CS Form No. 212 Revised 2017	DEDOO	LAL DAT	A CII	-				100
	PERSO	NAL DAT	A SH	EEI				
	ation made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fi	ling of admi	nistrative/ci	riminal case/s ag	ainst the pen	son
concerned. READ THE ATTACHED GUIDI	E TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	IPLISHING THE	PDS FORM	1.			100
	s ( ) and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT A	BBREVIATE.		I. CS ID No.		(Do not fill up. Fo	or CSC use only)
I. PERSONAL INFORMATI	OMALAY							
2. SURNAME					1	AME EXTENSION (JR.,	SR) N/A	
FIRST NAME	GWENDOLIN (Washed Call Desired Call Call Call Call Call Call Call Cal							
MIDDLE NAME	HERBOLINGO							
DATE OF BIRTH     (mm/dd/yyyy)	04/18/1996	16. CITIZENSHIP				by naturalization		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citize				Pls. indicate country:		
5. SEX	☐ Male ☑ Female	please indicate the d	etails.					
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	645 House/Block/Lot No.		Street BARANGAY SANTO ROSARIO Barangay			
	Other/s:		Subdivision/Village					
7. HEIGHT (m)	1.63 m	THE PARTY NAMED IN	B	AYBAY CITY y/Municipality	NI NY	LEYTE Province		
8. WEIGHT (kg)	40 kg	ZIP CODE	Cit	yrmunicipality		6521		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS		645	SECHANITY.	1150	SM CO WIS	SESSION I
10. GSIS ID NO.	N/A	CONTRACTOR CONTRACTOR	Hous	se/Block/Lot No.	10/4/20	Street BARANGAY SANTO ROSARIO		
10. GSIS ID NO.	NA		Subdivision/Village BAYBAY CITY		Barangay LEYTE			
11. PAG-IBIG ID NO.	121254821065			y/Municipality		Province		
12. PHILHEALTH NO.	13-250344937-5	ZIP CODE			6521			
13. SSS NO.	06-4346147-5	19. TELEPHONE NO.				N/A		
14. TIN NO.	752-113-390-000	20. MOBILE NO.	097			776115749		
15. AGENCY EMPLOYEE NO.	52125-04-044590	21. E-MAIL ADDRESS (if any)		oma	lay.gwen	dolin@gmail	.com	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	full name and I	ist all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A					
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								-
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	OMALAY							
FIRST NAME	NESTOR	NAME EXTENSION (JR., SR)						
MIDDLE NAME	LIMBO	INA						
25. MOTHER'S MAIDEN NAME								
SURNAME	HERBOLINGO							
FIRST NAME	ADELAIDA							-
MIDDLE NAME	DE LA TORRE			/C	antinue on set	parate sheet if neces	scarul	
III. EDUCATIONAL BACKO								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	REE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS RECEIVED
ELEMENTARY	BAYBAY I CENTRAL SCHOOL (BICS)	SPECIAL SCIENCE ELEMENT	ARY SECTION	From 06/06/2005	To 04/01/2011	N/A	2011	WITH
SECONDARY		ENGINEERING AND SCIENCE EDU	CATION PROGRAM					HONORS
	BAYBAY NATIONAL HIGH SCHOOL (BNHS)	CURRICULUM		06/06/2011	03/27/2015	N/A	2015	HONORABL
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY (VSU)	BACHELOR OF SCIENCE II	NECONOMICS	06/01/2015	06/20/2019	N/A	2019	CUM LAUI
GRADUATE STUDIES	N/A							
SIGNATURE	9homakut "	Continue on separate sheet if ne	cessary)	D/	TE	Sent	tember 29, 2	2020
	Phonecay						FORM 212 (Revis	

	SPECIAL LAV	080 (BOARD/ BAR) UNDER WS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if ap	Date of Validity
The same of the sa		FESSIONAL (PD 907) -	ONAL (PD 907) - N/A 06/14/2019 CIVIL SERVICE COMMISSION REGIONAL OFFICE VIII,			N/A	06/14/201		
	Helleri								
							18.20 E904		ALCONO.
						NOTO WE			
	NAME OF THE								
						737749166			
			(0	ontinue on separate st	heet if necessary)				
		Ent. Start from your rece	ent work) Descrip	tion of duties show	uld be indicated in the atta	ched Work Ex	perience shee	t	
	ISIVE DATES m/dd/yyyy) To	POSITION TIT (Write in full/Do not a	nle .	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	12/31/2021	FINANCIAL AD	VISOR	AXA	PHILIPPINES	COMMISSION - BASED	N/A	CONTRACTUAL/ FLEXIBLE	NO
	10/31/2020	RECEIPT AND CONT	The state of the s	PHILIPPINE S	10,000.00	N/A	CONTRACTUAL	YES	
			C A MITTER			TO SHEET OF			
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		THE RESERVE		To Cana	esental I	T8/0501-00			
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			and property						
	1123	AN DESCRIPTION	200		The same of the sa				
				Continue on separate :	sheet if necessary)	100			
OLON	ATURE	Cohomalay			DATE		Septemb	er 29, 2020	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN			ORGANIZATI	ON/S		
29. NAME & ADDRESS OF OI (Write in full)			VE DATES id/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
COLLEGE OF MANAGEMENT AND ECONOMICS (CME) - SUPREME STUDENT COUNCILOF VISAYAS STATE UNIVERSITY			02/28/2019	10	"PRODUCT KNOWL CAMPAIGN" AT BU FACILITATOR	EDGE, HEALTH, AND ENVIRONMENT: AN AWARENESS NGA ELEMENTARY SCHOOL BAYBAY CITY, LEYTE -	
YOUNG ECONOMISTS' SOCIETY (YES) OF VISAYAS STATE UNIVERSITY			08/2017 12/08/2017 8 R		OUTREACH PROGRAM TO ELEMENTARY STUDENTS AND RESIDENTS OF APID AS PART OF THE ANNIVERSARY CELEBRATION OF THE DEPARTMENT OF ECONOMICS		
						Secretary Vibrania and secretary	
	237 237 237 237 237 237 237			170	The Alexander		
/II. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING I		TTENDED		nuderial positions)		
Sizer from the most recent L&D training program and include only the religiant L&D training taken for  TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIV ATTE	E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY (Write in full)	
ABC CLASS	ABC CLASS		To 10/30/2019	27	TECHNICAL	AXA PHILIPPINES (BRIGHTLIFE BRANCH)	
					to leaselen e	The transfer of the transfer o	
	Many Earl Burney						
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Activities and the second	2000000000	with the same of the	2474.07			3.0723393 300433	
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The second secon	est to such east out to			in the same		off or internal and internal plainment.	
	THE NEXT PRINCIPLE AND ADDRESS.		7 31 6-13				
	(Co	ntinue on separate	sheet if necessar	וער			
III. OTHER INFORMATION			NOTIONAL DEGO	OUTTON			
31. SPECIAL SKILLS and HOBBIES	32.		ite in full)		The state of	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
ATABASE OPERATIONS	FIRST PLACER IN SLOGAN MAKING CONTEST DURING THE SCHOOL BASED MONTH-LONG CELEBRATION OF WORLD TEACHERS' DAY AT BIHS DATED OCTOBER 03, 2014.  COLLEGE OF MANAGEMENT AND ECONOMIC SUPREME STUDENT COUNCIL (CME-SSC): BOA						
MICROSOFT PACKAGES: MICROSOFT WORD, EXCEL, POWERPOINT AND PUBLISHER ADOBE CREATIVE SUITE: ADOBE	THIRD PLACER IN ESSAY WRITING CONTEST DURING THE SCHOOL BASED MONTH-LONG CELEBRATION OF WORLD TEACHERS' DAY AT BNHS DATED OCTOBER 03, 2014.  MEMBER FOR SY. 2018-2019 AND REPRESENT FOR ECONOMICS STUDENTS FOR SY. 2017-2017-2019 YOUNG ECONOMISTS' SOCIETY (YES) PRE						
PHOTOSHOP CS6, ADOBE INDESIGN CS6	FOR SY. 2017-2018						
IBM SPSS STATITICS 20	COLLEGE OF MANAGEMENT AND ECON STUDENT ELECTION BOARD (CME-SEB) SI GENERAL FOR SY, 2016-2017						
STATA VERSION 14.0	STATA VERSION 14.0 BAYBAY NATIONAL HIG SCHOOL SU				BAYBAY NATIONAL HIG SCHOOL SUPREME STUDE		
R STUDIO VERSION 3.5.0						GOVERNMENT, SECRETARY FOR SY. 2014-2915	
		ntinue on separate	sheet if necessar	(y)			
SIGNATURE	Johnnalay	April 100		D	ATE	September 29, 2020  CS FORM 212 (Revised 2017), Page 3 of	

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, a. within the third degree?	g or recommending authority, or to the e supervision over you in the Office,	YES NO	42,000		
b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details:	TO STATE PATALON AS TO STATE OF STATE O			
35. a. Have you ever been found guilty of any administrative off	YES NO If YES, give details:				
b. Have you been criminally charged before any court?	YES V NO If YES, give details: Date Filed: Status of Case/s:				
Have you ever been convicted of any crime or violation of a by any court or tribunal?	YES NO If YES, give details:				
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES NO If YES, give details:				
a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:				
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 permanen	☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a. Are you a member of any indigenous group?	YES If YES, please specify:	NO			
b. Are you a person with disability?	If YES, please specify ID No	) NO			
c. Are you a solo parent?	Are you a solo parent?				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
NAME	ADDRESS	TEL. NO.			
BULAYOG, ERNESTO F.	VISAYAS STATE UNIVERSITY	9981625091			
PRECIADOS, LEMUEL S.	VISAYAS STATE UNIVERSITY	9278541410			
NILDA HUISO-TUTOR AMESTOSO	VISAYAS STATE UNIVERSITY	9558639019			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the conten	Republic of the ts stated herein.			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	o discount from				
Government Issued ID: PHILHEALTH	AND ASSESSED TO A SECOND OF THE PARTY OF THE				
ID/License/Passport No.: 13-250344937-5  Date/Place of Issuance: 07/29/2019 at BAYBAY CITY, LEYTE	box)				
Date/Place of Issuance: 07/29/2019 at BAYBAY CITY, LEYTE	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, afflant exhib	iting his/her validly issued gover	nment ID as indicated above.		
TIAL	Person Administering Oa	ath	Shallon mark		