CS Form No. 212 Revised 2017		PERSO	NAL DAT	TA SI	HEET			
WARNING: Any misinterpretati	ion made in the Personal	Data Sheet and the	Work Experience Sheet shall	I cause the fills	a of administrative/ories	inal case/a again	ed the nerson	concorned
EACHERS EXAM						imai case's agair	ist the person	concerna
Print legibly. Tick appropriate boxes	s (and use separate she	et if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE.	1. CS ID No.		(Do not fill up.	. For CSC use o
PERSONAL INFORMATION			The free way for the former	(Secretary)	desperate to the second		NO PERSONAL PROPERTY.	
James and a second	COQUILLA							
FIRST NAME	SHARA BELLE					NAME EXTENSION (J	R., SR)	1
MIDDLE NAME 3. DATE OF BIRTH	TANQUEZON							
(mm/dd/yyyy)	07/10	/2001	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship		□ by naturalization		
4. PLACE OF BIRTH	ANAHAWAN DISTRICT HOSPITAL		If holder of dual citiz	zenship,	☐ by birth ☐ by naturaliza Pls. indicate country:			ation
5. SEX	☐ Male	☑ Female	please indicate the	details.				1
6 CIVIL STATUS	☑ Single	☐ Married	17. RESIDENTIAL ADDRESS		PUROK 1			
	☐ Widowed ☐ Other/s:	☐ Separated	and the second of the second o	Н	ouse/Block/Lat No.		Street	-
42.20	G rest works	A AVAILABLE S		- A	ubdivision/Village		AYAHAG Barangay	
7. HEIGHT (m)	1.54			19	AINT BERNARD, City/Municipality	84	OUTHERN LEYTE Province	£
8. WEIGHT (kg)	45		ZIP CODE	6616		-		
9. BLOOD TYPE			18. PERMANENT ADDRESS	- 0	PUROK 1			
10. GSIS ID NO.			7		ouse/Block/Lat No.		Street AYAHAG	
11. PAG-IBIG ID NO.				SAINT BE	ubdivision/Village RNARD		Barangay SOUTHER	NIEVTE
			_	City/Municipality		Province		
12. PHILHEALTH NO.	13-253344421-4		ZIP CODE		6616			
13. SSS NO.		-	19. TELEPHONE NO.	1				
14. TIN NO.	632-306-452-00000		20. MOBILE NO.	09987246455		To be seen		
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	sharabellecoquilla@gmail.com				
II. FAMILY BACKGROUND				1910				
22. SPOUSE'S SURNAME				23. NAME of CH	ILDREN (Write full name and I	ist all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME			NAME EXTENSION (JR., SR)					
MIDDLE NAME					WORK THE REPORT			
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS				Lar.				
TELEPHONE NO.								
24. FATHER'S SURNAME	COQUILLA							
FIRST NAME	BERLITÓ						Vicinity of the second	
MIDDLE NAME	TABON			e de la company				
25. MOTHER'S MAIDEN NAME		To be such as a						
SURNAME	TANQUEZON				the state of the s			
FIRST NAME	TERESITA	-						
MIDDLE NAME	PAGUDON	S LIEBERT			(Continue on se	parate sheet if neces	sary)	4.
III. EDUCATIONAL BACK	GROUND					SUN TOUR	1671	
26. LEVEL		SCHOOL In full)	BASIC EDUCATION/DEGR		PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIPI ACADEMIC HONORS RECEIVED

86. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIE ACADEMIC
		(Title II (U)	From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	AYAHAG ELEMENTARY SCHOOL		06/05/2008	03/18/2013	Secretary lands and the same of the	2013	Valedictorian
SECONDARY	THE CRISTO REY REGIONAL HIGH SCHOOL, INC.		06/14/2013	03/25/2017	-	2017	With High Honors
	SOUTHERN LEYTE STATE UNIVERSITY-CBM	HUMANITIES AND SOCIAL SCIENCES	08/02/2017	05/29/2019		2019	With Highes Honors
VOCATIONAL / TRADE COURSE		secure to the Autocont on Succitive (-		According to the Control	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	07/16/2019	08/03/2023			Magna Cur Laude
GRADUATE STUDIES				2433		TO THE REAL PROPERTY.	E STATE

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CAREER SERVICE/ R	A 1000 (BOARD/ BAR) UNDER	RATING	DATE OF	MOERE	46		LICENSE (# a	pplicable)
	LAWS/CES/CSEE BILITY/DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFEI	RMENT	NUMBER	Date of
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WORK EXPERIENC	CE ment. Start from your recen				l Work Expe	rience sheet	+10105	
INCLUSIVE DATES (mm/dd/yyyy)	POSITION 1 (Write in full/Do not			ICY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARYI JOB PAY GRADE (II applicable) & STEP (Format 100-07)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
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SIGNATURE			Continue on separate sheet	if necessary) MAY 28,2024		CS FORM	212 (Revised 2017).	Page 2 of 4

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III. OTHER INFORMATION		Continue on separat	e sheet if necessar	ny)				
III. OTHER INFORMATION	The state of the s		The state of the s		an Called Sale	The state of the s		
31. SPECIAL SKILLS and HOBBIES		NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)						
- Committee of the comm			vrite in rui)	and a supplementation of the supplementation	and the transfer of	(Write in full) TERRESTRIAL AND AQUATIC RESTORATIONS BY STUDENTS MANIER		
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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,		3 20 5 10 20			
a. within the third degree?		YES NO			
b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details;				
5. a. Have you ever been found guilty of any administrative offe	ense?	YES NO	and the second s		
b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details; Dat Status of	e Filed:		
6. Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details;				
Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?		☐ YES ☑ NO If YES, give details:			
a. Have you ever been a candidate in a national or local elec Barangay election)?	1500-100 1500-100	☐ YES ☑ If YES, give details:	900-XII 1903-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
 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:				
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ I If YES, give details (cou			
 Pursuant to: (a) Indigenous People's Act (RA 6371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? 		☐ YES ☐ If YES, please specify:	NO		
Are you a solo parent?		If YES, please specify ID N YES ☑ I If YES, please specify ID N	NO		
41. REFERENCES (Person not related by consanguinity or affinity to applicant)	/appointee)		and the second		
NAME	ADDRESS	TEL. NO.			
MARILYN N. MANAIG	VISCA, BAYBAY CITY, LEYTE	09196866636			
SALVADORE M. CATRE JR.		09058844431	de la		
ROCHEL F. GRAVA	NUEVA ESPERANZA, SAINT BERNARD, SOUTHERN LEYTE	09566239571			
42. I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attachmagainst me.	rules and regulations of the Republic of verify/validate the contents stated herein	the Philippines. I	PHOTO		
Government Issued ID (i.e. Passport, OSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID:	R		CENPUTCH CHERAYE		
ID/License/Passport No.: 9 35/4 0	Signature (Sign Inside the box	A			
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PAGE NO. 9	ATTY. TEOPISTO C NOT ARY PL	ROJAS, JR.			
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PTR NO. 9865555/IBP NO. 428333 JANUARY 23, 2024, MAASIN CITY TIN: 128-570-970-000 MCLE COMPLIANCE NO. VII-0020216 (VALID UNTIL APRIL 14/2025)