| CS Form No. 212 Revised 2017 | | | | | | | | |
|---|---|------------------------------------|--|--|---------------------------|---|---|--------------------|
| | PERSO | ONAL DA | TAS | SHEE | T. | | | |
| WARNING: Any misrepresenta person concerned. | ation made in the Personal Data Si | heet and the Work Experien | ce Sheet sh | all cause the fil | ing of adminis | strative/crim | inal case/s aga | inst the |
| READ THE ATTACHED GUIDE | TO FILLING OUT THE PERSONAL | | | | | | (Do not fill up. For C | ood was only) |
| Print legibly. Tick appropriate boxes | s) and use separate sheet if neces | sary. Indicate N/A If not applica | ble. DO NO | ABBREVIATE. | 1 CS ID No | ALS VALUE | Do not ne up. ro- c | SC Use Gray, |
| 2 SURNAME | NUDALO | | | | | | | |
| FIRST NAME | KAYE | | - 141 | 35 (A) | | NAME EXTENSION | ON (JR , SR) N/A | |
| MIDDLE NAME | CALABIA | | - | | | Andrew Print | 13// | 1000 |
| 3. DATE OF BIRTH | CALABIA | Table 1 | | | | | | |
| (mm/dd/yyyy) | 06/29/2001 | 16. CITIZENSHIP | | | | | by naturalization | |
| 4. PLACE OF BIRTH | ORMOC CITY | If holder of dual citizen | | | | | ate country: | |
| 5. SEX | ☐ Male ☑ Female | please indicate the de | zals. | | | | | • |
| 6 CIVIL STATUS | Single Married Widowed Separated Other/s: | 17. RESIDENTIAL ADDRESS | House/Block/Lot No. | | | E. CALABIA ST. Street POBLACION Barangay | Street OBLACION | |
| 7. HEIGHT (m) | 1.6 | | | ALBUERA | | | LEYTE Province | |
| 8. WEIGHT (kg) | 48 | ZIP CODE | - | City/Municipality 6542 | | | PTOVINCE | |
| 9 BLOOD TYPE | N/A | 18 PERMANENT ADDRESS | 135 E. CAL | | | | . CALABIA ST Street | |
| 10. GSIS ID NO. | N/A | | | Subdivision/Village | 18 | | POBLACION Berangay | |
| 11 PAG-IBIG ID NO | N/A | 1 | ALBUERA, | | | | LEYTE | |
| 12. PHILHEALTH NO. | N/A | ZIP CODE | | City/Municipality 6542 | | | Province | |
| 13. SSS NO. | N/A | 19 TELEPHONE NO. | N/A | 0072 | | | | |
| 14. TIN NO. | N/A | 20. MOBILE NO. | 094571 | 124153 | | | | |
| 15 AGENCY EMPLOYEE NO | N/A | 21 E-MAIL ADDRESS (if any) | - | udalo@gma | il.com | | | |
| IL FAMILY BACKGROUN | 0 | | | | \$1.00pm | | 11/1/2019 | |
| 22. SPOUSE'S SURNAME | N/A | | 23. NAME of C | CHILDREN (Write I | full name end list a | all) | DATE OF BIRTH | (mm/dd/yyyy) |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) N/A | N/A | | | | N/A | |
| MIDDLE NAME | N/A | | | | | | 100 m | |
| OCCUPATION | N/A | | | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | | THE SHOPE |
| BUSINESS ADDRESS | N/A | | | | | | | |
| TELEPHONE NO | N/A | 100 | | | | | | |
| 24. FATHER'S SURNAME | NUDALO | | | | | | and alcohology to | |
| FIRST NAME | JOSELITO | NAME EXTENSION (JR, SR) | | | | | | |
| MIDDLE NAME | MUAÑA | 1 | | | | | | |
| 25. MOTHER'S MAIDEN NAME | WO/WY | | | | | | | |
| SURNAME | CALABIA | | | | | | | |
| FIRST NAME | ANECITA | | + | | | | All of April 1 | |
| MIDDLE NAME | MANAGANTAN | | Eso, and | (Con | ntinue on separat | te sheet if nece | ssary) | |
| III. EDUPATIONAL BIACK | | The Mary School State of the Sales | | | | | | 7 7 7 |
| 26. LEVEL | NAME OF SCHOOL | | C EDUCATION/DEGREE/COURSE (Write in full) From To | | LEVEL/ UNITS EARNED | YEAR GRADUATED | SCHOLARSHI ACADEMIC HONORS | |
| | (Write in full) | | | | | (if not | | RECEIVED |
| ELEMENTARY | Albuera North Central School | N/A | | 2007 | 2013 | | 2013 | Valedictoria |
| SECONDARY | Western Leyte College | Accountancy, Business and | Management | 2017 | 2019 | | 2019 | With Honor |
| VOCATIONAL / TRADE COURSE | | | | | | | | |
| COLLEGE | Visayas State University | Bachelor of Science in Agri | ibusiness | 2019 | 2023 | | 2023 | Magna cur laude |
| GRADUATE STUDIES | | | | | and the second | | | |
| | | (Continue on separate shee | t if necessary) | | (4) (1) (4) | or all and di | IL COMP | |
| SIGNATURE | Knawala | <u>•</u> | | DA | 4TE | Dec | cember 14, | 2023 |
| | | | ALCOHOL: N | | | | | 20.47 |



| - | SERVICE EL | 1080 (BOARD/BAR) UNDER | | DATE OF | | | | LICENSE (IF | applicable) |
|--|-----------------------------|---|-----------------------------|-----------------------------------|--|-----------------|---|------------------|-----------------|
| SPECIAL LAWS/CES/CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | RATING (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | | | NUMBER | Date of Validity | |
| Honor (| Graduate E | Eligible | N/A | December 6, 2023 | CSC Region | nal Offic | ce VIII | N/A | N/A |
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| v VVojeli | (EXPERIENC | of a | (Cont | nue on separate sheet if ne | cessary) | | | | |
| | | nent. Start from your re- | cent work) Descri | ption of duties should | be indicated in the a | ttached V | Vork Experie | nce sheat | |
| 28. INCI | LUSIVE DATES mm/dd/yyyy) | POSITION | TITLE | DEPARTMENT / AGEN | CY/OFFICE/COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (II | STATUS OF | GOVT SERVICE |
| From | То | (Write in full/Do not | abbreviate) | (Write in full/D | o not abbreviate) | SALARY | applicable)& STEP (Format '00-0')/ INCREMENT | APPOINTMENT | (Y/N) |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
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| SIGN | ATURE | ching | | nue on separate sheet if ne | DATE | W (7) | mose o | 4, 2023 | |

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
|----------------|---|--|----------------|---------------------------------------|--|--|--|
| 74 | (rise a reg | From | To | | | STITUTE OF WORK | |
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| | RNING AND DEVELOPMENT (L&D) he most recent L&D/training program and includ | | | | | Section of the sectio | |
| 30 | TITLE OF LEARNING AND DEVELOPMENT | ATTEND | DATES OF | # to have the | Type of LD | CONDUCTED/ SPONSORED BY | |
| Delin paris | INTERVENTIONS/TRAINING PROGRAMS (Write in full) | /mm/dd | | NUMBER OF HOURS | (Managerial/ Supervisory/ Technical/etc) | (Write in full) | |
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| VIII. OTH | JER INFORMATION | | | | | MEMBERSHIP IN | |
| 31. | SPECIAL SKILLS and HOBBIES | NON- | | TINCTIONS / RECOGNI /rite in full) | TION | MEMBERSTIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| GRAPH | IIC DESIGN | | | | | | |
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| PROBLE | em -golving | | | 190 | | respectively and the second | |
| | 1-TASKING | | | | | A PART OF THE SECOND | |
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| | SIGNATURE | Knud | -th | DA | E | DECEMBER 24, 2023 CS FORM 212 (Revised 2017), Page 3 of | |

| Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care) | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: | | | |
|---|---|--|--|--|
| as. Have you ever been found guilty of any administrative offer | ☐ 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 phased 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 election (except Barangay election)? b. Have you resigned from the government service during the the last election to promote/actively campaign for a national or | ☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details: | | | |
| 39. Have you acquired the status of an immigrant or permanent r | | ☐ YES ☑ NO If YES, give details (country): | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89). Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | | ☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No: | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant // | appointee) | | | |
| NAME | ADDRESS | TEL. NO. | | |
| 42. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized repreherein. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me. | laws, rules and regulations of the esentative to verify/validate the | Republic of the contents stated KAYE C. NUDALO | | |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHIL- 10 CARD ID/License/Passport No.: 3705 - 7851 - 4403 - 9479 | Signature (Sign inside | the box) | | |
| Date/Place of Issuance: DECEMBER 30, 2021 SUBSCRIBED AND SWORN to before me this | Date Accomplish , affiant exhibiting his/her validly | Right Thumbmark issued government ID as indicated above. | | |
| | | | | |
| | Person Administering | o Oath | | |