CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	EET				
concerned.	on made in the Personal Data Sheet and the					riminal case/s ag	painst the per	son
	TO FILLING OUT THE PERSONAL DATA SHE in and use separate sheet if necessary, Indicate N				1 CSID No		(Do not fill up. Fo	or CSC use only)
	Tajuda							100
FIRST NAME	Bryan		T. OFE		1	NAME EXTENSION (JR.	SR)	1
MIDDLE NAME	Ubana							
3. DATE OF BIRTH (mm/dd/yyyy)	4/23/1999 16 CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐				by naturalization	
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizen	iship,			Pls. indicate oc	untry:	
5. SEX	✓ Male ☐ Female	please indicate the det	tails.					-
6 CIVIL STATUS				se/Block/Lal Na			Ligaya Street Candadam	
7. HEIGHT (m)	1.70			division/Village Baybay City			Barangay Leyte	
8 WEIGHT (kg)	70	ZIP CODE	Cit	y/Municipality			Province	
9 BLOOD TYPE	AB+	18 PERMANENT ADDRESS					Ligaya	
			Hous	e/Block/Lat No			Street Candadam	
10. GSIS ID NO.	NA			division/Village			Barangay	
11. PAG-IBIG ID NO.	121270657538			Baybay C y/Municipality	ity		Leyte Province	
12 PHILHEALTH NO.	13-050211137-0	ZIP CODE		6521				
13 SSS NO.	34-9381445-7	19. TELEPHONE NO.				NA		
14. TIN NO.	733-938-982	20. MOBILE NO.		09603734618				
15. AGENCY EMPLOYEE NO.	1574	21. E-MAIL ADDRESS (if any)	1111		Btajuda	@gmail.com		1 114
II. FAMILY BACKGROUND			949404		9/19/19		1108338	15.55
22. SPOUSE'S SURNAME	NA		23. NAME of CHI	LDREN (Write		list all)	DATE OF BIRTH	H (mmkkályyyy)
FIRST NAME		NAME EXTENSION (JR., SR)			NA .			
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	TAJUDA	JR						
FIRST NAME	HILARIO							
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	LORETO							
SURNAME	UBANA							
FIRST NAME	DIONESIA							
MIDDLE NAME	CODERA			(0)	ontinua on sau	parate sheet if necus	eand	
III. EDUCATIONAL BACKG					arterior eri dep	and and the first of the same	4-1-1-1	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	DCOOKSE LINE OF HITELESCHE UN		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP! ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY I CENTRAL SCHOOL			6/1/2006	3/1/2011		2011	MITT
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION			6/1/2011	3/1/2015		2015	
VOCATIONAL / TRADE COURSE	NA							
COLLEGE	UNIVERSITY OF CEBU	AB PSYCHOLOG	iY	6/1/2016	3/1/2020		2020	
GRADUATE STUDIES	NA NA							
OLOWET LET		Continue on separate sheet if nec	essary)		TE			
SIGNATURE	4			DA	ITE		July 25, 2022 FORM 212 (Reviseo	12047 0



VL VOLUNTARY WORK OR INVOLVEMENT	N CIVIC / NON-GOVERNMENT	/PEOPLE/	OLUNTARY	ORGANIZATI	ON/S		
29 NAME & ADDRESS OF OR (Write in full)	GANIZATION		/E DATES (/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
CITY SOCIAL WELFARE AND DEVELOPMENT		7/1/2021	7/15/2021	360.0	STAFF VOLUN	TEER	
			THE STATE OF		- Total		
				No page			
VII. LEARNING AND DEVELOPMENT (L&D)	(Con	linue on separate	sheet if necessary	y)			
Start from the most recent ESD training program and include				ChiefExecutive/Mar	nagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF IDANCE (M/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
UNIVERSITY OF CEBU - JUNIOR HS / GUIDANCE OFFI	CE INTERN	6/1/2019	10/1/2019	300.0	GUIDANCE		
RAMON ABOITIZ FOUNDATION INCORPORATION	- MICRO FINANCE - HR INTERN	11/1/2019	3/1/2022	300.0	HR INTERN		
				MART			
				-			
		477					
						1 1/2-110-76	
	The second						
		Eria.					
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessar	γ)			
31. SPECIAL SKILLS and HOBBIES	32 NON	-ACADEMIC DISTI	NCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
	32.	(Writ	e in full)			33. (Write in full)	
LISTENING MUSIC							
	/Con	tinue on separate	sheet if necessar	v)		E CHARLES OF STREET	
SIGNATURE	1	an osparute	n necussal		ATE	JULY 25, 2022	
						CS FORM 212 (Revised 2017), Page 3 of 4	



IV. CIVIL S	SERVICE ELIGI	IBILITY		S. E. B. W.					
Z7 CARE	ER SERVICE/ RA 1	060 (BOARD/BAR) UNDER	RATING	DATE OF	PLACE OF EVAMINA	TION / CONEE	DMENT	LICENSE (if a	
BA		SPECIAL LAWS/ CES/ CSEE (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		NUMBER	Date of Validity				
The last	NA								-9.119
100									
Hilliam			THE WHE			1, 416			
			THE STREET				11 115		
				T-W-17/23					NO.
			10-	otlena on security at	If panossand				
V WORK	EXPERIENCE	CONTRACTOR OF THE PARTY OF THE	(Co	ntinue on separate sheet	ii necessary)	Total Control	A Section	St. Oak Prints	
		nt. Start from your recen	nt work) Description	n of duties should b	on indicated in the attach	ed Work Ex	perience shee	t	
	LUSIVE DATES		34.3				SALARY/ JOB/ PAY GRADE (#	The state of	GOVT
(n	mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	SERVICE
From	То						INCREMENT		(Y/N)
7/16/2021	current	BALAY SILANGAN	STAFF (CSWD)		L WELFARE AND ELOPMENT	15000.00	TONES	CONTRACTUA	2021 - CURRENT
			777	DEVI	ELOPMENT				CORRENT
							414		
	I I I I I I I I I I I I I I I I I I I							Jaries	
BUY -	100	19/2/2019							
64.									
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1007	I LITTLE C							THE	
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100.12			حر والله					F 7 (7)	No. of the
133		MARKET CO.		THAT:		-	1000		DITT.
	15.76						Ja fortin	Windows.	
Charles .	ALTERNA								
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								Charles .	
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110.4								4	
1000						1	BILL	BURELL	115.51
The same of									
Telepine .			, /Co	ntinue on separate shee	t if necessary)				
SIGN	IATUPE		A		DATE		JULY 25, 2022		
SIGN							14-14		
	CS FORM 212 (Revised 2017), Page 2 of 4								



34. 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? b. within the fourth degree (for Local Government Unit - Called Covernment Unit - Calle	tle supervision over you in the Office,	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative of	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 by any court or tribunal?	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?					
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38. a. Have you ever been a candidate in a national or local e Barangay election)?	lection held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during 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 permane	Have you acquired the status of an immigrant or permanent resident of another country?					
Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	and (connection)	☐ YES				
41. REFERENCES (Person not related by consanguinity or affinity to applicate NAME	ADDRESS	TEL NO.				
MANUEL ICON	BAYBAY CITY, LEYTE	9190081291				
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized replayers that any misrepresentation made in this deadministrative/criminal case/s against me.	nent laws, rules and regulations of the presentative to verify/validate the content	Republic of the ts stated herein.				
Government Issued ID (Le Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: DRIVER'S LICENSE ID/License/Passport No.: H 12-19-000028	box)					
Date/Place of Issuance: 2019 / BAYBAY CITY, LEYTE	JULY 25, 2022 Date Accomplished	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, afflant exhibi	ting his/her validly issued government ID as indicated above.				
	Person Administering Oa	ath				
WEST TRANSPORTED BY		CS FORM 212 (Revised 2017). Page				