CS Form No. 212 Revised 2017	D	EDGO	NAL DATA	A SHI	FET				
WARNING: Any misrepresenta concerned.						istrative/cri	minal case/s aga	inst the perso	on
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	TO FILLING OUT THE PERS as) and use separate sheet	if necessary. Indica	te N/A if not applicable. DO NO	T ABBREVIATE.	DS FURIN.	CS ID No.		(Do not fill up. Fo	r CSC use only)
PERSONAL INFORMATION									
2. SURNAME	Sabando					To to	AN AS ENTENDION (ID.	nn.	
FIRST NAME	Menchu					N	AME EXTENSION (JR.,	N4	
MIDDLE NAME	Buchaflor								
DATE OF BIRTH (mm/dd/yyyy)			16. CITIZENSHIP		Filipino		Oual Citizenship		
(пиностуууу)	06/4/1993							by naturaliza	tion
4. PLACE OF BIRTH			If holder of dual citizer				Pls. indicate co	untry:	
5. SEX	Male	Female	please indicate the de	etails.					~
6 CIVIL STATUS	Single	Married	17. RESIDENTIAL ADDRESS	House	e/Block/Lot No.			Street	
	☐ Widowed☐ Other/s:	Separated			division/Village			Barangay	
7. HEIGHT (m)	1-253			City	y/Municipality	MA VE		Province	
8. WEIGHT (kg)	19 kg		ZIP CODE						
9. BLOOD TYPE			18. PERMANENT ADDRESS	House	e/Block/Lot No.	<u> </u>		Street	
10. GSIS ID NO.	A positive.					DATE TO	projy s	Barangay	à
11. PAG-IBIG ID NO.	The second second	1			division/Village Whay WMunicipality		ley	rte	
	1211 84012100	5000	ZIP CODE	Cit	y/Municipality			Province	
12. PHILHEALTH NO.	13202091124		19. TELEPHONE NO.		1	VIII.	CONTROL DE		1100
13. SSS NO.	0636611203		20. MOBILE NO.	200.44	40//	1 0	100		
14. TIN NO.	321-728-991	-		MOGGGGG	2488 1	09399	184/038 1com		
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	menchus	abando	@gmail	rom		
II. FAMILY BACKGROUN				23. NAME of CHII	DREN (Write	full name and l	ist all)	DATE OF BIRT	H (mm/dd/yyyy)
22. SPOUSE'S SURNAME	NA NA		NAME EXTENSION (JR., SR)	20.70 012 07 010					
FIRST NAME	NA NA				NA				
MIDDLE NAME	NA								
OCCUPATION						-			
EMPLOYER/BUSINESS NAME		_							
BUSINESS ADDRESS		+						A	
TELEPHONE NO.	0.1								
24. FATHER'S SURNAME	Sabando		NAME EXTENSION (JR., SR)						
FIRST NAME	2acanas		JA						
MIDDLE NAME	Gome.								
25. MOTHER'S MAIDEN NAME	townaflor								
SURNAME	11-15-	1							
FIRST NAME	Nelia				IC	ontinue on se	parate sheet if nece	ssary)	
MIDDLE NAME III. EDUCATIONAL BACK	Tripoli								
				accioninac	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP
26. LEVEL	NAME OF S (Write in		BASIC EDUCATION/DEG (Write in full)		From	То	UNITS EARNED (if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	transay 11 Couth) Central	kiroler 11- Grad	en	1498	2005		2004	NA
SECONDARY	Franciscan College	of the Immac			2005	2009		2009	NCAE
VOCATIONAL / TRADE COURSE	LONCOPHA								
COLLEGE	Francis can College	e of the purad	what Bachelon Of Science Business Administration	najor was	2009	- 2015		2015	Honor
GRADUATE STUDIES	Concepta								
SIGNATURE	Makedo		(Continue on separate sheet if n	ecessary)	D	ATE	11/201	l ₁ m ₂	

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

27. CARE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if	applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT		NATION / CONFERMENT		NUMBER	Date of Validity	
Careen Ser Paper tes	mile Gram + Profession	ination Pen 9	86.00	Aug. 20, 2025	& Joseph College Southern	Maarin	Chy,	die weie w	- Charles
frem 18 m	in it for our	The same	TO A COLOR SHAPE OF	P TUNCO DO DE	JOKYALFA I	yre.	siet in City		
							and the		
							inc. All		
		the Clinic Clinica				- X 85	BALDI		
	VARIO :	and the second		tronger based					10000
			(C	ontinue on separate sheet	t if necessary)				
	XPERIENCE						N		
	ate employme SIVE DATES	ent. Start from your recer	t work) Descript	ion of duties should	be indicated in the attac	hed Work Ex		et.	
	m/dd/yyyy)	POSITION TO (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
ogloyhors	Present	Adm 1 11 11		Well Acon 1		1200.00	INCREMENT	. /-	1
11		Admin Ande III	n Lacel States	VSU Account	monie Venture CA	-		So	Y
	07/14/2003	Accounting Superi		MICH ANAMA	MODING VENTURES, (A	22,0000	46	Regular	X/
08/24/2018	4/10/2019	Branch Accounted			vone Ventrus (A	14,00.10	Lavel	Regular	N
01/03/2018	08/27/2018			Solianos put	electing tirm	ED	- Million	Rigular	N
94/15/20X	04/44/2017	Parameh Account	tant	Microfinanu	MGO) (no	10,10,0	L. Carlo	Regulas	N
20H	104	Povak feadomic	Tuton	working 1	Fudent	10/hr.		NA	N
									n Mai
**************************************	new trul	Spalling model of	nij Kalingry 1870	6				1144	100
			74						
							-		
								- 1	- A - I
				(6.4.6)	No. Barrier				rantori
									40.92/201
							-	- Janes III	Bama
					٨				
De Harris		and the second							
tienesi (Auguste	Tarre chesing !	pair deep to the		The state of		of a plint			
	TAL	1200	Sea	1- 6000 -1	alter Section	60-3	b wheel		DINTE.
-3.00			200		La Land de		and the same		made Trans
		700							
									na min
10000			A Town	The August with	Charles I	10/10/			MARIO
								- Man	du Rei
			(Con	ulinue on separate sheet if	necessary)				
	TURE	Makylo				11/20/20	Name and Address of the Owner, where the Owner, which the Owner, which the Owner, where the Owner, which the		

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		IT / PEOPLE / VOLUNTARY INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS			
(write in full)		From	То	NUMBER OF HOURS		POSITION / NATURE OF WORK	
Date - State			right of	Duga-1	nt I briantroler	ad the commence the setting like of	
Distribution and SEAL							
				21-1/310-9-1	p Lacation 40		
slisten and SEY1							
				-			
Last Last Last Last Last Last Last Last							
Provide adult 7							
	Confi	nue on consente	sheet if necessary;				
III. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS	TRAINING PR	OGRAMS A	TTENDED				
tart from the most recent L&D training program and include only the relevant L&D to	raining taken for the	last five (5) years	for Division Chief	Executive Manageri	al positions)		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING F	PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)	-		ld/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
Cartain Con Trade		From	To	-4-		Pousiness boach Inc. Jeeny	
Customer Service Training		03/9/2013	3/9/203	3hx			
World usion's Information & Oaka Troketion		3hshow	Thetran	3/18		world never / CEM	
Personal Gounty Online training		06/2020	Ochoro	Thre.		world usin /CEN	
Civil Service Commercian Rumian	4	choper	2/20hor	Iday	g Industrial	Flic · CSC	
Social Etiquette Seminar	1	10/3/2012	lolahon	1 day		MBA - FOIC (MODERN BURITED	
BSP Role in the philippine Economy & NGC		efro hors	chohop	(Lay		BSP - FCIC	
Leadership Training Avances		Papers	8/29/2013	1day			
Effective Communication & Listing Stills &		ahlrons	10/2/2013		3.11 - 619, 180	Modern Musmus pehrevers and/	
EXECUTE (SAMUNICATION & USTAILED BOTHS &	enurar i	44.019	1012/4015	1 day	CLUB REAL	Modern Musmals Morrison Une 17	
mar box subjection and the	Pal				3.41	Trupodemi fin is a construct of	
DATE PROPERTY						Company of the control of the contro	
talk (Strategy Appeller)	NI I						
775 2110						The state of the s	
DN OF YEARS & MALL AS		and the same of the same					
				P and making			
childre middlemakon (III		E 11	134				
process of the same broad St. St. St. St. St.	and I		- 600	Appen .		the Company of the	
				0			
N. O. C. Bright Book (St. 1979)							
Construction Construction							
100 A			DRE SHOT	Die Paris	gricocal yair		
		no el e	Lin War		n best out a	ment varyage on committee interpretation	
to past a	al Allino III	ide identity	into all N	ii. Ineliusoi	bing to not	III ROMINSONIO DIL MINISTRALI	
II. OTHER INFORMATION	(Continu	ue on separata si	heat if necessary)				
	NON-AC	ADEMIC DISTING	CTIONS / RECOGN	ITION		MCMPCPOUR MARROCKATION OPPONENTATION	
11. SPECIAL SKILLS and HOBBIES 32.		(Write	in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
fassiving QAA / Solving-Online Most Outerto	anding bro	anch to	ceauntant	Leyte A	eas CAN	singles for christ	
Answering QAA / Solving-Online Most Outsta	Idina Dia	not bor	exulat U	hote -	21-200	Pet Const	
linging	7 10-00	of free	Myong	" C	V 1 2017	ATTEMOTIVE BOOK OF	
	- deposit descrip	- Da			50(0)1	Incleded in normal direct diseases.	
SIGNATURE ÂGIA	(Continu	ie on separale sh	reet if necessary)		-	11	
SIGNATURE				DAT	E	(10 10L3) CS FORM 212 (Revised 2017), Page 3 of	

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed	ting or recommending authority, or to the				
Bureau or Department where you will be apppointed,	and supplied the supplied of t	The second second second second			
a. within the third degree? b. within the fourth degree (for Local Government Unit - C	☐ YES ☐ NO ☐ YES ☐ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative	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 of any court or tribunal?	☐ YES ☐ NO If YES, give details:				
37. Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of term in the public or private sector?	, finished contract or phased out (abolition)	YES NO If YES, give details:			
38. a. Have you ever been a candidate in a national or local e Barangay election)?	☐ YES ☐ NO If YES, give details:				
b. Have you resigned from the government service during election to promote/actively campaign for a national or local content of the promote of the pro	al candidate?	☐ YES ☐ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permane	YES NO If YES, give details (country):				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mand (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas 	agna Carta for Disabled Persons (RA 7277);				
Are you a member of any indigenous group?	so dilottor the following facility.	□ YES ₽ NO			
Are you a person with disability?		If YES, please specify:			
Are you a solo parent?	If YES, please specify ID No: YES NO If YES, please specify ID No:				
11. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)				
NAME	ADDRESS	TEL. NO.			
Valence Y. Vergis	Bankay Chy Luste	(525)000-1000			
Larre Niea Caceres		09659607158			
Jone post Bardalan	Haybay ah lute	09103539788			
2. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of perti- Philippines. I authorize the agency head/authorized repres- agree that any misrepresentation made in this doc administrative/criminal case/s against me.	nent laws, rules and regulations of the F sentative to verify/validate the contents state	Republic of the			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	is this to more in taking with	-			
Government Issued ID: Phil. National ID /Passyurt	Madrilo	Color on I demonstrate the			
ID/License/Passport No.: Passport #. P5742373C	x)				
Date/Place of Issuance: 00/2012023 DFA Tacloban	M/26/2023 Date Accomplished	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	his/her validly issued government ID as indicated above.			
	Person Administering Oath				