CS Form No. 212	the second se							
Revised 2017	PERSOI	VAL DAT	A SH	IEE'	T			
concerned.	tion made in the Personal Data Sheet and the					referiminal cases	s against the	person
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE  ) and use separate sheet if necessary. Indicate	EET (PDS) BEFORE ACCOM N/A if not applicable. DO NOT	APPLISHING TO ABBREVIATE	HE PDS FO	1. CS ID No.		(Do not fill up.	For CSC you goly
I. PERSONAL INFORMATIO	N	STATE OF THE PARTY OF THE PARTY.				NATIONAL PROPERTY.		
2. SURNAME	Medalla							
FIRST NAME	Ariel					WHE EXTENSION OF	JA JJA	
MIDDLE NAME	Salinas				-			
3. DATE OF BIRTH		16. CITIZENSHIP						
(mm/dd/yyyy)	09/18/1996	16 CHZENSHIP		V Find	no		in the same	
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizenship,		∐by birth Pls. indicate o			by naturalization country	
5. SEX	Male Female	please indicate the de	tals.					~
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	1	048				
	☐ Widowed ☐ Separated ☐ Other/s:			Tulay	h	Street		
	the state of the s		Su	behind ling	0		Barangay	
7. HEIGHT (m)	1. 6			sabel			Leyte	
8. WEIGHT (kg)	G7	ZIP CODE			6539			
9. BLOOD TYPE	B+			109 B				
10. GSIS ID NO.	NA		T	ulay		Shed		
11. PAG-IBIG ID NO.	1211-9759-9741	S		Sabel		Leyle		
12 PHILHEALTH NO.	12-625662152-0	ZIP CODE	C	ty/Municipality	653	39	Province	
13. SSS NO.	34-6708960-3	19. TELEPHONE NO.	C	053) 8				
14. TIN NO.	701-902-978	20. MOBILE NO.		915 6				
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)				mail. com		
II. FAMILY BACKGROUND		AND REAL PROPERTY.	Service di	ALC: UN	Service .	E 100 10	Water Bullet	NAME OF TAXABLE
22. SPOUSE'S SURNAME	NA		23. NAME of CH	ELDREN (WIT	e full name and	fet all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		NA			NA	
MIDDLE NAME								
OCCUPATION			0.4	100			Mary 11 a	
EMPLOYER/BUSINESS NAME		THE RESERVE	77	Ties				
BUSINESS ADDRESS								
TELEPHONE NO.			William Inc.					
24. FATHER'S SURMANE	Medalla							
FIRST NAME	Francisco						7	
MIDDLE NAME	Petilla							
25. MOTHER'S MAIDEN NAME	regina							-
SURNAME	Salinas		The second secon					
FIRST NAME					-			
	Elsa							
III. EDUCATIONAL BACKO	Surigao		-	(C	ontinue on se	parate sheet if neces	sayı	
		22 20 to the second party of						SCHOLARSHPI
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS
					To	(one garage)		RECEIVED
ELEMENTARY	LIDE Learning Center, Inc.	A Company of the Comp			2009			
SECONDARY	LIDE Learning Center, Inc.	Secon dary		2009	2013			
VOCATIONAL / TRADE COURSE	NA							
COLLEGE	University of San Jose-Recolate			2013	2017		2017	
GRADUATE STUDIES	Palompon Institute of Techni	gy My-Guidance	seling	2018	present	thesis		
SIGNATURE		ontinue on separate sheet if nec	esSafy)	DA	ITE	09/12	12022	

CIVIL RE			3000						CONTRACTOR OF STREET
The state of the s			The Land of the Land					LICENSE (if a	co(cable)
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Psyc	to metric	cian (RA 10024)	76.201	11/23/2017	Cebu C	171			9/18/2
Driver	's Licen	se			Ormac C	44		403-20- 100246	alis 120
	KPERIENCE	et Start from your recent		ontinue on separate sheet if i		hed Work Ex	perience shee		WHI.
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TO (Write in MA/Do not		TLE	DEPARTMENT / AGEN	MONTHLY SALARY	SALARYI JEBITAN GRACE B aphabula STEP Forma 10-07) NGREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (YIN)		
From 06/15/2018	To 07/30/2012	College Instru	ncfor	Western Leyte	College			Contractual	N
les has	07/30/2022	Hunan Resource Ps Takent Acquisi	Officer / ychometricio	Western Le	He Callege		da	Permanent	
9/11/2017	11/27/20n	Takent Acquisi	lion Speciali	t Teletech				Project -	N
	112								
								Water Line	
SIGNA	TURE		1	ontinue on separate sheet if	DATE	09	112/202	2	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	T/PEOPLE/V	OLUNTARY	ORGANIZAT	ION/S	等的。 10.1000年,10.1000年	
29. NAME & ADDRESS OF ORGANIZATION (Witte in full)	MICLUSIVE DATES (mm/dd/yyyy)  From To		POSITION / NATURE OF WORK			
NA	rion	PULL	-	Marketon .		
	1000					
				A STATE		
		Harris		AND REAL		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I	ntinue on separate s	heet if necessary)		13000		
	INCLUSIVE					
30. TITLE OF LEAFRING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTENDANCE (mm/dd/yyyy)  From To		NUMBER OF HOURS	Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
11						
Human Resources Management Data Privacy Act for Human Resources and	10/25/2021			Supervisory		
Vata Privacy Act for Human Resources and	11/28/2019	11/29/2019	16	Supervisory	ItI Trainfolink	
Corporate Data Profection			Lord	All the second		
understanding RA 11058	1/3//2019	1/31/2019	4	Supervisory	Rotary (lub of Ormac	
A CONTRACTOR OF THE CONTRACTOR						
	Very let					
	19-9-1					
					Faitles at Lucies	
			3-17			
				Several Control		
	ALERS				<b>经验验基础证据</b>	
VIII. OTHER INFORMATION	intinue on separate	sheet if necessar	7)			
CARLES AND	N-ACADEMIC DISTR	ICTIONS / RECO	GNITION	BEOLDINA.	MEMBERSHIP IN ASSOCIATION DOCAMIZATION	
	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
Consulter Liferate Table Tennis Coach Table Tennis					Psychological Association of the Philippines	
Table lennis					of the Philippines	
		A DETERMINE				
			to fee			
SIGNATURE	ontinue on separate	sheat if necessar				
				DATE	09/12/2022 CS FORM 212 (Revised 2017), Page 3 of 4	

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? b. within the fourth degree (for Local Government Unit - Care	□ YES ☑ NO □ YES ☑ NO			
b. within the lother degree (for Local Government Onit - Care	☐ YES ☐ NO If YES, give details:			
35. a. Have you ever been found guilty of any administrative offe	☐ 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 ar by any court or tribunal?	☐ YES ☐ NO If YES, give details:			
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES NO If YES, give details: Yes ignation			
38. a. Have you ever been a candidate in a national or local elements are a section.		☐ YES		
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES     ☑ NO If YES, give details:			
<ol> <li>Have you acquired the status of an immigrant or permanent</li> </ol>	☐ YES ☐ NO If YES, give details (country):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma				
<ul><li>7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)</li><li>a. Are you a member of any indigenous group?</li></ul>	, please answer the following items:			
Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:		
b. Are you a person with disability?	☐ YES ☑ NO			
c. Are you a solo parent?	If YES, please specify ID No:  YES If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
NAME	ADDRESS	TEL NO.		
Mr. Paulo G. Batidor	Visayous State University	09684442159		
Mr. Jonathan A. Joyo	VSU- Isabel Campus	09064119628		
Mrs. Agnes Julie P. Beltran	Palompon Institute of technology	09324391184		
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	d this Personal Data Sheet which is a to nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the led herein.		
Government Issued ID (Le.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: Driver's Liteuse				
ID/License/Passport No.: 403 - 20 - 100 2 46	Signature (Sign inside the	box)		
Date/Place of Issuance: Ormoc City	O9/12/2012 Date Accomplished	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhit	biting his/her validly issued government ID as indicated above.		
	ath			
	and the state of t	CS FORM 212 (Revised 2017). Page		