CS Form No. 212 Revised 2017	DEDCO	NAL DAT	A C1	165		IT I	Audion-	U.T.
	PERSO	NAL DAT	A Sr	IEE	•			
WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the	filing of ad	ministrative	criminal case/s a	gainst the pe	rson
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH			HE PDS FO	1. CS 10 No		(Do not fill up	For CSC use of
PERSONAL INFORMATION	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,	NA II not applicable. DO NOT	ABBREVIATE	THE REAL PROPERTY.			Manusia	72.00
2 SURNAME	ELORCHA							
FIRST NAME	ALEX					NAME EXTENSION (JE	1,58)	THE REAL PROPERTY.
MIDDLE NAME	OLMOGUEZ						-	
3. DATE OF BIRTH	1/11/1963	16. CITIZENSHIP		I D		7		
(mm/dd/yyyy)	1/11/1903	IO GITIZEIVISHIF		✓ FI	ipino	Dual Citizenship	by natura	lization
4 PLACE OF BIRTH	TUDELA, CEBU	If holder of duel citize	enship,			Pls. indicate		
5 SEX	✓ Male Female	please indicate the o	setails.	Philippi	nes			
	Single Married	17 RESIDENTIAL ADDRESS	T	т.т.ф.р.				
6 CIVIL STATUS	Widowed Separated	1000	Ho	use/Block/Lot	No		Streef VSU	
	Other/s:			ubdivision/Ville			Barangay	
7. HEIGHT (m)	5'4'		1	BAYBAY CIT City/Municipali			Province	
8. WEIGHT (kg)	71kg	ZIP CODE	6521					
BLOOD TYPE	В	18. PERMANENT ADDRESS						
		-	Ho	use/Block/Lat	No		Street VSU	
0 GSIS ID NO.	03856558			ubdivisionVilla BAYBAY CIT			Barangay LEYTE	
1. PAG-IBIG ID NO	17700-0028-3623			City/Municipali			Province	-
2 PHILHEALTH NO.	130000367738	ZIP CODE	6521					
3 SSS NO.	06-3000354-5	19 TELEPHONE NO.		AVA			2/200	
4 TIN NO.	116-624-218	20. MOBILE NO.		+639626454633				NI COL
	V00189	21. E-MAIL ADDRESS (if any)	-		alexal	orcha@yahoo.com	100	2.970175
5 AGENCY EMPLOYEE NO	V00 109	21. E-MAIL ADDRESS (II any)		Control of the	0-2/0	SCIDE/SILOS CON	- A-2-0-00	100000
2 SPOUSE'S SURNAME	ELORCHA		23. NAME of CI	HILDREN (W	rite full name a	nd list all)	DATE OF BIR	TH (mm/dd/y
FIRST NAME	FE	NAME EXTENSION (JR., SR)			HONY D. EL			0/2002
MIDDLE NAME	DINOTE		-	IRISH FAT	IMA D. ELOR	СНА		9/2006
OCCUPATION OCCUPATION	HOUSEKEEPER		-	GLORIA MA	ARIE D. ELOF	RCHA		4/2009
	N/A		 					
EMPLOYER/BUSINESS NAME			-					
BUSINESS ADDRESS	N/A		-					
TELEPHONE NO	N/A		-					NAME OF TAXABLE PARTY.
4. FATHER'S SURNAME	ELORCHA	NAME EXTENSION (JR., SR)	-				- 100000	
FIRST NAME	TEODULO		ļ				-500	
MIDDLE NAME	MARTINEZ					- 9	-10000000	M 7-16
MOTHER'S MAIDEN NAME		7 7 7 7 7 7				150		
SURNAME	OLMOGUEZ							
FIRST NAME	LYDIA							
MIDDLE NAME	GORIT		114-1-16	(1	Continue on se	parate sheet if nece	ssary)	
I. EDUCATIONAL BACKS	ROUND	HOOSE THE SOLE						SCHOLARS
6 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	ACADEM HONOR RECEIVE
ELEMENTARY	TUDELA CENTRAL ELEMENTARY SHOOL	PRIMARY		1969	1975	GRADUATED	1975	N/A
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL (visca)	SECONDARY	- 1 -	1975	1979	GRADUATED	1979	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	BS IN ACCOUNTA	NCY	1990	1995	GRADUATED	1995	NA
	M. AGRICULTURAL DEVELOPMENT (VSU)	MAG DEV	TOTAL EAST	1997	1999	18 units	NA	N/A
GRADUATE STUDIES		ontinue on separate sheet if nec	The second second					

	SERVICE ELIC					(a) you rest in			
	SPECIAL LA	1000 (BOARD/ BAR) UNDER AWS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMIN	IATION / CONFE	RMENT	LICENSE (If a	Date
	POLICE OFFI	LITY/DRIVER'S LICENSE		CONFERMENT				NUMBER	Veha
	FOLICE OFFI	CER / EXAM	82.12%	8/1/1993	Leyte St	tate College		622473	
/ WARK			(Co	ntinus on separate sheet	if necessary)				
nclude pri	EXPERIENCE vate employmen	nL. Start from your recent	work) Description	of duties should be	Indicated in the attacker	d Wash Cons		PARE IN	
8. INCI	LUSIVE DATES	POSITION TI			NCY/OFFICE/COMPANY		SALARY/JOB/PAY GRADE (#		00VT
From	То	(Write in full/Do not a		(Write in full	/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format '00-0')/ INCREMENT	STATUS OF APPOINTMENT	SERVICI (Y/N)
/9/1981	2/28/1982	ELECTRICIAN	AIDE	,	/ISCA	13.00/DAY		CASUAL	YES
/1/1982	4/30/1983	ELECTRICIAN	AIDE	,	/ISCA	14.95/DAY		CASUAL	YES
/16/1983	12/31/1994	WATCHMA	AN	,	/ISCA	14.95/DAY		CASUAL	YES
2/14/1987	6/30/1988	WATCHMA	\N	,	/ISCA	32.85/DAY		PERMANENT	YES
/1/1988	PRESENT	SECURITY GI	JARD	\	TISCA	18251.00		REGULAR	YES
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									1/4
						14,36	B 18 18 1		100
			(Cont	nue on separate sheet if	necessary)				
SIGNA	TURE				DATE	PERM		Market State	1450

1	NAME & ADDRESS OF		_	SIVE DATES	1		
1	(Write in	full)	(mr	n/dd/yyyy)	NUMBER OF HOURS	7-11-	POSITION / NATURE OF WORK
ABALIKA	TCIVICOM		12/2/1954	PRESENT	+	EMERGENCY	DECONDED
IIL. GUA	RDIAN BROTHERHOOD INCORPOR	AATER ARM OUTERS		-	-		
	THE STORY OF THE S	(ATED (VSU CHAPTER)	8/16/2006	PRESENT		MEMBER/SER	MICE
				1			
		(C)	ontinue on separa	te sheet if necessa	9)		
	RNING AND DEVELOPMENT (L&) o most record L4D training program and lace				lef Executive Manaca	rid occitoral	
			INCLUSI	VE DATES OF	T	Type of LD	
0.	TITLE OF LEARNING AND DEVELOPMENT IN (Write in			ENDANCE n/dd/yyyy)	NUMBER OF HOURS	Supervisory	CONDUCTED/ SPONSORED BY (Write in full)
			From	To		Technical/etc)	111124
ESONNE	L UPLOFTING PERSONALITY DEVELOR	PMENT IN THE NAME OF SERVICE	5/8/2017	59/17	16HRS	TECHNICAL	LEYTE NORMAL UNIVERSITY
IERGENO	Y RESPONSE SKILLS TRAINING (BFP)		3/14/2016	3/18/2016	40HRS	TECHNICAL	BFP-BAYBAY
RE PRECI	ENTION SEMINAR AND TRAINING ON M	ASS CASUALTY RESPONSE	3/27/2015	3/27/2015	8HRS	TECHNICAL	BFP-BAYBAY
E-ORIENT	ATION SEMINAR FOR SECURITY GUAR	DS	9/4/2014	9/4/2014	8HRS	TECHNICAL	vsu
-ORIENT	ATION SEMINAR FOR SECURITY GUAR	DS	5/4/2011	5/4/2011	8HRS	TECHNICAL	OVPAF
MINAR O	N PREPARATION OF PERFORMANCE	RATING REPORT AMONG SECURITY	9/12/2011	9/12/2011	8HRS	TECHNICAL	OVPAF
ASIC OCC	UPATIONAL SAFETY AND HEALTH TR	AINING FOR THE PUBLIC SECTOR	6/7/2021	6/11/2021	40 HRS	TECHNICAL	CSC-DOH-DOLE
	RY TRAINING FOR FIRE BRIGADE UNDE		11/5/2018	11/9/2018	40 HRS	TECHNICAL	BFP-BAYBAY
BDRRM			9/14/2021	9/17/2021	24 HRS	TECHNICAL	NDRRM THRU OCD
DMMUNIT	Y-BASED AND RISK-REDUCTION MANA	AGEMENT (cbdrrm - Training (F2F)	6/4/2022	6/4/2022	8 HRS	TECHNICAL	Philippine KOICA Fellow Association Inc. (PHILKOFA)
EFRESHE	R COURSE TRAINING FOR SECURITY O	SUARDS	11/25/2021	12/3/2022	56 HRS	TECHNICAL	JVO TRAINING ACADEMY CENTER
	ON and RE-ORIENTATION OF SECURIT	Y GUARDS DUTIES AND	9/16/2022	9/16/2022	8 HRS	TECHNICAL	OFFICE OF THE DIRECTOR FOR GENERAL
ESPONSIE ST STUDE	NTS' GENERAL ASSEMBLY (SPEAKER)		11/23/2022	11/23/2022	8 HRS	TECHNICAL	USSC USSC
			1	1			-1/1/2017
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			-	-	-		
			-				
				-			***
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				sheet if necessary			24 (94)
III. OTH	IER INFORMATION	(0	ngnue on separar	sneer ii necessar			District Telephone
31	SPECIAL SKILLS and HOBBIES	32. NO		INCTIONS / RECOX	SNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
	DRIVING		N/			18 11 11	KABALIKAT
	PAINTING						GUARDIAN
	TENNIS					776	- Consideration of the Constant of the Constan
	LEMMO	-					
		-					
		-					
		-					
			nânue on sanarak	sheet if necessary	9		
	SIGNATURE	1				TE	Constitution of the last terms

ting or recommending authority, or to the		The second secon
iate supervision over you in the Office,		
Carpar Employees 12		
Jaroer Employees)?		NO
	If YES, give details:	
offense?		
		NO
	If YES, give details:	
	☐ YES ☑] NO
famulau decree ardinassa ar an I-V t	Status of Case/s:	
any law, decree, ordinance of regulation by	YES [NO NO
	If YES, give details:	
the following modes: resignation, retirement		7
n, finished contract or phased out (abolition)	If YES, give details:	NO
election held within the last year (except	☐ YES	✓ NO
	If YES, give details:	71 4
the three (3)-month period before the last	☐ YES	✓ NO
cal candidate?	If YES, give details:	
ent resident of another country?	□ vcc I	✓ NO
Magna Carta for Disabled Persons (RA 7277);		
ise answer the following items:		
	If YES please specify:	☑ NO
		☑ NO
	If YES, please specify ID	
	If YES, please specify ID	No:
	If YES, please specify ID	No:
cant /appointee)	If YES, please specify ID	No:
cant /appointee) ADDRESS	If YES, please specify ID	No:
	If YES, please specify ID	No:
ADDRESS	If YES, please specify ID YES If YES, please specify ID TEL. NO.	No:
ADDRESS VSU CAMPUS	If YES, please specify ID YES If YES, please specify ID TEL. NO. 69566807275	No:
ADDRESS VSU CAMPUS BAYBAY CITY, LEYTE VSU CAMPUS ined this Personal Data Sheet which is a tr	If YES, please specify ID YES If YES, please specify ID TEL. NO. 69566807275 +639753804045 VOIP: 1118	No:
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	ting or recommending authority, or to the fiate supervision over you in the Office, Caroer Employees)? Offense? offense? the following modes: resignation, retirement, n, finished contract or phased out (abolition) election held within the last year (except githe three (3)-month period before the last call candidate? ent resident of another country? Magna Carta for Disabled Persons (RA 7277); asee answer the following items:	YES YES If YES, give details: Offense? YES If YES, give details: Offense? YES If YES, give details: Offense? YES If YES, give details: Other Filed: Status of Case/s: If YES, give details: Other Filed: Status of Case/s: If YES, give details: Other Filed: Status of Case/s: If YES, give details: Other Filed: Status of Case/s: If YES, give details: I