CS Form No. 212 Revised 2017	PERSO	NAL DAT	ra si	HEE			νS	Emerge City
WARNING: Any mispresentation	on made in the Personal Data Sheet and the V	Work Experience Sheet shall	cause the filin	g of admin	istrative/crii	mina .		ed.
N STEFFE	TO FILLING OUT THE PERSONAL DATA SHI							
	s (and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill	up. For CSC use onl
I. PERSONAL INFORMATION	N							All markets
2. SURNAME	SALVO							
FIRST NAME	MONETTE					NAME EXTENSION (JR	R., SR) N/	4
MIDDLE NAME	ROMARATE							
3. DATE OF BIRTH		16. CITIZENSHIP		✓ Filipi	no [Dual Citizenship		
(mm/dd/yyyy)	SEPTEMBER 12,1977					✓by birth	by naturalization	ation
4. PLACE OF BIRTH	ZAMBOANGA CITY	If holder of dual citize	enship,			Pls. indicate of	country:	
5. SEX	☐ Male ☐ Female	please indicate the o	etails.		No.	nanting at the company of the		
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		K. 14 LOT				
	☐ Widowed ☐ Separated	entre ette ette ette ette ette ette ette		se/Block/Lot N		Gl	Street JINDAPUN	AN
I amaz a sa a manaza	Other/s:	MASO I POMISON ITMENTS A	Sub	pdivision/Villag	е		Barangay LEYTE	203.00 P
7. HEIGHT (m)	1.56m	mass, tan officin et arrive	Ci	ty/Municipality	store, by	99-24	Province	
8. WEIGHT (kg)	48 kg	ZIP CODE				6501		1
9. BLOOD TYPE	A+ ROBERT JAES	18. PERMANENT ADDRESS		K. 14 LOT se/Block/Lot N		VOV.	Street	3.2057//37
10. GSIS ID NO. SEED AD STATE	N/A	LEVEE PROVINCIAL HOSE		ІТА НОМ	400	MGA GL	JINDAPUN	AN
11. PAG-IBIG ID NO.	1211-5147-3012	MENO MAD	Sub	PALO	e MONTHÓHS		Barangay LEYTE	TRIBLERIES
12. PHILHEALTH NO.	1302-5023-5039	ZIP CODE	SVII.	ity/Municipality		6501	Province	ares ener
13. SSS NO. [1/128/Ass/3133	0111-6420-8255	19. TELEPHONE NO.	N/A	EGIA RE	(DABTALL)	3 999	crespotat	01018/2010
14. TIN NO.	212-746-868	20. MOBILE NO.	0951-032-70	090	RECEPTION		03 15/2010	abortaua.
15. AGENCY EMPLOYEE NO.	lph-00916	21. E-MAIL ADDRESS (if any)	monette.r.	salvo@g	mail.com	MAS		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	SALVO		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIR	RTH (mm/dd/yyyy)
FIRST NAME	HANSEL JON	NAME EXTENSION (JR., SR)	ANGE	LICA MC	NIQUE F	R. SALVO	05/0	6/2004
MIDDLE NAME	AURELIA	The state of the s	- Y\	VES XAV	IER R. SA	LVO	10/0	5/2005
OCCUPATION	GOVERNMENT EMPLOYEE		FRA	NCIS XA	VIER R. S	SALVO	06/2	21/2007
EMPLOYER/BUSINESS NAME	N/A		AL	LYSA AN	NNE R. SA	ALVO	07/0	4/2009
BUSINESS ADDRESS	N/A		SC	PHIA AI	NNE R. S/	ALVO	07/0	4/2009
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	ROMARATE							
FIRST NAME	RAUL	NAME EXTENSION (JR., SR)						
MIDDLE NAME	ASENSI							
25. MOTHER'S MAIDEN NAME								-
SURNAME	TOLEDO							
FIRST NAME	BRENDA					a and the state of		
MIDDLE NAME	EDROSOLANO				(Continue on	separate sheet if nec	essary)	
III. EDUCATIONAL BACKO								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONOR RECEIVED
ELEMENTARY	LIANGA CENTRAL ELEMENTARY SCHOOL	ELEMENTAR	RY	1985	1990	GRADUATE	1989	WITH
SECONDARY	LICEO DE CAGAYAN UNIVERSITY	HIGH SCHOO	DL	1990	1994	GRADUATE	1994	WITH HONOR
COLLEGE	WESTERN MINDANAO STATE UNIVERSITY	BACHELOR OF SCIENCE	E IN BIOLOGY	1994	1999	GRADUATE	1999	DIPLOMA

7. CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF	RSONAL			LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity		
CAREER SERVICE PROFESSIONAL ELIGIBILITY 80.32%		JUNE19,2022	AN CITY	TUU BMLLIIR	371270	NO EXPIRATIO			
	A.P.			THE RESERVE OF LINES OF					
(108)	estile utan väl	(CO. 14)			27711 34	gressi 2		PDS	
	Alt oc	MSJL,				TITZA	ANG		
	XPERIENCE	nt. Start from your recent		ntinue on separate shee		od Work Evn	erience shee		
The same of the sa	SIVE DATES	Other Policy Control of the Control		To the state of th		-30	SALARY/ JOB/ PAY		
The second second second second	n/dd/yyyy) To	POSITION TI (Write in full/Do not a			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVI (Y/N)
03/01/2022	PRESENT	ADMINISTRATIV	E AIDE 1 21.8	LEYTE PROVINCIAL HOSPITAL		7,800.00	+/ SHN	JOB ORDER	Υ Υ
07/15/2019	01/03/2022	ADMINISTRATIV	E AIDE TO S	LEYTE PROVINCIAL HOSPITAL		7,800.00	A\I	JOB ORDER	Υ
01/15/2017	04/25/2018	RECEPTION	ISTOLIAN	OFW-DUBAI		P 42,000.00	217-5147-3U1	CONTRACTUAL	N
10/15/2015	10/30/2016	CUSTOMER SERVICE RE	PRESENTATIVE	SITEL PHILIPPINES BAGUIO		P 19,000.00	302-5023-50	CONTRACTUAL	N
03/15/2010	05/30/2015	PRE ELEM-TEACH	HER AIDE	ST. THERESE EDUCATIONAL FOUNDATION O TACLOBAN INC.		P 15,500.00	111-6420-82	PERMANENT	N
05/06/2005	03/15/2010	RECEPTION	632-7650 TSI	ST. THERESE EDUCATIONAL FOUNDATION OF TACLOBAN INC.		P 8,500.00	12-746-868	PERMANENT	N
01/15/2003	07/15/2004	SALES CONSULTANT		GOLDLII	P 15,000.00	31500- u d	PERMANENT	N	
03/14/2001	08/15/2002	SALES EXEC	JTIVE	AQUA LABORATORY CEBU CITY		P 16,500.00		PERMANENT	N
03/10/98	01/15/2000	SALES CONSU	LTANT	PACIFIC ACTIVATED CARBON COMPANY		P 13,800.00	ni razara	PERMANENT	N
/2005	0.01	ERR, SALTO	YVES XAV				AUBRUA		MAY SET N
7007	<u>c</u> 66/2	VIER R. SALVÕ	TRANCIS XA		OVEE	ISMS TVS	OVERNM		LITAS, T
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m/W	9891	grandaya min	1989	ELEMENTARY	MENTARY	LI TARTITE	D ACRAIJ		VSAT PANE
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NAME A DODGE OF THE PARTY OF TH	INCLUSIVE DATES		- areign rupes	of cureous at ablee of to the person who has immediate			
g. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
JUNIOR JAYCEES	03/15/1992	03/24/1994	N/A	SECRETARY			
			Cont	P	005		
VES erica Vera							
200	(Contin	ue on separate si	heet if necessary)		beginning over 100 and		
I. LEARNING AND DEVELOPMENT (L&D) INTERVENT art from the most recent L&D/training program and include only the relevan					asserted and House		
at tour me must recent courtaining program and inclose only me relevan	INCLUSIVE	DATES OF	years for Divisio	Type of LD	you ever been convicted of any orans or v		
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) 	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
VIRTUAL SEMINAR WORKSHOP ON BASIC RECORDS	From To		om oriwatie	Technical/etc)	sovings with most believed most present their		
AND ARCHIVES MANAGEMENT	11/15/2021	11/19/2021	32 HOURS	TECHNICAL	NATIONAL ARCHIVES OF THE PHILIPPIN		
BASIC PSYCHOSOCIAL TRAINING FOR HEALTH WORKERS	08/17/2022	08/17/2022	8 HOURS	TECHNICAL	LEYTE PROVINCIAL HOSPITAL		
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III. OTHER INFORMATION	(Conti	nue on separate si	ieet ii necessary)				
31. SPECIAL SKILLS and HOBBIES 32.		EMIC DISTINCTION (Write in full	NS / RECOGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COMPUTER LITERATE	N/A				N/A		
COMMUNICATION SKILLS / WRITING SKILLS							