4. PLACE OF BIRTH BAYBAY CITY LEYTE If holder of dual offizenship. Pls. indicate country. 5. SEX		
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FIRST NAME MATIAS SR.		
FIRST NAME MATIAS		
MIDDLE NAME GUMBA		
25. MOTHER'S MAIDEN NAME		
SURNAME NAVALES		
FIRST NAME LOLITA		
MIDDLE NAME PARAISO (Continue on separate shoot if necessary)		
III. EDUCATIONAL BACKGROUND		
26. LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE (Write in full) PERIOD OF ATTENDANCE UNITS EARNED (If not graduated) UNITS UNITS EARNED (If not graduated) UNITS EARNED (If not graduated)	HONOR	
FIFMENTARY KILIM ELEM SCHOOL PRIMARY EDUCATION 1998 1998		

1998 2002 2002 N/A SECONDARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL SECONDARY VOCATIONAL / COMMERCIAL COOKING 2012 2012 NCII FCIC 2012 TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN AGRIBUSINESS 2003 2021 2021 DIPLOMA APKIL 21, 2024 CS FORM 212 (Revised 2017), Page 1 of 4 DATE SIGNATURE

	SERVICE ELIC	1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if applicab	Jle)
	SPECIAL LAW	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION /	CONFERMEN	NT	NUMBER	Date of Validity
	DRIVER'S L	LICENSE	70.0	02/07/2017	BAYBAY CITY	LTO		H12-17-003713	27/02/203
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	07/30/2011	QUALITY CON			INASAL BAYBAY	7000.00	N/A	PERMANENT	N
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9. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
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II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS	S/TRAINING PF	ROGRAMS A	TTENDED					
art from the most recent L&D/training program and include only the relevant L&	LD training taken for		VE DATES OF	mel executive Man	Type of LD	(bons)	ET III NERWAL MENANGAN	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Manageri al/		CONDUCTED/ SPONSORED BY (Write in full)	
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RIS Software Onboarding	100	12/06/2023	12/06/2023	4.0	TTO!	CTL NA. of	HRMO	
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III. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)			
COSTUMER SERVICE				N/A			SOCIETY OF AGRIBUSINESS STUDEN	
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	Conunu	e on separate sh	nes ii necessary)				Opril 21, 2016	

	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offen	YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of any regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	YES NO If YES, give details: End of Contract					
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	ion held within the last year (except	YES // If YES, give details:	NO			
	b. Have you resigned from the government service during the last election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	YES NO If YES, give details (country):				
40. a. b.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), pare you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	olease answer the following items:	If YES, please specify: YES If YES, please specify ID No] NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant NAME	/appointee) ADDRESS	TEL. NO.				
	JADE DHAPNEE Z. COMPENDIO	Visca, Baybay City, Leyte	9070181218				
42.	I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized repress I agree that any misrepresentation made in this document administrative/criminal case/s against me.	It laws, rules and regulations of the entative to verify/validate the conten	Republic of the ts stated herein.	TOVELYN N. ALKUNO			
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
1	Overnment Issued ID: DRIVERS LICENSE D/License/Passport No.: H12-17-003713	Afrè					
	Date/Place of Issuance: BAYBAYCITY LEYTE	e box)	Right Thumbmark				
-	SUBSCRIBED AND SWORN to before me this		biting his/her validly issued gove	ernment ID as indicated above.			
		Person Administering (Dath				