CS FORM 212 (Revised 2005)						100				
PERSONAL DATA SHEET										
Diet beild. Med conserved by	oxes with " A and use separate sheet if necessary.			1. CS E) No			(to be filled up by CSC			
I PERSONAL INFORM							(ii) be taken up by coo			
	LIOIRIEITIOI I I	1 1 1 1	1 1 1		111					
2. SURNAME				1 1 1 1						
FIRST NAME	I I I I I I I I I I I I I I I I I I I		1 1 1	1 1 2 NAME	EXTENSION (e.g. J	0-1	1111			
MIDDLE NAME	CIAIMIA INIDIDINIAI	1 16 RESIDENTIAL A	DDRESS		Annual by and the last		1 11			
DATE OF BIRTH (mm/dd/yy)		001		EMILLO TA	CINTO ST. PE	BLACION	20NE 21			
5. PLACE OF BIRTH	BAHBAH CITY, LEYTE	_		BAYBAY CI	M, LETTE					
6. SEX 7. CIVIL STATUS	☐ Male ☐ Female	_	30 0005	CEAA						
7. GIVE STATUS	☑ Single ☐ Widowed	CI TELEVISIONE IN	ZIP CODE	6521						
	☐ Married ☐ Separated ☐ Annulled ☐ Others, specify	17. TELEPHONE N 18. PERMANENT A		EMILID TO	10 T) Au	lange and	DOME DA			
			18. PERSIANENT ADDRESS		BAYBAY CITY, LEYTE					
8. CITIZENSHIP	FILIPINO	_		SHIDH I C	411, cem					
9. HEIGHT (m)	1.59 m		ZIP CODE	(504						
10. WEIGHT (kg)	60 kg	19. TELEPHONE NO		6521						
11. BLOOD TYPE	Α	20. E-MAIL ADDRES		1.10.010	16 mail	00.0	21.110			
12. GSIS ID NO.  13. PAG-IBIG ID NO.	121302961246	21. CELLPHONE NO		valoretos	031 d 3	COVI				
14. PHILHEALTH NO.	132503656252	22. AGENCY EMPL		011000	87187					
15. SSS NO.	064 401 7501	23. TIN	JIEE NO.	359521	560000		10.99			
II. FAMILY BACKGRO				00 1021	380000					
24. SPOUSE'S SURNAME			25. NAME OF C	CHILD (Write full name as	nd list all)	DATE OF	F BIRTH (mm/dd/yyyy)			
FIRST NAME			277.70				1 1			
MIDDLE NAME							1 1			
OCCUPATION							1 1			
EMPLOYER/BUS. NAME							1 1			
BUSINESS ADDRESS							1 1			
TELEPHONE NO.							1 1			
	(Continue on separate sheet if necessary)						1 1			
26. FATHER'S SURNAME	LORETO						1 1			
FIRST NAME	NARVIN						1 1			
MIDDLE NAME	OLOR						1 1			
27. MOTHER'S MAIDEN NAME							1 1			
SURNAME	CAMANDONA						1 1			
FIRST NAME	CHONA						1 1			
MIDDLE NAME	DAJAO			(Continue	on separate sheet	if necessary)				
III. EDUCATIONAL BA	CKGROUND									
28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE I ATTEND		SCHOLARSHIP! ACADEMIC HONORS RECEIVED			
	DUEC CARLOS O CARCIA		0.043	(ii not Brandaren)						
ELEMENTARY	PRES. CARLOS P. GARCIA EXEMENTARY SCHOOL	HUMANINES AND	2013	7 = 2	2007	2013	CLASS			
SECONDARY	ACADEMY	SOCIAL SCIENCES	2019		2017	2019	VALEDICTORIAN			
VOCATIONAL / TRADE COURSE	DOLY LECHNIC UNIVERSITY OF	BUHBOR TO APT	00.00		00	0.5~	MAGNA CUM			
COLLEGE	THE PHILIPPINES	BRUHBOR OF ARTS IN ENGLISH LANDING TOURIES	2023		2019	2023	LAUDE			
GRADUATE STUDIES										

(Continue on separate sheet if necessary)

Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY			DATE OF				E HOLE	LICENSE (if applicable)			
29. CAREER SERVICE/ RA 1080 (BOARD/ B UNDER SPECIAL LAWS/ CES/ CSEE		080 (BOARD/ BAR) NS/ CES/ CSEE	RATING	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFER	MENT	MARIER	DATE O		
_											
	_		_								
											_
v Wo	IRK E	XPERIE	VOE	(Include private			sheet if necessary) out current work)				
10.	INCLU	ISIVE DATES	-					MONTHLY	SALARY GRADE & STEP	STATUS OF	GOVT
(mm/dd/yyyy) POSITION (Write in			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)		SALARY	INCREMENT (Format 100-07)	APPOINTMENT	SERVICE (Yes / No			
08/1	122	10/14	123	Customer Serv	ice Representa	Alorica	Cubar	25,500			No
09,-	7/20	01,9	21	Assistant Bok	keeper	Savernet's	Marketing	P12,000			No
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	9.000				(Co	itinue on separale	sheet if necessary)			212 (Revised 200	

81. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mensic	/E DATES Id/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK
Department of English, toroign Languages and Linguistics	10 / 10 / 2020	09/09/2023		Member
Extension Student Corps (PUP)		09 / 61 / 2022		Member
	1 1	1 1		
	1 1	1 1		
No. 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1	1 1		
	m on pepurate shoot l training )	necessary)		
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES (mm/d	OF ATTENDANCE (d/yyy)	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
The Tretor-Totter of Varied Englishes	07 / 09 / 22	07/ M /22	5	PUP
No Lead Without the Flock	62, 24,22		4	PUP, SAMASA
Approaches and Methods in ELT	03/12/21	0 1  2 12	6	Pup
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	ue on separate sheet ii			
VIII. OTHER INFORMATION	NON-ACADEMIC DISTI	NCTIONS / RECOGNI	TION:	MEMBERSHIPIN
33. SPECIAL SKILLS / HOBBIES: 34.	(Write in fulf) 35. ASSOCIATION/ORGANIZATION (Write in fulf)			
	iployee of the Month (March 2023 p 4 Account Expert			Book Lovers Club
Critical Thinking Skills Top 4 Empathetic and Cultural Sensition	ACCOUNT EX	pert		Pup BiblioFlix
EINPAINENC AND CHINNA) SEASUM				TUT BIBIOTIX

COMMUNITY TAX CERTIFICATE NO.  VAN I V.C. LO AET  SIGNATURE (Sign inside the box)  1 / 1   12   19   2023  ISSUED ON (mm/dd/yyyy)   DATE ACCOMPLISHED   RIGHT THU	appointing authority, recommending authority, chi has Immediate supervision over you in the Office, appointed?	ef of office/bureau/department or person who Bureau or Department where you will be	YES ZNO If YES, give details:		
b. Have you ever been guilty of any administrative offense?    IYES, give details:					
b. Have you ever been guilty of any administrative offense?    YES	37 a. Have you ever been formally charged?		1		
regulation by any court or tribunal?  If YES, give details:  If YES,	b. Have you ever been guilty of any administrative	e offense?	The second secon		
referement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?  # YES, give details:  # YES		lation of any law, decree, ordinance or			
# YES, give details:  # YES, give details: # YES, give details: # YES, give details: # YES, give details: # YES, give details: # YES, give details: # YES, give details: # YES, give details: # YES, g	retirement, dropped from the rolls, dismissal, term	n any of the following modes: resignation, nination, end of term, finished contract, AWOL or			
### ADDRESS TEL. NO.    Are you a solo parent?   Parang Marikina City, NCR   D920310316	40. Have you ever been a candidate in a national or k				
Regine Guevarra  14th Ave Soccore Cubar D.C. 69270398757  Jährah Althea Abellara Pavang Marikina City, NCR 09243110316  Cherry Corone I Novalich 13 Quezom City 91090334919  43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.  PHO  COMMUNITY TAX CERTIFICATE NO.  ISSUED AT  ISSUED ON (mm/dd/yyyy)  DATE ACCOMPLISHED  RIGHT THU	b. Are you differently abled? c. Are you a solo parent?	ly to applicant / appointee)	If YES, please specif  ☐ YES ☑ NO  If YES, please specif ☐ YES ☑ NO	fy:	
Regine Guevarra  14th Ave Soccoro Cubato D.C. 6927038757  Janesh Atthea Abellana Pavang Marikina City, NCR 0920310316  Cherry Corone Novalidati Queen City 9090330919  43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.  PHO  COMMUNITY TAX CERTIFICATE NO.  ISSUED AT  SIGNATURE (Sign Inside the box)  1 2 19 2023  ISSUED ON (mm/dd/yyyy)  DATE ACCOMPLISHED  RIGHT THU			TEL NO.   T		
Tangah Atthea Abellana Pavang Matikina City, NCR 1928/10316  Cherry Corene Novalidate Quezon City 9090330919  43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.  PHO  COMMUNITY TAX CERTIFICATE NO.  ISSUED AT  ISSUED ON (mm/dd/yyyy)  DATE ACCOMPLISHED  RIGHT THU					
Cherry Corone Novalid 3 Que on Circ 909030919  43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.  PHO  COMMUNITY TAX CERTIFICATE NO.  ISSUED AT  SIGNATURE (Sign inside the box)  I 2   19   2023  DATE ACCOMPLISHED  RIGHT THU		Parang Marikina City, NCR	09263110316		
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