+			
		(C	ontinue on separa	to sheet if neces	sary)		
II. OTHER INFORMATIO	N						
							33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI
		JZ. (Write in full) (Wires				N/A	
WRITING							N/A
COPY EDITIF	IG	N/A					N/A
VIDEO EDITI		N/A				N/A	
NOWLEDGE IN MICROSOF	T OFFICE TOOLS		N/A				
COMMUNICATION	SKILLS			N/A			N/A
2'		(0	Continue on sepa	ate sheet if nece	ssary)	DATE:	01 - 22 3-22
	E					DATE	01 - 23 - 2023

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 7NO					
b. within the fourth degree (for Local Government Unit - Care	YES / NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offe	YES 1 NO If YES, give details:					
b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:					
36. Have you ever been convicted of any crime or violation of an 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 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 election. 	tion held within the last year (except	YES / NO If YES, give details:				
b. Have you resigned from the government service during the	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?					
39. Have you acquired the status of an immigrant or permanent	YES ∠ NO If YES, give details (country): ———————————————————————————————————					
 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?	YES /NO If YES, please specify:					
b. Are you a person with disability?	YES / NO If YES, please specify ID No:					
c. Are you a solo parent?	YES NO.					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	100000					
DR. BENJAMIN P.DALEON	PALO, LEYTE	9176365630				
NIÑO ACOGIDO	NIÑO ACOGIDO HINDANG, LEYTE					
EUGENE NARRA	BAYBAY CITY, LEYTE	9452958823				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.						
Government Issued ID (a Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government issued ID: N/A	box)					
ID/License/Passport No.: N/A Deta/Diago of Issuance: N/A	3 Right Thumbmark					
Date Flat of the black of the b						
SUBSCRIBED AND SWORN to before me this 23 No DAY OF CHANDER ITS MERCHANDER INSIDE VALUE VA						
		CS FORM 212 (Revised 2017), Page 4				