CS	Form	No.	212
0	dead 20	117	

PERSONAL DATA SHEET

WARNING: Any misinterpretation concerned.	on made in the Personal Data Sheet and the	e Work Experience Sheet sha	ll cause the fi	ling of admir	nistrative/ci	riminal case/s ag	ainst the pers	son
READ THE ATTACHED GUIDE 1	TO FILLING OUT THE PERSONAL DATA SHE	Service 14 to 1500 4 to 1600 100 100 100 100 100 100 100 100 10		FT				
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BREVIATE.		1. CS ID No.		(Do not fill up. Fo	or CSC use only)
2. SURNAME	CASAS NAME EXTENSION (JR., SR) N/A							
FIRST NAME	FAITH ANTONETTE							
MIDDLE NAME	ORIT			-				
3. DATE OF BIRTH (mm/dd/yyyy)	06/05/1999	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ b			by naturaliza	ation	
4. PLACE OF BIRTH	MAASIN CITY	If holder of dual citizer	Pls. indicate country:					
5. SEX	☐ Male ☑ Female	please indicate the de				•		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	0143 R. K. House/Block/Lot No.		R. KAN	ANGLEON STREET Street		
	Other/s:			ROK SEASID bdivision/Village			IBARRA Barangay	
7. HEIGHT (m)	1.52		M	AASIN CITY City/Municipality		SOU	SOUTHERN LEYTE Province	
8. WEIGHT (kg)	43	ZIP CODE				6600		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	0143 use/Block/Lot No.		R. KAN	GLEON STR	EET
10. GSIS ID NO.	NONE		PUI	ROK SEASID	E		IBARRA Barangay	
11. PAG-IBIG ID NO.	NONE		M	AASIN CITY	vocasionis manifest to the temperature for the con-	SO	UTHERN LEY Province	TE
12. PHILHEALTH NO:	1302-5560-5209	ZIP CODE				6600		
13. SSS NO.	NONE	19. TELEPHONE NO.				NONE		
14. TIN NO.	770-997-872	20. MOBILE NO.			090	8-146-5179		
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)		casa	sfaithant	onette@gmai	l.com	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	HLDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A		N/A	1		/A
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	CASAS							
FIRST NAME	NOLI	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	GONZALES							
25. MOTHER'S MAIDEN NAME								
SURNAME	ORIT							
FIRST NAME	DONNA JUNE							
MIDDLE NAME	RUFIN			(Co	ntinue on sep	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	IBARRA ELEMENTARY SCHOOL	ELEMENTAR	Y	2005	2011	GRADUATED	2011	WITH HONOR
SECONDARY	MAASIN CHRISTIAN ACADEMY	HIGH SCHOO		2011	2015	GRADUATED	2015	WITH HONOR
VOCATIONAL /	N/A	N/A		N/A	N/A	N/A	N/A	N/A
TRADE COURSE COLLEGE	COLLEGE OF MAASIN	BACHELOR OF SCI		2015	2020	GRADUATED	2020	NONE
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
		(Continue on separate sheet if nec	essary)				Marie Constitution of the	
SIGNATURE	G.	DATE		Sept. 15, 2023		CS FORM 21	2 (Revised 2017)	, Page 1 of 4

	ERVICE ELIGI ER SERVICE/RA 10	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	applicable)
SPECIAL LAWS/ CES/ CSEE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	IATION / CONFE	RMENT	NUMBER	Date of	
	CSE-P	РТ	80.02%	08/07/2022	08/07/2022 SAINT JOSEPH COLLEGE (MAASIN CITY, SOUTHERN LEYTE)		N/A	Validity N/A	
					5001H	ERN LEYTE)			,
	-								
V. WORK E	XPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		t Start from your recen	t work) Description	on of duties should b	e indicated in the attac	hed Work Ex	perience she	et	2
	JSIVE DATES m/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
01/03/2023	05/31/2023	ADMINISTRATIVE	AIDE I-(JO)	OFFICE OF THE	CITY ACCOUNTANT	₱ 7,260.00		CONTRACTION	
12/06/2021	12/31/2022	ADMINISTRATIVE			CITY ACCOUNTANT	₱ 7,260.00 ₱ 7,260.00	N/A N/A	CONTRACTUAL	N N
07/01/2021	2/1/2022	PART- TIME SHS			MAASIN	₱ 4,320.00	N/A	CONTRACTUAL	N N
2/8/2021	7/1/2021	PART- TIME SHS	TEACHER		MAASIN	₱ 4,320.00	N/A	CONTRACTUAL	N

					ž.				
SIGNA	TURE	\bigcap	(Con	tinue on separate sheet if DATE		15, 2023			
3,3,17		Cy		DATE	зері.				

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV	/E DATES ld/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS- THE COLLEGE OF MAASIN		03/04/2020	N/A	BUDGET COMMITTEE HEAD	
		ı ı			
(Con VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PA	ntinue on separate s ROGRAMS AT				
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for			ief Executive Manag	recial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	From	d/yyyy) To		Supervisory/ Technical/etc)	(Write in full)
ONE STI EDUCATORS TRAINING	08/19/2021	09/21/2021	N/A	TECHNICAL	SYSTEMS TECHNOLOGY INSTITUTE (STI)
AUTOMATING THE ACCOUNTING PROCESS: WILL ACOUNTANTS BE REPLACED BY ROBOTS?	03/11/2021	03/11/2021	N/A	TECHNICAL	ACCOUNTING TECHNICIAN CONGRESS 2021
COMMON BUSINESS FRAUD SCHEMES EVERY ACCOUNTANT SHOULD KNOW	03/10/2021	03/10/2021	N/A	TECHNICAL	ACCOUNTING TECHNICIAN CONGRESS 2021
INCOME TAX ON INDIVIDUAL VERSUS CORPORATION	03/09/2021	03/09/2021	N/A	TECHNICAL	ACCOUNTING TECHNICIAN CONGRESS 2021
OTHER TRANSFER TAXES	11/13/2020	11/13/2020	2.0	TECHNICAL	KPMG IN THE PHILIPPINES
PERSONAL INCOME TAX	11/11/2020	11/11/2020	2.0	TECHNICAL	KPMG IN THE PHILIPPINES
TAX REMEDIES	11/10/2020	11/10/2020	2.0	TECHNICAL	KPMG IN THE PHILIPPINES
		h			
VIII. OTHER INFORMATION	ntinue on separate s	meet ii necessary)			
31. SPECIAL SKILLS and HOBBIES 32. NO.	N-ACADEMIC DISTIN	OCTIONS / RECOG in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MICROSOFT SKILLS	Certified Book	Certified Bookkeper (NIAT)			NATIONAL INSTITUTE OF ACCOUNTING TECNICIAN (NIAT)
BOOKKEEPING SKILLS				years no homewhere steer	
	W. W				
(Coo	tione on separate (sheet if necessary)			
SIGNATURE ()		DATE		Sept. 15, 2023	CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguintly 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					
	b. within the fourth degree (for Local Government onit - Care	If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ense?				
			If YES, give details:			
	b. Have you been criminally charged before any court?		-			
			If YES, give details:			
			State	Date Filed:us of Case/s:		
36.	Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation by	Otati	13 01 Odočio.		
	any court or tribunal?		If YES, give details	If YES, give details:		
37.	Have you ever been separated from the service in any of the					
	dropped from the rolls, dismissal, termination, end of term, fit the public or private sector?		1	: FINISHED CONTRACT		
38.	a. Have you ever been a candidate in a national or local electronic Barangay election)?	ction neid within the last year (except	If VEO about data			
	b. Have you resigned from the government service during th	a three (2) month nasiad hafare the last	II YES, give details	If YES, give details:		
	election to promote/actively campaign for a national or local of		If YES, give details			
39.	Have you acquired the status of an immigrant or permanent	resident of another country?				
		If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA 7277);				
a	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	answer the following items:				
a.	Are you a member of any indigenous group?		If YES, please specify:			
b.	Are you a person with disability?					
C.	Are you a solo parent?		If YES, please specify ID No:			
	Are you a solo parent?		If YES, please specify	ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	Donn Justin O. Buloz	STI Administrator	9202538554			
\vdash	laia Maria Carbanilla			(4)		
_	Joje Marie Carbonilla Dr. Willy Labastida, LPT	Asuncion, Maasin City Sorosoro, Maasin City	9157438112			
42.	Hasher soler ofs felt have provide goverplant for Personal DEE Electrica is 3.7%, cented and engage advances provides an explanation, set and explained after legislate. He public of the Programs and the Program	a agency head I androused approximation to well-hooking the coatenisk chiefed benefits. I agree that are recompressed the most coatenist and its decrements chiefed benefits of the coatenist chiefed benefits of	Echan te they disaministrative trickal county system con			
				FAITH ANTONETTE O. CASAS		
				PHOTO		
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PI	EASE INDICATE ID Number and Date of Issuance					
G	overnment Issued ID: PHILHEALTH					
ID	ID/License/Passport No.: 1302-5560-5209 Signature (Sign inside the box Sept. 15, 2023					
Da	ate/Place of Issuance: 7/8/2021- MAASIN CITY	Right Thumbmark				
	CHROODIDED AND CHAODALA LATA AND AND CHAODALA LATA AND AND CHAODALA LATA AND AND CHAODALA LATA AND AND AND AND AND AND AND AND AND AN					
	SUBSCRIBED AND SWORN to before me this	ting his/her validly issued	government ID as indicated above.			
		Person Administering Oath				

WORK EXPERIENCE SHEET

- Duration: December 2021 May 2023Position: Admin. Aide I (Job Order)
- Name of Office/Unit: City Accountant's Office
- Office Head: Cecelle Resos-Binongo
- Name of Agency/Organization and Location: Maasin City Hall
 - Summary of Actual Duties
 - O Responsible in performing technical tasks e.g., reflecting entries from *Journal Entry Voucher* to *Disbursement Journal Book* and *Cash Receipt Journal Book*; updating the *Ledger Card* and depreciation of *Property, Plant, and Equipment*; Reconciling *Depreciation Expense Record* with the *General Trial Balance* amounts; carding of telephone bills and processing concerns related to telephone and internet; filing the Expanded Withholding Tax for Innove (Globe) Account and other related tasks.
- Duration: February 2021 February 2022
- Position: Part-time Senior High School Teacher
- Name of Office/Unit:
- School Administrator- Donn Justin O. Buloz
- Name of Agency/Organization and Location: Systems Technology Institute (STI) Maasin
 - Summary of Actual Duties
 - Teaching students with ABM subjects eg., Marketing, Entrepreneurship, Business Mathematics and Basic Accounting.
 - Responsible for exam preparation and marking, making lesson plans, data tracking, and the involvement in many event management and extracurricular activities.

FAITH ANTONETTE O. CASAS
(Signature over Printed Name of Employee/Applicant)

Date: December 11, 2023