| int legibly. Tick appropriate box | DE TO FILLING OUT THE PERSONAL es () and use separate sheet if necess | ary. Indicate N/A if not applicab | le. DO NOT ABB | REVIATE. | 1. CS ID No | | (Do not fill up. Fo | or CSC use onl |
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| PERSONAL INFORMAT | ION | | | | | | | |
| 2. SURNAME | TAU606 | | | | | | | |
| FIRST NAME | JONATHN | NAME EXTENSION (JF | | | | | SION (JR., SR) | |
| MIDDLE NAME | B46500 | | | | | | | |
| 3. DATE OF BIRTH | 700 | 16. CITIZENSHIP | | | | | | |
| (mm/dd/yyyy) | 12/28/1988 |) o on Ecrosin | | Filipino | L | Dual Citize | enship n 🔲 by natura | limation |
| 4. PLACE OF BIRTH | MEKLEBES, SILABU | If holder of dual citizer | enship, | | | | cate country: | IIIZGUUII |
| 5. SEX | Male Female | please indicate the de | etails. | | | | 7. | |
| | | | | | | | veneral distribution | Y |
| 6 CIVIL STATUS | Single Married Widowed Separated | 17. RESIDENTIAL ADDRESS | Но | House/Block/Lot No. | | | Street | |
| | Other/s: | | Subdivision/Village | | | | MERCLENES | |
| 7. HEIGHT (m) | 1.47 m | | A STATE OF THE PARTY OF THE PAR | SLA6 D City/Municipality | | No. of State | SOVIHING! | VOYTE |
| 8. WEIGHT (kg) | | ZIP CODE | BIX-23 (| City/Municipality | 200 | 10 41 | Province | 00710 |
| 9. BLOOD TYPE | Bt . | 18. PERMANENT ADDRESS | | | | | | |
| S. BEOOD I'I'E | 6, | mum Alux a | Ho | use/Block/Lot No | T LAG | | Street | MadsA |
| IO. GSIS ID NO. | NA | 3/11/12 | St | bdivision/Village | | | Barangay | ENCS |
| 1. PAG-IBIG ID NO. | 1210-3480-4012 | S A ATT STORY | | CLAGO | LEYS. | ALUS: | CONTROLL | 1 LMTE |
| 2. PHILHEALTH NO. | 13-201084036-2 | ZIP CODE | 66 | City/Municipality | | | Province | |
| 3. SSS NO. | 00-3199417-4 | 19. TELEPHONE NO. | 14 | | | | | |
| 4. TIN NO. | 30 - 692 - 367 | 20. MOBILE NO. | | 19 571 | nlon | San | Frank (o) | |
| 5. AGENCY EMPLOYEE NO. | NIA | 21. E-MAIL ADDRESS (if any) | | | | 1 | | Name Ha |
| I. FAMILY BACKGROUN | | The state of the s | I ign | yn-seabr | eere o | yours-usr | -ph | CANADA PA |
| 2. SPOUSE'S SURNAME | 101/4 | New Propriet Care, | 23. NAME of CHI | DREN (Write fu | Il name and lis | st all) | DATE OF BIRTH | H (mm/dd/yyyy |
| FIRST NAME | 01 | NAME EXTENSION (JR., SR) | SAMANT | us to OE | 185.04 | 7. | EDITOR SALE | Bist of |
| MIDDLE NAME | tven | 1413/13/1 (UPA 1904) | STITLANI | 47 1. 00 | No one | 100 | 11/04/ | מוסו |
| OCCUPATION | | (2021/1/2 | 10702 | | | | | |
| EMPLOYER/BUSINESS NAME | Gerra. | AS STATE UNIVERS | X2 \V = 3e | ESSIGNION | A una | 3130 | LARREN | 510/10/ |
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| TELEPHONE NO. | | KEET CASH | 20 | TUES | ta 3the | 8 | gest selec | 107.12 |
| TELEPHONE NO. | TAN086 | Mark Spermin | 10/1 | Tues | rz3lijio | 0 | pegiasho | 10/412 |
| TELEPHONE NO. | TANOS6 GEORGE | | 1/1/2 | Tues | rz 3the | 9 | gestache | 10/312 |
| TELEPHONE NO. 4. FATHERS SURNAME | | Mark Spermin | 37 | ASIJTA | 4×3the | | pojaslič | 1072104 |
| TELEPHONE NO. 4. FATHER'S SURNAME FIRST NAME MIDDLE NAME | GEORGG | Mark Spermin | 2// | Turk | ¥35Mic | 9 | gegiaelte | Bo Atta |
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| TELEPHONE NO. 4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME | GEONGG DADAP BAGOOD | Mark Spermin | 200 | Turk | rz3tłic | | zerios lu | 10(319) |
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| TELEPHONE NO. 4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME | GEORGE DADAP BAGGOD LETEGIA PAMUGAS | Mark Spermin | 979 | | | | | 305,112 |
| TELEPHONE NO. 4. FATHERS SURNAME FIRST NAME MIDDLE NAME 5. MOTHERS MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEDUCATIONAL BACK 6. | GEONGG DADAP BAGOOD LETEGIA PAMUGAS GROUND | NAME EXTENSION (JR., SR) | | | ue on separa | | ssary) | |
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| 7. CAREE | R SERVICE/ RA 10 | 80 (BOARD/ BAR) UNDER | RATING | DATE OF | | | | LICENSE (if a | pplicable) | |
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| | SPECIAL LAW | | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINATION | BALL ISCUSS | ERMENT | NUMBER | Date of Validity | RNIING son co |
| CAKEER | S'ERVICE | PROPESSIONAL | ZZ. 08 | 10/18/2015 | TACWDAN | CHY | THO SMIT | O GUIDE TO FI | TICK SECTION | (dpsi) |
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| | XPERIENCE | | | | | | Mark Even | | | 153 |
| 8. INCLU | SIVE DATES | POSITION T | TLEIGHBOOK | iption of duties should be indicated in the DEPARTMENT / AGENCY / OFFICE / COMPANY | | MONTHLY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP | STATUS OF | GOVT SERVICE | 2.76 |
| From | То | (Write in full/Do not | abbreviate) | (Write in full/Do not abbreviate) | | SALARY | (Format *00-0*)/ INCREMENT | APPOINTMENT | (Y/N) | |
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| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
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| 30. TITLE OF LEARNING AND DEVELOPMENT | INCLUSIVE | DATES OF | en for the last five (| Type of LD | | |
| INTERVENTIONS/TRAINING PROGRAMS (Write in full) | ATTENDANCE (mm/dd/vvvv) | | NUMBER OF HOURS | (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) | |
| WEBINAR ON WEB REQUIREA- | 11/12/2020 | | HOUR | Profession | SOCIAL SECURITY SYSTEM | |
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| FINANCIAL LITERACY | 10/14/2019 | 10/16/2019 | 4Hours | t dervice gurum algo for a nation | LEYTE SOUTH MULTIPURPOSE COOK | |
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| OMPREHENSIVE PRE-DEPARTURE | 915-6/2016 | 9/7/2016 | 24 HOURS | | | |
| EDUCATION PROGRAM | 66.1 | Florin | Ollen . | ongge er yname ka | ADMINISTRATION DEPARTMENT OF LABOR AND | |
| PRE-DEPARTURE EDUCATION PRODUPTION | 197 | 5/6/2016 | 8HOURS | | to proyment | |
| CAFETAKER TRAINING PROJECTION | 4/19/ras | 5/9/ ndu | 172 HOURS | UP | D'TWLYGHT THYINNG CONTEXINE | |
| HOUCEMIO SERVICOS | 4/27/2016 | 4/27/246 | 8 Hours | | TESDA | |
| 4th Level TRAINING-PUPLEN WIS | 71/20/20/20 | 7/25/20 | NA ATTRE | | PHILIPPINE STATEGIC ANTHOUTY | |
| CHAMEKING / TELLEHING | 10/2011 | 10/2011 | SHOULS | | PALANTAN PANNISHED | |
| VIII. OTHER INFORMATION | (Contain | ue on separate si | leet ii necessary) | | And the Pelinance I section to the passes | |
| 31. SPECIAL SKILLS and HOBBIES | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | | | | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full) | |
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| | (Contin | ue on separate si | neet if necessary) | | NOW THOSE | |
| SIGNATURE | 18 .2 197 | H | DA DA | TE | 04-23-7021 | |

| chief of bureau or office or to the person who has immed | hate supervision over you in the | | | | |
|---|--|--|--|--|--|
| Bureau or Department where you will be apppointed, | | NOT A ROTHER OF DESCRIPTION A SHAPE | | | |
| a. within the third degree? | | YES NO | | | |
| b. within the fourth degree (for Local Government Unit - | Career Employees)? | ☐ YES ☑ NO | | | |
| | | If YES, give details: | | | |
| a the program over been found with a found and thirt at | offense? | | | | |
| a. Have you ever been found guilty of any administrative | Offense? | 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 or regulation by any court or tribunal? | or any law, decree, ordinance or | ☐ YES ☐ NO | | | |
| Salador by any source distance? | | If YES, give details: | | | |
| grown and grown | | | | | |
| 37. Have you ever been separated from the service in any o | | YES NO | | | |
| retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector? | i, end of term, imished contract or | If YES, give details: | | | |
| 38 a. Have you ever been a candidate in a national or local | election held within the last year | | | | |
| (except Barangay election)? | Cission flore month the last year | ☐ YES ☐ NO If YES, give details: | | | |
| | the three (2) and the state of | MARRIE LA PARTARE MEMBE | | | |
| b. Have you resigned from the government service during the last election to promote/actively campaign for a nation | | ☐ YES ☐ NO If YES, give details: | | | |
| | BELLINE FOR SHOEL S | 190 | | | |
| 39. Have you acquired the status of an immigrant or perman | ient resident of another country? | YES NO | | | |
| | | If YES, give details (country): | | | |
| | | | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) (RA 7277); and (c) Solo Parents Welfare Act of 2000 (R | | ACTURE KEARLY THOSE ON MIC SHIP-OIL OUTSIT | | | |
| Are you a member of any indigenous group? | | YES NO | | | |
| Troyanno trep many | | If YES, please specify: | | | |
| Are you a person with disability? | | YES NO | | | |
| | | IIT YES, please specify ID No: | | | |
| Are you a solo parent? | | ☐ YES ☐ NO If YES, please specify ID No: | | | |
| | | III I LO, please specify ID No. | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to appli | cant /appointee) | TAY TO STAY | | | |
| NAME | ADDRESS | TEL. NO. | | | |
| VALGRIAND O. HINANI BAN | PINTUYAN, SO-LEYE | 0917, 878 1668 | | | |
| AJCJI | SAMON S SHALL STATE AS | | | | |
| triaitm S. Guilos | SILAGO, SO. VEYTE | 19116182 2518 | | | |
| ROLANDO P. PAMUTEAS | MERCIEDES, SILAGO | Salar Salar | | | |
| 42 I declare under oath that I have personally accomplished | ed this Personal Data Sheet which | | | | |
| and complete statement pursuant to the provisions of p of the Philippines. I authorize the agency head/author | | ata the contents | | | |
| stated herein. I agree that any misrepresentation | | | | | |
| cause the filing of administrative/criminal case/s against | | BERGIAL SKILLS and HOBBIS | | | |
| | | | | | |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID, Number and Date of Issuance | | TANE | | | |
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| CSC CCIOIISION STAN | 1 | | | | |
| ID/License/Passport No.: 2008 IS 10050 71801 | the box) | | | | |
| Date/Place of Issuance: 10/8/2015 /TACLOBAN CITY | Date Accomplish | ned Right Thumbmark | | | |
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| SUBSCRIBED AND SWORN to before me this APR & 3 | 4 affiant exhibiting his/her validly | issued government ID as indicated above. | | | |
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| 200 NO 284 | | | | | |
| PAGE No. 58 | KATAMAN I MAKAMAN MAKA | 0.0550 | | | |
| BOOK NO. IV | TARRAFUNZE | | | | |
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| | IBP LIFETIME OF | | | | |
| | PTR OR NO. 73740 | 230, SO. LEYTE 1/9/2020 | | | |