CS Form No. 212								,
Revised 2017	PERSOI	NAL DAT	A SH	IEE.	r			
	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	nall cause the I	Tiling of add	ministrative/	criminal case/s a	gainst the per	rson
	TO FILLING OUT THE PERSONAL DATA SHE							
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	() and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only
I. PERSONAL INFORMATIO	N							
2. SURNAME	ORCIA		-			NAME EXTENSION (JF	3 50)	
FIRST NAME	LOREMIE					To sac Extranolog (a)	L, 011)	
MIDDLE NAME	YAYONG							
DATE OF BIRTH (mm/dd/yyyy)	12/22/1997	16. CITIZENSHIP		☑ Filipi	ino 🗆	Dual Citizenship		
(4						☑ by birth [ation
4. PLACE OF BIRTH	MANINGCAO SIBULAN, NEGROS ORIENTAI	If holder of dual citizen please indicate the				Pls. indicate of	country:	
5. SEX	☐ Male ☑ Female	please indicate ero	Journs.	Poland				_
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot	No.	M.	MORAZA ST Street	•
	☐ Widowed ☐ Separated ☐ Other/s:			odivision/Villa		Р	OB. ZONE 13 Barangay	
T APPOINT (m)	1.55		B	AYBAY CIT	Y		LEYTE	
7. HEIGHT (m)		310,0005	6521	ty/Municipali	ty		Province	
8. WEIGHT (kg)	57	ZIP CODE 18, PERMANENT ADDRESS	0321			M.	MORAZA ST	
9. BLOOD TYPE	A+	10, PERMANENT ADDRESS	Нос	use/Block/Lot l	Vo.		Street OB, ZONE 13	
10. GSIS ID NO.	N/A		Sut	odivision/Villa	ge		Barangay	
11. PAG-IBIG ID NO.	N/A			AYBAY CIT ty/Municipalit			Province	
12. PHILHEALTH NO.	N/A	ZIP CODE	6521	ymamorpom				
			N/A					
13. SSS NO.	N/A	19. TELEPHONE NO.						
14. TIN NO.	610-875-352-00000	20. MOBILE NO.	09473973012					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			orcialorer	mie@gmail.co	<u>om</u>	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Writ	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy
FIRST NAME		NAME EXTENSION (JR., on)						
MIDDLE NAME				noth	ing follows			
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	ORCIA	Towns sorroughly (ID, OD)						
FIRST NAME	EMERITO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	EUZON							
25. MOTHER'S MAIDEN NAME	LORETA SALISAYO YAYONG							Contraction of the second
SURNAME	YAYONG							
FIRST NAME	LORETA							
MIDDLE NAME	SALISAYO			(0	Continue on se	parate sheet if neces	isary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	MANINGCAO ELEMENTARY SCHOOL MANINGCAO, SIBULAN, NEGROS ORIENTAL	PRIMARY EDUCATION		6/1/2007	3/31/2013	GRADUATED	2013	N/A
SECONDARY	BAYBAY II ALS CENTER, BAYBAY CITY LEYTE	HIGH SCHOOL		6/1/2018	7/9/2019	GRADUATED	2019	N/A
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY, BAYBAY CITY LEYTE	BACHELOR OF SECONDAR MAJOR IN FILIPINO	YEDUCATION	8/1/2019	8/3/2023	COMPLETED	2023	N/A
GRADUATE STUDIES								
		Continue on separate sheet if nee	essary)					
SIGNATURE	(Den't			Di	ATE	7	11/200	74

	SPECIAL L	1080 (BOARD/ BAR) UNDER AWS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINAT	ION / CONFER	MENT	LICENSE (if a	oplicable) Date of
		LITY / DRIVER'S LICENSE		CONFERMENT				NUMBER	Validity
LICE	ENSE PROFES	SIONAL TEACHER	75.00	3/17/2024				N/A	6/12/2024
							KIORO		
							Manual		
						4.4.2			
				Continue on separate si	hast if narassaru)				
	EXPERIENCE								
NAME OF TAXABLE PARTY.	vate employme	ant. Start from your recen	t work) Descrip	tion of duties should	d be indicated in the attach	ed Work E	SALARY/ JOB/ PAY	t.	
(1	mm/dd/yyyy)	POSITION TI (Write in full/Do not a			SENCY / OFFICE / COMPANY Ill/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То			VISAYAS STATE U	INIVERSITY COLLEGE OF		INCREMENT		
/2023	5/15/2023	TEACHING INTERNSHIP			ARTMENT OF TEACHER	N/A	N/A	N/A	NO
			DYOPAS						
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							74	200	Total S
		The Party Landson	100 100 100	327802233970	PIDAN YUNYARAN	1/3 (A) 114	NA AVA		
								12.7071	
				(Continue on separate s	heet if necessary)		71	11/2024	
SIG	NATURE		and		DATE		7/	S FORM 212 (Revised	

VI. VOLUNTARY	WORK OR INVOLVEME	ENT IN CIVIC / NON-GOVERNMENT	The second secon	Married Control of the Control of th	ORGANIZATIO	N/S	
29.	NAME & ADDRESS (Write			IVE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
I/A			N/A	N/A	N/A	N/A	Commission (State of State
,							
		(Co)	ntinue on separate	sheet if necessary	1)		
III. LEARNING	AND DEVELOPMENT (L.	&D) INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED			
Start from the most re	cont L&D/training program and i	include only the relevant L&D/training taken fo	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, which i	E DATES OF	hidi/Executive/Man	Type of LD	
30. TITLE OF	LEARNING AND DEVELOPMENT (Write i	INTERVENTIONS/TRAINING PROGRAMS in full)	ATTE	nDANCE dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
			From	То		Technical/etc)	The Allen and the second
S OFFICE APPLICA	ATIONS COURSE (WORD, EX	CEL, AND POWERPOINT)	4/2/2018	4/17/2018	96	TECHNICAL	CHILDREN'S JOY JOY FOUNDATION, INC. IN PARTNERSHIP WITH DELL TECHNOLOGIES
LTERNATIVE LEAR ERVICES (NAIL CA		AINING-WORKSHOP ON BEAUTY CARE	4/23/2018	5/4/2018	80	TECHNICAL	DEPARTMENT OF EDUCATION REGION VIII (EASTERN VISAYAS) BAYBAY CITY DIVISION, BAYBAY CITY LEYTE
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		(0000026000)		3001			INPAIN CASING
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-		300 300	W 0 400	14 m 0 m	uninger mys. I	35720 (5.05)	years and extratant agency from
	ADMIT OF THE PROPERTY OF THE P	(Cor	ntinue on separate	sheet if necessary)		
III. OTHER INF		NO	LACADEMIC DIST	NCTIONS / RECOG	SNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPEC	CIAL SKILLS and HOBBIES	32. NOF		te in full)			33. (Write in full)
	SINGING	6	N/	A		200	N/A
	READING	A SA SA					
COM	MPUTER SAVVY				1 1		
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	1		atlania e	about if any			
		(Cor	iunue on separate	sheet if necessary	DA		7/11/2024

	Are you related by consanguinity or affinity to the appointi	ing of recommending authority, or to the		
	chief of bureau or office or to the person who has immedia	ate supervision over you in the Office,		
	Bureau or Department where you will be apppointed,			
	a. within the third degree?		☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - C	career Employees)?	YES NO	
			If YES, give details:	
35.	a. Have you ever been found guilty of any administrative of	offense?	☐ YES ☑ NO	
			If YES, give details:	
			☐ YES ☑ NO	
	b. Have you been criminally charged before any court?		If YES, give details:	
			Date Filed:	
			Status of Case/s:	
	Have you ever been convicted of any crime or violation of	any law decree, ordinance or regulation by		
36.	any court or tribunal?	any law, dooroo, oraniano a regiment a	☐ YES ☑ N If YES, give details:	0
			ii 125, give details.	
37.	Have you ever been separated from the service in any of	the following modes: resignation, retirement,		10
	dropped from the rolls, dismissal, termination, end of term in the public or private sector?	i, imisned contract or phased out (aboution)	If YES, give details:	
		leation hold within the leat year (avent	-	
38.	a. Have you ever been a candidate in a national or local e Barangay election)?	nection neid within the last year (except	☐ YES ☑	NO
	Darangay Ciccion/1		If YES, give details:	
	b. Have you resigned from the government service during		☐ YES ☑	NO
	election to promote/actively campaign for a national or loc	cal candidate?	If YES, give details:	
39.	Have you acquired the status of an immigrant or permane	ent resident of another country?	□ YES ☑	NŐ
			If YES, give details (coun	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N	Magna Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897)	2), please answer the following items:		
1.	Are you a member of any indigenous group?		YES 🖸	NO
			If YES, please specify:	
),	Are you a person with disability?		☐ YES ☑	
			If YES, please specify ID No	
C.	Are you a solo parent?		☐ YES ☑ If YES, please specify ID No	
-				
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)		
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ADDRESS	TEL. NO.	
	NAME	ADDRESS ZONE 13, M.MORAZA ST. BAYBAY	TEL. NO. 09553965184	
		ADDRESS ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE	09553965184	
/IR	NAME	ADDRESS ZONE 13, M.MORAZA ST. BAYBAY		
/IR	NAME GINIA A. CASTRO RIAN M. CASTRO	ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE DEPED BAYBAY 1 CENTRAL SCHOOL	09553965184	
/IR	NAME GINIA A. CASTRO RIAN M. CASTRO ALINA D. TRUYA	ADDRESS ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE DEPED BAYBAY 1 CENTRAL SCHOOL CANDADAM, BAYBAY CITY LEYTE	09553965184 09555470203 N/A	
/IR	NAME GINIA A. CASTRO RIAN M. CASTRO ALINA D. TRUYA I declare under oath that I have personally accomplish	ADDRESS ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE DEPED BAYBAY 1 CENTRAL SCHOOL CANDADAM, BAYBAY CITY LEYTE ned this Personal Data Sheet which is a to	09553965184 09555470203 N/A rue, correct and	
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