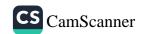
CS Form No. 212 Revised 2017	PERSO	ONAL DATA				minal case/s aga	inst the perso	n concerned.	
READ THE ATTACHED GUID	E TO FILLING OUT THE PERSONAL DATA SI s ( ) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT ABBRE	EVIATE.	3 r Oran.	1. CS ID No		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATION		· 1000000000000000000000000000000000000		FEMALES.		New Yorks		NAME OF	
2. SURNAME	PLEÑOS								
FIRST NAME	REGINE					NAME EXTENSION (J	2,58)		
MIDDLE NAME	SABANATE								
3. DATE OF BIRTH		18. CITIZENSHIP				1			
(mm/dd/yyyy)	07/13/2000			Filipino Dual Citizenship  by birth by naturalization					
4. PLACE OF BIRTH	SURIGAO DEL NORTE	If holder of dual citizensi		Pls. indicate country:					
5. SEX	Male Female	please indicate the deta	IIS.						
6 CIVIL STATUS	Single Married			NO. 4, BLOCK 5, LOT A N/A					
	Widowed Separated Other/s:		House/Block/Lat No. TZU CHI				LILOAN		
		-	Subdivision/V		n/Village DRMOC			Barangay LEYTE	
7. HEIGHT (m)	1.53		City/N	Municipality			Province		
8. WEIGHT (kg)	50	ZIP CODE				6541		AM	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	HOUSE NO	D. 4, BLO Block/Lat No.	CK 5, LO	IA E	Street		
10. GSIS ID NO.	N/A			TZU CH	1		LILOAN Barangay		
11. PAG-IBIG ID NO.	121303406089		SubdivisionVillage ORMOC CityMunicipality		LEYTE Province				
12. PHILHEALTH NO.	132028428727	ZIP CODE			6541				
13. SSS NO.	0644351558	19. TELEPHONE NO.				N/A			
14. TIN NO.	612298929000.00	20. MOBILE NO.	0993			922785960			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	SABANATERE		EGINE0@GMAIL.COM				
II. FAMILY BACKGROUND		and the second second	HARATT .			42-15	-		
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and			nd list all) DATE OF BIRTH (mm/dd/yyy)			
FIRST NAME	N/A	NAME EXTENSION (JR., N/A SR)	N/A		N/A		VA		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	PLEÑOS								
	ROEL	NAME EXTENSION (JR., N/A							
FIRST NAME		SR)							
MIDDLE NAME	BAYO								
5. MOTHER'S MAIDEN NAME									
SURNAME	SABANATE								
FIRST NAME	RODELYN			10	ontinue na si	eparate sheet if nec	essarvi	1 21 11	
MIDDLE NAME	REJE			lo lo	Onana on a	parate shoot h has	instruction of	other weeks	
II. EDUCATIONAL BACKG	ROUND					HIGHEST LEVEL /	4.75	SCHOLARSHIP	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	COGON CENTRAL SCHOOL	N/A		2006	2012	N/A	2012	FAST ACHIEVER	
SECONDARY	ORMOC CITY SENIOR HIGH SCHOOL	CCOUNTANCY AND BUSINESS MANAGEMEN		2016	2018	N/A	2018	WITH HIGH HONOR	
VOCATIONAL / TRADE COURSE	WESTERN LEYTE COLLEGE OF ORMOC	FOOD AND BEVERAGE SERVICES		2022	2022	N/A	2018	N/A	
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION		2018	2022	N/A	2022	ACADEMIC AWARDEE	
GRADUATE STUDIES	N/A	N/A		0	0	N/A	0	N/A	
SIGNATURE		(Continue on separate sheet if necessary)		DATE		12/18/23			
	- A	ung				CS	FORM 212 (Revised	12017), Page 1 of 4	



7 CADE	ERVICE ELIGIE	80 (BOARD/ BAR) UNDER	DATING	DATE OF			101926	LICENSE (if ap	
	SPECIAL LAWS	S/ CES/ CSEE // DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
		OFESSIONAL)	NSE CONTENANT			N/A	N/A		
			(Cc	ntinue on separate sheet if	inecessary)				
	XPERIENCE		SENSON PROPERTY.	CHARLES IN THE	ACCRECATE AND ADDRESS.	had Work Ex	marianca she	of	
INCLU	SIVE DATES n/dd/yyyy)  To	POSITION TI (Write in full/Do not	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARYI JOBI PAY GRADE (II applicable) & STEP (Format 10-0'y) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
0/1/2023	PRESENT	HR SUPPORT	STAFF	LGU	ORMOC	6,000.00	N/A	JOB ORDER	Y
1/20/2023	9/30/2023	PROJECT COOF	RDINATOR	TEMPS AN	D STAFFERS	10,000.00	N/A	CONTRACTUAL	N
7/19/2022	01/13/2023	BANK TEL	LER	BANK OF ORM	OC(RURAL BANK)	8,000	N/A	TEMPORARY	N
			Co (Co	nlinue on separate sheet if					
CICNA	TURE		plent		DATE		12/	18/23	a remarka

29. NAME & ADDRESS OF (Write in fi			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
FAITH BAMBOO NATIVE PRODUCTS WORKERS ASSOCIATION		12/02/2022	02/28/2023	90 DAYS		SECRETARY	
	-						
		inue ex	heat if ann				
VI. LEARNING AND DEVELOPMENT (L&D		tinue on separate s ROGRAMS AT		MANAGE PARTY		SENSON PARKETS	
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fi	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTENI (mm/dx	DATES OF DANCE dlyyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	CSEMINAD	From 09/10/2022	To N/A	0.0	ADMINISTRATI	BANK OF ORMOC	
STRATEGIC PLANNIN		09/10/2022	N/A	8.0 48.0	VE	PICPA	
ACCOUNTING FOR NONA		-	05/25/2022		TECHNICAL	WESTERN LEYTE COLLEGE	
LIFE SKILLS DEVELOPMENT PROGRAM F YOUNG LEADERS FOR RESILIENCE PRO	OGRAM: ENTERPRISE DESIGN			-	TECHNICAL MANAGERIAL	LGU, ARISE, SM, NRC, IBM and AS	
THINKING WORK	KSHOP	9/6/2019	9/7/2029	16.0	MANAGERIAL	PACIFIC COLLEGE WESTERN LEYTE COLLEGE	
SCIENCE TECHNOLOGY		3/22/2019	3/22/2019	8.0 360.0	TECHNICAL	TESDA	
NATIONAL CERTIF	IVALE	4/1/2018	7/1/2018	300.0	FEORNICAL		
						7	
-							
				to the paper			
au Atura	(Conti	inue on separate si	heet if necessary)				
III. OTHER INFORMATION		CADEMIC DISTRIC	TIONS / PECOCO	VITION	The Paris Const	MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. (Write in full)	
CLIENT RELATIONSHIP BUILDING		LOCAL GOVERNMENT SCHOLAR FAITH BAMBOO NATIVE PRODUCT					
PROCESS IMPROVEMENT	N/A •					WORKERS ASSOCIATION	
GOOD COMMUNICATION	N/A					N/A	
PROBLEM SOLVING							
						The second secon	
	distribution and the second				E		
	Cont	nue on separate s	heet if necessary)				

chief of bureau or office or to the person who has immediate	1				
Bureau or Department where you will be apppointed,		-			
a. within the third degree?	The second secon	310			
b. within the fourth degree (for Local Government Unit - Care		10			
	If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	U YES E	-No			
, , , , , , , , , , , , , , , , , , , ,		—NO			
b. Have you been criminally charged before any court?	□ YES □				
or the series of	If YES, give details:				
	Date Filed:				
	Status of Case/s:				
Have you ever been convicted of any crime or violation of an	YES L	No			
any count of victorials	any court or tribunal?				
		ii i co, givo details.			
Have you ever been separated from the service in any of the	following modes: resignation, retirement.				
dropped from the rolls, dismissal, termination, end of term, fir	YES	NO			
in the public or private sector?	in the public or private sector?				
38. a. Have you ever been a candidate in a national or local elec-	tion hold within the last year (except	1	No		
38. a. Have you ever been a candidate in a national or local election. Barangay election.	out note within the last year (except	YES UT YES, give detail			
h Unio you make and from the annual state of the state of	Maria (2) mark and all before the Last	if YES, give detail			
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or</li> </ul>		YES	NO		
		If YES, give details	s:		
Have you acquired the status of an immigrant or permanent	resident of another country?	U YES ✓	10		
		If YES, give details (coun	(rv):		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:		71		
Are you a member of any indigenous group?		YES	NO NO		
		If YES, please specify:	a		
b. Are you a person with disability?		YES	NO NO		
		123			
		If YES, please specify ID No.			
c. Are you a solo parent?		YES If YES, please specify ID No:	NO -		
		III / E.O. Diedase Specify ID NO.			
41. REFERENCES (Person not related by consanguinity or affinity to applican					
NAME	ADDRESS	TEL. NO.			
RYAN TORREFIEL	ORMOC	09751387731			
ROBERT GALANG	MANILA	09674238229			
N/A	N/A	N/A			
42. I declare under oath that I have personally accomplished thi	s Personal Data Sheet which is a true, co	orrect and complete			
statement pursuant to the provisions of pertinent laws, rules	and regulations of the Republic of the Phi	lippines. I authorize	He chime ?		
the agency head/authorized representative to verify/valid misrepresentation made in this document and its attachmatic	pate the contents stated herein.  ents shall cause the filling of administra	I agree that any tive/criminal case/s	PHOTO		
against me.					
Coveryment legand ID .					
Government Issued ID (to Pumport, GBS, SSS, PRC, Driver's Licercan, etc.) PLEASE INDICATE ID Number and Date of Issuance	1				
Government Issued ID: Philhealth					
ID/License/Passport No.: 132028428727	e box)				
Date/Place of Issuance: Ormoc City		Right Thumbmark			
	Date Accomplished				
SUBSCRIBED AND SWORN to before me this	, affiant ex	hibiting his/her validly issued gov	vernment ID as indicated above.		
	Person Administering O	ath			
			CS FORM 272 (Revised 2017), Page 4 of 4		

**CS** CamScanner