A STATE OF THE PARTY OF THE PAR								
Revised 2017	PERSO	NAL DAT	A SH	IEE	T			
concerned.	ion made in the Personal Data Sheet and the			7		criminal case/s a	against the p	erson
READ THE ATTACHED GUIDE T Print legibly Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEET  ) and use separate sheet if necessary. Indicate	ET (PDS) BEFORE ACCOMP e N/A if not apolicable. DO NO	PLISHING THE OT ABBREVIA	PDS FOR	1 CS ID No.		(Do not fill up	. For CSC use on
I PERSONAL INFORMATIO		A STATE OF THE STA						
2 SURNAME	TRIGOSA							
FIRST NAME	TRISHA MARIEL					NAME EXTENSION (J	IR., SR)	
MIDDLE NAME	BERAY		************					
3 DATE OF BIRTH (rom/dd/yyyy)	10/10/2000	16. CITIZENSHIP		ípino [	☐ Dual Citizenship☐ by birth☐ by naturalization			
4. PLACE OF BIRTH	CARIDAD, BAYBAY CITY	If holder of dual citize				Pls. indicate	country:	
5. SEX	☐ Male	please indicate the d	etails.					•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		692 use/Block/Lot N/A ubdivision/Villa			ABAS AVILA S Street RGY, CARIDA Barangay	
7. HEIGHT (m)	1.57 m		E	BAYBAY CIT	Y		LEYTE	
8. WEIGHT (kg)	49 kg	ZIP CODE		City/Municipali	t <u>y</u>		Province	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		692		SA	ABAS AVILA S	т.
10 GSIS ID NO			Ho	use/Block/Lot N/A	No	BF	Street RGY CARIDAL	0
11. PAG-IBIG ID NO.	121327167321		NUMBER OF STREET	ibdivision/Villa			Barangay LEYTE	
12. PHILHEALTH NO.	13-252942315-6	ZIP CODE		ity/Municipalit		EE04	Province	
13. SSS NO.	64-4648240-6	19. TELEPHONE NO.		6521 N/A				
14. TIN NO.					004	-		
		20. MOBILE NO.				58662551		
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)			ttrigosa	@gmail.com		
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	NA		23. NAME of CH	ILDREN (Wri	te full name and i	ist aft	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)			N/A			(
	1 N/A		1					
	N/A N/A							
MIDDLE NAME	N/A							
MIDDLE NAME OCCUPATION								
MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME	N/A N/A							
MIDDLE NAME OCCUPATION	N/A N/A N/A							
MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A							
MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO  24. FATHER'S SURNAME	N/A N/A N/A N/A	NAME EXTENSION (JR., SR)						
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MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME	N/A N/A N/A N/A N/A TRIGOSA CELSO							
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MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A TRIGOSA CELSO CABUGWASON							
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MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  SURNAME  FIRST NAME  SURNAME  FIRST NAME	N/A N/A N/A N/A N/A N/A TRIGOSA CELSO CABUGWASON BERAY MARIA LOINA ASUNTO				Continue on say	parate sheet if neces	sary)	
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MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  FIRST NAME  FIRST NAME  MIDDLE NAME	N/A N/A N/A N/A N/A N/A TRIGOSA CELSO CABUGWASON  BERAY MARIA LOINA ASUNTO  ROUND	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGREE	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS
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MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL /	N/A N/A N/A N/A N/A N/A N/A TRIGOSA CELSO CABUGWASON  BERAY MARIA LOINA ASUNTO  ROUND  NAME OF SCHOOL (Write in full)  LIBERTY CHRISTIAN SCHOOL FOUNDATION VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	BASIC EDUCATION/DEGRE (Write in full)  PRIMARY  SENIOR HIGH SCH	DOI.	PERIOD OF From 2007 2013	To 2013 2019	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED 2013 2019	ACADEMIC HONORS RECEIVED VALEDICTORIA N WITH HONORS
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	SPECIAL LA	1080 (BOARD/ BAR) UNDER NWS/ CES/ CSEE	RATING	DATE OF		(m. %)		LICENSE (if	applicable)
	RANGAY ELIGIBIL	LITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity
CAF	REER SERVICE	PROFESSIONAL	PD 907- HONOR GRADUATE	10/23/2023	CSC	RO VIII		N/A	N/A
			- STORING TO STORING					<b></b>	-
						*****			-
V. WORK	EXPERIENCE		(Cor	ntinue on separate sheet	t if necessary)				
(Include pr	vate employm	ent. Stert from your rece	ent work) Descriptio			1			
28. INC	LUSIVE DATES	POSITION					SALARY/ JOBY PAY	et.	3 10 30 1
From	То	(Write in full/Do no	ot abbreviate)	DEPARTMENT / AG (Write in fu	ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (II applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
04/25/2024	05/12/2024	THESIS ENUN			ERAL THESIS	40.00/RESPO NDENT	N/A	N/A	N/A
04/24/2023	07/13/2023	STUDENT RES	EARCHER	DEVELOPME ECOSYSTEM HE	NT OF A TROPICAL ALTH (TrEch) PROJECT	N/A	N/A	N/A	N/A
					***				
	-								
					<del></del>				
SIGN	TIPE	Tall Annual	the Con	tinue on separate sheet	t if necessary) DATE		0111	0 1202	William W.
SIGN	TURE				DATE			S FORM 212 (Revised 2	O(D Days)

COLUNIARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT /	PEOPLE / VO	OLUNTARY O	RGANIZATION	Vs	<b>2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
NAME & ADDRESS OF ORG. (Write in full)	ANIZATION		VE DATES  (dlyyyy)  To	NUMBER OF HOURS		POSITION / NATURE OF WORK
ORE ORGANIZER OF THE 13TH DIOCESAN YOU	TH DAY IN BAYBAY CITY	01/22/2023	07/23/2023	N/A	DYD SECRETA	RIAT AND DYD KITS PURCHASER
OMMISSION ON YOUTH - BAYBAY VICARIATE		2021	2023	N/A	AUDITOR	
OMMISSION ON YOUTH - CARIDAD PARISH		10/07/1905	14/07/1905	NA	VICE PRESIDE	NT
ARISH PASTORAL COUNCIL FOR RESPONSIBL	E VOTING	05/09/2016	05/09/2016	NA	COORDINATO	R
ARISH PASTORAL COUNCIL FOR RESPONSIBL	E VOTING	05/09/2022	05/09/2022	NA	COORDINATO	2
JIL LEARNING AND DEVELOPMENT (L&D) II			sheet if necessary			
30 TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	INCLUSIVE ATTEN	E DATES OF NDANCE Oddyyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
DOST-SEI EXIT CONFERENCE FOR GR	ADUATING SCHOLARS	07/23/2023	07/23/2023			SUMMIT HOTEL, TACLOBAN CITY
SHORT COURSE ON FRESHWATER	R BIOMONITORING	11/03/2022	11/07/2022			DEVELOPMENT OF A TROPICAL ECOSYSTEM HEALTH SCORECARD
VANGUARD: GIS AT THE FORFRONT OF DEVI		12/07/2022	12/07/2022			DEPARTMENT OF GEODETIC ENGINEERING, VISAYAS STATE UNIVERSITY
1ST VICARIAL YOUTH DAY: SYMPOSIUM ON ADDICTION	HIV AWARENESS AND DRUG	12/17/2022	12/17/2022			HOLY SPIRIT PARISH, BAYBAY CITY
SCHOLAR'S VALUES FORMAT	ION PROGRAM	03/26/2021	03/26/2021			ZOOM CONFERENCE
SERIES 1: STRENGTHENING INDIVIDUAL	AND FAMILY RESILIENCY	08/27/2021	08/27/2021			ZOOM CONFERENCE
SERIES 3: ADDRESSING HEALTH AND FOOD SERIES 5: UNDERSTANDING HUMAN DEVE		09/17/2021	09/17/2021			ZOOM CONFERENCE
RESILIENCE DEEPENING CIVIC LEADERSHIP AND HUMANIT		10/08/2021	10/08/2021			ZOOM CONFERENCE ZOOM CONFERENCE
SCHOLARS THROUGH SECTORAL INIATIVES		11/20/2020	11/20/202			20011 0014 21 21 102
			-			
			<del> </del>			
			-			
			-			
	(Cor	ntinue on separate	sheet if necessar	y)		
EV	The second secon	LACADENIA SIG	INCTIONS (DECO	CNITION	ALL AND THE REAL PROPERTY.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32. NO		INCTIONS / RECO	OHITON		33 (Write in ful)  DIOCESE OF MAASIN COMMISSION ON
SINGING						YOUTH
		**********				
						194
	(Co	ntinue on saparati	o sheel if nacessa			01/20/2025
SIGNATURE	The			0	ATE	CS FORM 212 (Revised 2017), Page 3 of 4

3				
	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	☑ NO
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES	☑ NO
	and the second and th	Con Limployous);	If YES, give deta	
			11 120, <b>g</b> .10 co	
3	a. Have you ever been found guilty of any administrative offi	ense?		El No.
	• , , , , , , , , , , , , , , , , , , ,		☐ YES If YES, give detai	☑ NO
l			ii 123, give detai	
	b. Have you been criminally charged before any court?		☐ YES	☑ NO
1			If YES, give detai	
١			Date Filed: Status of Case/s:	
3	36 Have you ever been convicted of any crime or violation of a	ny law decree ordinance or regulation by		
	any court or tribunal?	☐ YES If YES, give detai	☑ NO	
ı		ii 120, givo dotai	<b></b>	
3	37. Have you ever been separated from the service in any of the	e following modes: resignation, retirement		
	dropped from the rolls, dismissal, termination, end of term, fi		☐ YES If YES, give detai	☑NO ls:
	in the public or private sector?			
3	a. Have you ever been a candidate in a national or local elec	ction held within the last year (except	☐ YES	✓ NO
	Barangay election)?		If YES, give det	ails:
	b. Have you resigned from the government service during the		☐ YES	✓ NO
	election to promote/actively campaign for a national or local		If YES, give det	ails:
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	☑ NO
			If YES, give deta	ils (country):
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (PA 7277):		
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please			
	Are you a member of any indigenous group?		∏ YES	☑ NO
	70 5 170 6		If YES, please spec	
	Are you a person with disability?		✓ YES	Пио
	,			
<b>.</b>	Are you a solo parent?		If YES, please spec	ify ID No: 083708000-2584
				ify ID No: 083708000-2584
41.			If YES, please spec	ify ID No: 083708000-2584
41.	Are you a solo parent?		If YES, please spec	ify ID No: 083708000-2584
41.	Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to applicant	it /appointee)	If YES, please spec	ify ID No: 083708000-2584
41.	Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to applican NAME	at /appointee)  ADDRESS	If YES, please spec	ify ID No: 083708000-2584
41.	Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to applican NAME  REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON	ADDRESS BRGY. CARIDAD, BAYBAY CITY BRGY. POMPONAN, BAYBAY CITY	If YES, please specing YES, please specing YES, please specing YES, please specing YEL, NO.  9776376163  9365583065	ify ID No: 083708000-2584
	Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to applican NAME  REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON  JASPER PAUL A. YCOY	ADDRESS BRGY. CARIDAD, BAYBAY CITY BRGY. POMPONAN, BAYBAY CITY BRGY. MAKINHAS, BAYBAY CITY	If YES, please specing YES, please specing YES, please specing YES, please specing YEL, NO.  9776376163  9365583065  9606647958	ify ID No: 083708000-2584
	Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to applican NAME  REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON	ADDRESS  BRGY. CARIDAD, BAYBAY CITY  BRGY. POMPONAN, BAYBAY CITY  BRGY. MAKINHAS, BAYBAY CITY  this Personal Data Sheet which is a tr	If YES, please specing YES, please specing YES, please specing YES, please specing YEL. NO.  9776376163  9365583065  9606647958  ue, correct and	ify ID No: 083708000-2584
	REFERENCES (Person not related by consanguinity or affinity to applican NAME REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON  JASPER PAUL A. YCOY  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe	ADDRESS  BRGY. CARIDAD, BAYBAY CITY  BRGY. POMPONAN, BAYBAY CITY  BRGY. MAKINHAS, BAYBAY CITY  I this Personal Data Sheet which is a brent laws, rules and regulations of the Fintative to verify/validate the contents state	If YES, please specing YES If YES, please specing YES If YES, please specing YEL NO.  9776376163  9365583065  9606647958  ue, correct and Republic of the ed herein.	ify ID No: 083708000-2584
	REFERENCES (Person not related by consanguinty or affinity to applican NAME REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON  JASPER PAUL A. YCOY  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docur	ADDRESS  BRGY. CARIDAD, BAYBAY CITY  BRGY. POMPONAN, BAYBAY CITY  BRGY. MAKINHAS, BAYBAY CITY  I this Personal Data Sheet which is a brent laws, rules and regulations of the Fintative to verify/validate the contents state	If YES, please specing YES If YES, please specing YES If YES, please specing YEL NO.  9776376163  9365583065  9606647958  ue, correct and Republic of the ed herein.	ify ID No: 083708000-2584
	REFERENCES (Person not related by consanguinity or affinity to applican NAME REV. FR. JEROME T. DEJARME  JUDY AN I. SIMPRON  JASPER PAUL A. YCOY  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe	ADDRESS  BRGY. CARIDAD, BAYBAY CITY  BRGY. POMPONAN, BAYBAY CITY  BRGY. MAKINHAS, BAYBAY CITY  I this Personal Data Sheet which is a brent laws, rules and regulations of the Fintative to verify/validate the contents state	If YES, please specing YES If YES, please specing YES If YES, please specing YEL NO.  9776376163  9365583065  9606647958  ue, correct and Republic of the ed herein.	ify ID No: 083708000-2584
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