CS Form No. 212 Revised 2017	5-5-6-6				4.0		53, 557
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WARNING: Any misrepreser concerned.	ntation made in the Personal Data Sheet and I	the Work Experience Sheet	shall cause t	he filling of administration	rateriminal count	against the	person
READ THE ATTACHED GUE	DE TO FILLING OUT THE PERSONAL DATA SI	HEET (PDS) BEFORE ACCO	MPLISHING	THE POS FORM.			
Print legibly. Tick appropriate both PERSONAL INFORMAT	ixes ] ) and use separate sheet if necessary, Indica	ite N/A if not applicable. DO NO	T ABBREVIAT	TE. I CS ID No		(Do not 18 ap	For CISC and only
2. SURNAME	DALIN					-	-
FIRST NAME	JOHN WHIL				NAME EXTENSION O	P. (F)	
MIDDLE NAME	ALMOSA		_				
3. DATE OF BIRTH	7	T		1			-
(mm/dd/yyyy)	09/19/1997	16. CITIZENSHIP		☑ Filipino [	Oual Ottomobile	-	
4. PLACE OF BIRTH	TAGUIG CITY	If holder of dual citize	renship,		Dry birth Pls. indicate	Dby natural country:	tzanon
\$ SEX	✓ Male Female	please indicate the o	and demand the	Philippines			
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS				PUROA 2	
	☐ Widowed ☐ Separated	A CONTRACTOR OF THE STATE OF TH	Н	louse/Block/Lot No.		Simel	-
Maria.	Other/s:	n Grindegen older Engin Herselberootsty		Subdivision/Village		Barangay	
7. HEIGHT (m)	1.68			HINUNDAYAN City/Municipality		Province	
8. WEIGHT (kg)	Marie 67 Long and the	ZIP CODE		POWERSHALD NO	6609	300,00	-0.00
9. BLOOD TYPE	TO ALL O ME SE THE TY	18. PERMANENT ADDRESS	н	ouse/Block/Lat No.		PURCK 2 Stroet	
10. GSIS ID NO.	N/A			Subdivision Village		BUGHO Barangay	-
11. PAG-IBIG ID NO.	121342946614			HINUNDAYAN	sc	UTHERN LEYTE	
12. PHILHEALTH NO.	13-251644860-5	ZIP CODE	+	City/Municipality 6609	-	Province	-
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13. SSS NO.	06-4264988-7	19. TELEPHONE NO.	1		NA		NOUND COM
14. TIN NO.	744-325-464	20. MOBILE NO.		+639511916780			
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)		djohnwl	nil@gmail.com	n	
II. FAMILY BACKGROUN				<b>公车和总统基础</b> 在1000			
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME OF C	HILDREN (Write full name and	list all)	-	TH (mmiddlyyyy)
FIRST NAME	N/A N/A			N/A			WA .
MIDDLE NAME	N/A N/A		-	N/A			VA.
OCCUPATION  EMPLOYER/BUSINESS NAME	N/A		-	N/A			WA .
	N/A		N/A			WA	
BUSINESS ADDRESS TELEPHONE NO.	N/A		+	NA			WA .
24. FATHER'S SURNAME	DALIN						
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR)	1				
MIDDLE NAME	CARDONA		1				
5. MOTHER'S MAIDEN NAME JOS							
SURNAME	DALIN		1	on the second second	Comment of Section		
FIRST NAME	JOSEFINA						
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	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	ELCOURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL	YEAR	SCHOLUSSIEN ACADEMIC
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Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be appointed,	ting or recommending authority, or to the liate supervision over you in the Office,	17-16			
a. within the third degree?	☐ YES	☑ NO			
b. within the fourth degree (for Local Government Unit -	☐ YES	☑ NO			
	If YES, give det	ails:			
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35. a. Have you ever been found guilty of any administrative	☐ YES	<b>☑</b> NO			
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b. Have you been criminally charged before any count?	104 AW AND	YES If YES, give deta	☑ NO		
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36. Have you ever been convicted of any crime or violation of	f any law, decree, ordinance or regulation by	□YES	☑ NO		
any court or tribunal?	If YES, give details:				
37. Have you ever been separated from the service in any of	the fellowing mades environting				
retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	the following modes: resignation, end of term, finished contract or phased out	If YES, give deta	ils:		
a. Have you ever been a candidate in a national or local e Barangay election)?	YES If YES, give det	☑ NO ails:			
<ul> <li>b. Have you resigned from the government service during election to promote/actively campaign for a national or loc</li> </ul>	☐ YES ☑ NO If YES, give details:				
9. Have you acquired the status of an immigrant or permane	int resident of another country?	☐ YES ☑ NO			
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Are you a person with disability?  Are you a solo parent?		If YES, please speci YES If YES, please speci YES If YES, please speci	✓ NO fy ID No: ✓ NO		
REFERENCES (Person not related by consanguinity or affinity to applica-					
NAME	ADDRESS	TEL. NO.			
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HON, EVELYN T. LEE (MUNICIPAL MAYOR)	DISTRICT 3, HINUNDAYAN SO. LEYTE	N/A			
I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repress agree that any misrepresentation made in this docu	nent laws, rules and regulations of the h	republic of the	JOHN WHIL ALMOSA DALIN		
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IBP No. 382350 - MD for ?024
Roll No. 87525, TIN No. 320-286-241
MCLE Compliance (on-going)
Office, Lagiwliw, Brgy, Ambao Hinundayan So, Leyte