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3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1989	16. CITIZENSHIP	② Filipi	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization				
4. PLACE OF BIRTH	PALANOGAN, MAHAPLAG, LEYTE			Pls. indicate country:				
5. SEX	☑ Male ☐ Female	please indicate the deta	Service of the servic	name a reconstruction of maries beginning	alexandria de la competito de	- Marinton day		
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	House/Block/Lot N	ko	Street	- S		
promise the second second second second	☐ Widowed ☐ Separated ☐ Other/s:		Subdivision/Villag	The second of the second second second second	PALANOGAN Barangay	2LOV		
7. HEIGHT (m)	1.7526 METERS	SAFIRE PRABEILI (AGARACY 1874)	MAHAPLAG	B20,000A	LEYTE Province	eath)		
8. WEIGHT (kg)	64 KGS	ZIP CODE	City/Municipality	6512	English Santa	1000		
9. BLOOD TYPE	I-SI B+ FOLKAU	18. PERMANENT ADDRESS	A STATE OF THE PARTY OF THE PAR	TEACH	PRESENT	1/012022		
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11. PAG-IBIG ID NO.	121002026326	COMMUNICATIONS CONTROL	City/Municipality	design of the second second second second second	Province	ANSIGNA .		
12. PHILHEALTH NO.	01-0510967653	13) GOGA (ZIP CODE	WATHURNO MOR	مخضا مساسي ساء بعاشي	Marie Lander	<u>Labore</u>		
13. SSS NO. (12940) 329	34-25483898 TATOTH	19. TELEPHONE NO. ON MICH	ASSUTTANT	nsiavleore	MEALESCEE			
14. TIN NO. 10 (MC)	309-981-367	20, MOBILE NO.	HATEISEA OVO977105303210		09633763332 \$15532(86) \$2053			
15. AGENCY EMPLOYEE NO.	ONE NA LAMO	21. E-MAIL ADDRESS (if any)	TMATAILEA	teroljoey@gma	il.com	Stanistic		
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22. SPOUSE'S SURNAME	NA NA	Approximate Barrier	3. NAME of CHILDREN (Write	DATE OF BIR	DATE OF BIRTH (mm/dd/yyy			
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01/29/2024 CS FORM 212 (Revised 2017), Page 1 of 4

	SPECIAL LA	1080 (BOARD/ BAR) UNDER .WS/ CES/ CSEE .ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of	
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VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	ROGRAMS AT	TTENDED			continues, and all Michael s		
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THREE DAY SCHOOL BASED TRAINING WORKSHOP OF INSTRUCTION, DIFFERENTIATED AND CONTEXTUALIZE	ED ACTIVITIES	07/14/2023	07/16/2024	24	TECHNICAL	BALOCAWEHAY NATIONAL HIGH SCHOOL		
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VIII. OTHER INFORMATION	The state of the s	ACADEMIC DISTI	NCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
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34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has imme	nting or recommending authority, or to the diate supervision over you in the Office,	t	and the second of the second s	
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a. within the third degree?	☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit -	☐ YES	☑ NO		
		If YES, give de	Calls:	
35. a. Have you ever been found guilty of any administrative	offense?	C VCC	ALCOHOLOGICA CONTRACTOR AND	
35. d. Have you evel been round genry	☐ YES ☑ NO If YES, give details:			
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36. Have you ever been convicted of any crime or violation by any court or tribunal?	of any law, decree, ordinance or regulation	☐ YES	☑ NO	
	ppc5.46 presuper	If YES, give details:		
rotesher than texto	Action Commerce Land	HE OF WAS TANKETURED	contrasto avacas, francias min	
 Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination 		☑ YES	□ NO tails:	
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38. a. Have you ever been a candidate in a national or local	election held within the last year (except	□ YES	STATE DESCRIPTION OF THE PROPERTY OF THE PROPE	
Barangay election)?	Sectionary (Vitalities provinces), Ex-	and the state of t	tails:	
b. Have you resigned from the government service during		WES JOSEPH BY STATE OF THE BASE OF THE BAS		
election to promote/actively campaign for a national or k	the telephone Hotherson to the said	If YES, give details:		
39. Have you acquired the status of an immigrant or permar	nent resident of another country?	☐ YES JARLE NO TRANSPORTED TO AN USE LINE SWALL		
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40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b)	Magna Carta for Disabled Persons (RA	EAL (9 DET) 1 (8) (9 - 94.5 T) (8)	A TAKE ONE OF CHAPTER AND A CHILL PROCED AND ROOM	
7277); and (c) Solo Parents Welfare Act of 2000 (RA 89				
a. Are you a member of any indigenous group?		☐ YES ☐ NO If YES, please specify:		
Are you a person with disability?	III TES, piease specify. ☐ YES ☑ NO			
	If YES, please specify ID No:			
Are you a solo parent?		☐ YES ☐ NO If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to applic	cant (appointee)	e elección de la company d	e and a supple comment of the supple comment of the supple comment of the supple comment of the supple comment	
NAME NAME	ADDRESS	TEL. NO.		
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LUCILA S. TRECEÑE	JAVIER 1 DISTRICT, JAVIER, LEYTE			
ANTONIETA C. ELISEO	MAC ARTHUR II DISTRICT, PALALE, MAC ARTHUR LEYTE			
42. I declare under oath that I have personally accomplish	ned this Personal Data Sheet which is a to	rue, correct and		
complete statement pursuant to the provisions of per			Oftenel	
Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this d			JOEY M. TERO	
administrative/criminal case/s against me.				
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