CS Form No. 212 Revised 2017	PERSONA on made in the Personal Data Sheet and	AL DATA	SHE	ET	f admini	atrative/crimina	il case/s ag	ainst	
the person concerned.	on made in the Personal Data Sheet and in TO FILLING OUT THE PERSONAL DATA SH) and us persite sheet if moossary. Indicate N/A in	JEFT (PDS) BEFORE ACCOME	PLISHING T	THE PDS F	ORM.		¶up. For CS		
MERCENTAL INFORMATION		The state of the s	No designation	THE CANAL		La Cappengueza, o	10 The Sold of	to per	
2. SURNAME		ESCARILLA			_	NAME EXTENSION	N (JR., SR)	N/A	
FIRST NAME	•	KRISTINE SYRA		,					
MIDDLE NAME		YU	*						
3 DATE OF BIRTH	44105100	16 CITIZENSHIP		G Sini	I	Dual Ottzenshi	b		
(mm/dd/yyyy)	11/05/98	If holder of dual citizenship	by birth by no					aturalization	
4. PLACE OF BIRTH -	MAYORGALEYTE	please indicate the details	φ.						
5. SEX	☐ Male ☑ Ferrale	17. RESIDENTIAL ADDRESS			UNEZ				
6 CN/L STATUS	✓ Single		House/Block/Lot No. Street CALABNIA Subdivision/Village Beaurgey LA PA7 LEYTE					(
7. HEIGHT (m)	1.59 m	and the state of the state of the state of		LA PAZ, ty/municipant)		rovince			
	46 kg	ZIP CODE	6508						
8. WEIGHT (kg)	40 kg	18. PERMANENT ADDRESS		ZONE 2					
9 BLOOD TYPE	"0"	18. PERMANENT ADDITION	Hous	House/Block/Lat No.			CALABNIAN		
10. GSIS ID NO.	AUS N/A	AW	Subdivision/Village				Barangay LEYTE		
11. PAG-IBIG ID NO.	N/A		City/Municipality Province						
12. PHILIEALTH NO.	NA	ZIP CODE		6508					
13 SSS NO	NA NA	19. TELEPHONE NO.		N/A 9563748890					
14. TN NO	N/A	20. MOBILE NO.					-		
15 AGENCY EMPLOYEE NO.	N/A	21, E-MAIL ADDRESS (if any)	-	ks	yescni	la@gmail.cor	<u>n</u>		
[] [] B 0:4, (0), (0), (0) [] [] []	THE REAL PROPERTY		254		1 ii na	- 1 liet all\		FEIRIA	
22 SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR , SR) N/A	23. NAME or	23. NAME of CHILDREN (Write full name and list all) (mm				(d/www)	
FIRST NAME	N/A	NAME EXTENSION (M. , Law,			N/A		-	A	
MIDDLE NAME	N/A								
OCCUPATION THE OCCUPATION	N/A N A						1	-	
EMPLOYER/BUSINESS NAME	, NA.							-	
BUSINESS ADDRESS	N.A.		,						
TELEPHONE NO.	ECCADII I A						-		
24. FATHER'S SURNAME		NAME EXTENSION (JR., SR) N/A						1	
FIRST NAME	EULOGIO	DANIE DATE.					-		
MEDIE NAME	. OMLANG						-		
25. MOTHER'S MAIDEN NAME SURNAME	YU								
FIRST NAME	TERESITA								
MIDDLE NAME	POTENTE			(Conti	nue on sep	arate sheet if necess	sary)		
ENHALT ONLY		1		,					
		ri	. 1	PERIO	-11:	Τ	Τ	SCHOLA	
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/C (Write in MI)	OURSE	OURSE PERIOD OF HIGHEST LEVEL UNITS EARNED (If not graduated			YEAR GRADUATED	ACADEM HONOR RECEIVE	
ELEMENTARY	LA PAZ CENTRAL SCHOOL	PRIMARY EDUCATION	٠,	2005	2011	GRADUATED	2011	WETH HOEOR:	
SECONDARY	ATTY, ROQUE A. MARCOS MEMORIAL , SCHOOL	HIGH SCHOOL		2011	2015	GRADUATED	2015	WETH	
VOCATIONAL / TRADE COURSE	NAL / N/A			N.A	N/A	N/A	NA	WA	
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SECOND EDUCATION-BIOLOGICAL SO		2015	2019	GRADUATED	2019	CUM	
GRADUATE STUDIES	IDES NA NA			NVA	N/A	WA	NA	NA	
		ue on separate sheet if necessary)						_	
SIGNATURE	· lana	DATE	02/0	2/21/	CS FOR	M 212 (Revised 2017), Page 1 of 4		

7. CAREER SERVICE: RA 1080 (BOARD) BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	. DATE OF EXAMINATION / .CONFERMENT					LICENSE (if a	Date of Validity	
BARANGAY ELIGIBLITY / DRIVER'S LICENSE LICENSURE EXAMINATION FOR 86.6'			W. C. W. C.						1817098	11/5/2022
LICEN	TEACHER		86.6%	9/29/2019	KAPANGI-AN GERTING		18.1		100	
		••						1 - 1		
				. "111	7.					
_		., .,		Y 77 4 0		7"	,	- ' '		, 1
						4-16				
			*	1.5		atyn G	103V 11			
(Sol.	4.51.55		4		100	- 112	-08			
			(Con	tinue on separate sh	eet if necessary) :				
York z	(e: #1) #1(e	12				•6.	, to continue sold MO	wood America	nura Urofi	
ude prive	te employi	E Da Seidioareurist L	ena sustificación				ent terretar	SALARY/ JOB/ PAY GRADE		GOVT
	NE DATES	POSITION TI		DEPARTMENT / AG (Write in fu	ENCY / OFFICE	/ COMPANY ate)	MONTHLY SALARY	(if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE
rom	To	N/A			N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A	Tograph later							
		1 1700 A.			-					
		F. 112			4		H .			
		(KC273 T+ 320			INTER A		М.			
		no kampfish pessed		ay= N=2415.4	2 to 14 -	•	19h		-	
					•		10			
	Net	, A34			-					-
							M	-		-
							A.F			-
	-	1				ALL	ABET			
	- 1					- Uto	The Control			1.0
							φ= =			
11	* 1			,		3	A LOV			
		1,-	•			,	The state of the s			
		. Lynn		j. y.		1.04.7	H 1 1/4			
			117	1 2 6-61		- 47	2 / 15	97		-
	- A#	AND STATE	je t	* *		•1	7			
	100	1 1000 CO	tte Like		ngu == His armid	e ile dall	e Lorde Co	1 m 1 m		
N.	.00	- Ac 100	- I'	:		•1	1			+-
1	_ ,				1-1 V .					
				1		•				
	- 1			1		•	1	1	1	

29. NAME & ADDRESS OF ORGANIZATION		(mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(Write in full)	7.1 4	From	10	N/A		· N/A	
N/A		N/A	N/A	14/2			
!				.,			
•							
				· In.		1	
" (·							
,063°	.eVb d	ntinue on separa	to sheet if neces	ssary)			
and the second of the second o	(Co) (20) (1912-1912) (1912) (1912)	edziAl Alli (e. 2)	telett the	**************************************			
PERINNE AND DEVELOPMENT (A	American State and Adolestic or	A Company of the Comp	DATES OF	ZIGH FALLAN	Type of LD	CONDUCTED/ SPONSORED BY	
TITLE OF LEARNING AND DEVELOPMENT IN	TERVENTIONS/TRAINING	ATTEN	DANCE Lyyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
PROGRAMS	(Write in full)	From	То	1		Northern Leyte Colleges - Extension	
Enhancement of Computer Basic Operation	on Skills Training	1/18/2020	1/29/2020	80 hours	Technical	Education Service	
Elina de la companya	•		Tab		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Or V	edr L					ŀ	
.elv is	Hins gave o	100 mg to 21 mg	smin biss	m way (5 tot)	10 V 01 170	1	
Od Fili	237 _ 97		the bands (ale of value	* THE	•	
and the second second second	1. 1741.7		white the Late	restlin wit	- stank		
. /yananokafidal	IIVES give				9 ==	и	
		Carrier and	is mounts 6	ple (\$778)	31 000, july,	out widened to be a second	
•	EXTY []				1 540 1 11	1	
. N. 154	p de la					The proportion of the second	
· rus tol	HITES CROSS						
AUC S	en il						
E SY ID NE	H YES, plu Su H	-					
**		hall	100			The second secon	
Exercise 10 Process	atanaerese	LEYTE.	SARI .			Mead to be timed	
	8173761715	LEVTE	LA PAS		- AT	KONESICK M. BAUTE	
1 11 11 11 11							
ngrani i nhami	AND A SECOND SECOND			4			
4.1- 1814		4 - 12	nu about		19.00	3 11	
	The state of the s	1, 6,11, 151,36	- Set 18.1.5	7.12/14	5:0		
						(i) -	
					7		
	*						
	(Cer	ntinue on separa	te sheet if neces	ssary)			
SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC D	STINCTIONS / F	RECOGNITION		33. MEMBERSHIP IN	
	A CONTRACTOR OF THE PARTY OF TH		(Write in full)			ASSOCIATION/ORGANIZATION	
OKING, DRIVING TWO-WHEELED VEHICLES	The state of the s		- N/A			N/A	
e o gra in the orthographer	o the distance he						
•							
				1			

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? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
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:					
-	P	Status	of Case/s:				
36.	Have you ever been convicted of any crime or violation of regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of trefirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:				
38.	the second data in a patient of local of	ecton held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during last election to promote/actively campaign for a national or le	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):					
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M.	agna Carta for Disabled Persons (RA	-	Н			
40.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)), please answer the following items:	3				
а	Are you a member of any indigenous group?		YES If YES, please specify	✓ NO			
ь	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:					
C	Are you a solo parent?		YES	ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to a	applicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
-	ESMERALDA DAGAMI	LA PAZ, LEYTE	9297968576				
1	RODERICK N. BAUTISTA	LA PAZ, LEYTE	9173265765				
	. +1	•					
42	I dedare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertinent la I authorize the agency head / authorized representative to misrepresentation made in this document and its attachmagainst me.	aws, rules and regulations of the Republi verify/validate the contents stated here	ic of the Philippines. in. I agree that any	ESCARILLA, KRISTINE SYRA Y.			
11	Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Drivers						
	Covernment Issued ID: PRC ID	,0					
	D/License/Passport No. 1817098	Signature (Sign inhide the	pox),				
	Date/Place of Issuance: TACLOBAN CITY		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, afiant e	xhibiting his/hervalidiy iss	ued government ID as indicated above.			
		· ·					
and the section of	,,	ıh					
1				CS FORM 212 (Revised 2017), Page 4 of 4			