CS Form No. 212 Revised 2017	DEDOG				W.			
		NAL DAT						
WARNING: Any misrepresen concerned.	ntation made in the Personal Data Sheet and	the Work Experience Sheet	shall cause t	the filing of	administrat	tive/criminal case	e/s against th	e person
READ THE ATTACHED GUID	DE TO FILLING OUT THE PERSONAL DATA S	SHEET (BOS) BEFORE ACC	OMBI ICIIINO	THE BB -	ORM.			
I. PERSONAL INFORMATI	xes [] and use separate sheet if necessary. Indica	ate N/A if not applicable. DO NO	)T ABBREVIA	TE.	1. CS ID N	(a.	(Do not fill u	p. For CSC use or
2. SURNAME	NEGROS		Stat St.					1000
FIRST NAME	JERLYN					NAME EXTENSION	(JR, SR)	
MIDDLE NAME	LORA							
DATE OF BIRTH     (mm/dd/yyyy)	11/29/1990	16. CITIZENSHIP						
(maga 111)				✓ Fil	lipino	Dual Citizensh by birth	hip	lization
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citiz	zenship,			Pls. indicate		rdiizauon
5. SEX	☐ Male ☑ Female	please indicate the	details.				MECO Options	•
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS					PUROK 1	
	☐ Widowed ☐ Separated ☐ Other/s:		SUNFL	louse/Block/Lat LOWER V	ILLAGE		Street SAN PABL	
7. HEIGHT (m)	1.64m		S	Subdivision/Villa ORMOC	age		Barangay LEYTE	
8. WEIGHT (kg)	68kg	ZIP CODE	The state of the s	City/Municipalit		***************************************	Province	***************************************
9. BLOOD TYPE	B+	ZIP CODE  18. PERMANENT ADDRESS	6541			DII	IROK CAIM	
10. GSIS ID NO.		10. F COMPACITI / SS	He	louse/Block/Lot i	No.		Street	
	N/A			Subdivision/Villa			STA. CRUZ Barangay	Ζ
11. PAG-IBIG ID NO.	1210-2737-6487		PROFESSIONAL CONTRACTOR OF THE PARTY OF THE	HILONGO City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-025133627-0	ZIP CODE	6524				I bet	
13. SSS NO.	34-2127273-1	19. TELEPHONE NO.	N/A					
14. TIN NO.	311-383-996	20. MOBILE NO.*	09518082	2713 / 0976	60391160			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	negros.je					
II. FAMILY BACKGROUND			10.00		THE SE	<u>.</u>	300	
22. SPOUSE'S SURNAME	NEGROS		23. NAME of Ch	HILDREN (Wri	ite full name an	nd list all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	PAUL JOHN	NAME EXTENSION (JR., SR)	PRINCESS	S FRANCEN	IE JERLLET	TTE L. NEGROS		19/2015
MIDDLE NAME	BABAD							
OCCUPATION	NONE							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A			ESP MOSE				
24. FATHER'S SURNAME	LORA (DECEASED)	and and						
FIRST NAME	PIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	BAUTISTA							
5. MOTHER'S MAIDEN NAME	<u>-</u>							
SURNAME -	NIMEZ							
FIRST NAME	MILALANE			C. V. C. S. S. S. S. S.				
MIDDLE NAME  II. EDUCATIONAL BACKGI	FABON			(Co	ontinue on se	parate sheet if neces	ssary)	
6.				1				2010 ADOUD
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	LAMAK CENTRAL SCHOOL	PRIMARY EDUCATION	N	1996	2002	N/A	2002	WITH
SECONDARY	BUNG-AW NATIONAL HIGH SCHOOL	HIGH SCHOOL		2002	2006	N/A	2006	HONORS VALEDICT ORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	7.	N/A	N/A	N/A	N/A	N/A
-COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BS MANAGEMENT		2006	2010	N/A	2010	UNIVERSITY
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
	1C	Continue on separate sheet if neces	ssary)	6)				
SIGNATURE	Julieranecon/			DA	TE	07/2	6/21	

CS FORM 212 (Revised 2017), Page 1 of 4

<ol> <li>CAREER</li> <li>LAWS/ C</li> </ol>	ES/ CSEE	0 (BOARD/ BAR) UNDER SPECIAL BARANGAY	RATING	DATE OF EXAMINATION /	PLACE OF EXAMIN	IATION / CONFES	RMENT	LICENSE (if a	
LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(if Applicable) EXAMINATION / CONFERMENT		FLACE OF EXAMIN	ATION / CONFE	MENI	NUMBER	Date Valid	
CAREER SERVICE PROFESSIONAL		81.62%	07/26/2009 TACLOBA		N CITY, LEYTE		N/A	N/A	
					32				
							HI.		
	EXPERIENCE		Harrison Co.	ontinue on separate sheet i					
		nt. Start from your recent w	vork) Description	of duties should be	indicated in the attache	d Work Expe			
	LUSIVE DATES mm/dd/yyyy)	POSITION TIT (Write in full/Do not a			NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV
From	То	(Time in tall be not a		(White in luit	TOO HOL abbreviate)	SALAKI	(Format "00-0")/ INCREMENT	AFFOINIMENT	(Y/1
22/2018	PRESENT	STORE MANAGER		WATSONS		31,500.00	N/A	PERMANENT	NO
19/2015	04/03/2018	FINANCE COORDINA	10.0000	EZDAN HOTELS		35,000.00	N/A	PERMANENT	N
06/2012	08/28/2015	SELLING SUPERVISO		SM HYPERMAR		18,000.00	N/A	PERMANENT	N
16/2010	12/29/2010	ADMINISTRATIVE AS	SISTANT	ALPHA MACHINER CORP.	T & ENGINEERING	12,000.00	N/A	PERMANENT	N
					•				
5000 2 71 500 E 3-6 50				12					
		<u> </u>							
- 64									
				*					
×4									
									-
									1000000
				ntinue on separate sheet if	necessary)				
SIGN	ATURE	Julierone	_ /		DATE	07	26/21		

(Write	NAME & ADDRESS OF ORGANIZATION (Write in full)         INCLUSIVE DATES (mm/dd/yyyy)         NUMBER OF HOURS           From         To					POSITION / NATURE OF WORK		
N/A	,	N/A	N/A	N/A	N/A			
	,							
		-						
		- 1						
	and the second s							
						Name of the second seco		
HI I FARING AND DELETION OF THE	. (Ço	ntinue on separate	sheet if necessary	)				
/II. LEARNING AND DEVELOPMENT (L8	(D) INTERVENTIONS/TRAINING F			I				
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT I</li> <li>(Write in</li> </ol>	INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY		
(Witte in	Tuli)	From	dd/yyyy) To	- HOURS	Supervisory/ Technical/etc)	-(Write in full)		
EXCELLENT CUSTOMER SERVICE			03/12/2019	8.0	MANAGERIAL	WATSONS		
GROOMING STANDARDS		04/10/2017	4.0		EZDAN HOTELS			
BASIC SUPERVISORY SKILLS TRAIN	IING		04/09/2014	8.0		SM HYPERMARKET		
UPERVISORY DEVELOPMENT TRAI	INING PROGRAM	-	03/08/2013	120.0		SM HYPERMARKET		
		02/10/2013	03/00/2013	120.0	SUPERVISORT	SWITTERWARKET		
	*							
			-					
	V 10							
						8		
		022						
						0		
4						· ·		
				-		•		
	•							
¥								
II. OTHER INFORMATION	(Cont	inue on separate si	neet if necessary)					
11. SPECIAL SKILLS and HOBBIES	NON-	ACADEMIC DISTING	CTIONS / RECOGN	ITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
	32.		33. (Write in full)					
MS EXCEL, MS POWERPOINT,	EMPLOYEE OF THE MONTH	N/A						
MS WORD, OUTLOOK, SAP	KPI ACHIEVER							
MICROS, RSIM, BTS								
1 12 T								
Ç G								
· .								
	100							
			-,,					
	(Conti	nue on separate sh	eet if necessary)					

chief of bureau or office or to the person who has immoured or Department where you will be apppointed,			-		
a. within the third degree?     b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administration	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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?		YES If YES, give details RESIGNATION	□ NO SE DN		
38. a. Have you ever been a candidate in a national or local Barangay election)?	YES NO If YES, give details:				
election to promote/actively campaign for a national or	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 perma	YES NO If YES, give details (country):				
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	☐ YES				
41. REFERENCES (Person not related by consanguinity or affinity to ap	pplicant /appointee)				
NAME	ADDRESS	TEL. NO.			
GLADYS JEAN ABAÑO	BRGY. LIBERTAD, ORMOC CITY	09656706636	==		
DAISY MARIE TECSON KIM TAGALOG	BRGY. VALENCIA, ORMOC CITY BRGY. SAN PEDRO, ALBUERA	09064352453 09150068317	<b>3</b>		
42. I declare under oath that I have personally accomple complete statement pursuant to the provisions of philippines. I authorize the agency head/authorized I agree that any misrepresentation made in this administrative/criminal case/s against me.	pertinent laws, rules and regulations of the representative to verify/validate the content	Republic of the s stated herein.	JERLYN L. NEGROS		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's Lioense, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: 0111-0979727-1	Juliercuncy /	/			
iD/License/Passport No.:	Signature (Sign-Inside the	00x)	ALTERNATION OF THE PROPERTY OF		
Date/Place of Issuance: 2013 / TAGUIG CITY	07/26/2) Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued o	government ID as indicated above.		
			ů.		
	Person Administering Oa	th			