PERSONAL DATA SHEET

	oox () and use separate sheet if necessar	y. Indicate N/A if not applicable	. DO NOT A	BBREVIAT	E, 1. CS ID I	lo.	(Do not fill up.	. For CSC use or	
PERSONAL INFORMA									
2. SURNAME	ABILLAR					THANE EVIENCIO			
FIRST NAME	LUCKY LOUISE					NAME EXTENSIO	N (JK., SK)		
MIDDLE NAME	DELIMA					V ART THE			
DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP	FILIPIN				0		
L DI AGE OF DIDTH	6/21/1989		9						
I. PLACE OF BIRTH	CAPOOCAN, LEYTE	If holder of dual citiz	Pls. indicate country:						
5. SEX	MALE	please indicate the o							
6 CIVIL STATUS	MARRIED	17. RESIDENTIAL ADDRESS	A commence of the commence of	PUROK MANO					
							Street STO NIÑO DISTRICT		
. HEIGHT (m)	1.67	1	Subdivision/Village PAGADIAN CITY City/Municipality		ZAN	Barangay ZAMBOANGA DEL SUR Province			
. WEIGHT (kg)	65	7/0 0005							
V-SVEWY		ZIP CODE	0	IDOK KAMA	1/411	7016			
BLOOD TYPE	0+	18. PERMANENT ADDRESS		UROK KAWA ouse/Block/Lot		Selection and the Control of the Con	Street		
. GSIS ID NO.	NONE	_	s	ubdivision/Vill	age	BALA	BALANGASAN DISTRICT Barangay		
. PAG-IBIG ID NO.	121007686863		PAGADIAN CITY ZAMBOA		ZAMBOANGA	IGA DEL SUR			
PHILHEALTH NO.	120510244821	ZIP CODE	City/Municipality 7016				Province		
. SSS NO.	0631519397	19. TELEPHONE NO.	NONE				7 		
TIN NO.	413-194-361	20. MOBILE NO.	+639178284163						
AGENCY EMPLOYEE NO.	11532	21. E-MAIL ADDRESS (if any)		lucky	.louise.ab	llar062189@g	mail.com		
FAMILY BACKGROU	V , (1)								
SPOUSE'S SURNAME	LIBRE		23. NAME of (CHILDREN (V	Vrite full name	and list all)	1	OF BIRTH /dd/yyyy)	
FIRST NAME	JOGEN	NAME EXTENSION (JR., SR)	ISABELLE BEATRICE LIBRE ABILLAR			ABILLAR	9/6/2016		
MIDDLE NAME	TANIOLA			MONICA LEIGH LIBRE ABILLAR			1/10/2019		
OCCUPATION	GOVERNMENT EMPLOYEE	- War		LEONARDO	III LIBRE ABI	LLAR	3/4	/2021	
EMPLOYER/BUSINESS NAME	DILG R09					100			
BUSINESS ADDRESS	BALINTAWAK PAGADIAN CITY, ZAM	BOANGA DEL SUR							
TELEPHONE NO.	NONE								
FATHER'S SURNAME	ABILLAR								
FIRST NAME	LEONARDO	NAME EXTENSION (JR., SR)							
	ADORABLE					West Control of the C			
MIDDLE NAME									
				% 0.00. O					
MOTHER'S MAIDEN NAME	DELIMA								
MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME	DELIMA LUZ							***	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME				(Co	ntinue on sej	parate sheet if nece	essary)		
MOTHER'S MAIDEN NAME SURNAME	LUZ			(Co	ntinue on sej	parate sheet if nece	essary)		
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	LUZ	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATE D	SCHOLARSHIP/ ACADEMIC HONORS BECEIVED	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME EDUCATIONAL BACK	LUZ MISAGAL KGROUND NAME OF SCHOOL		E/COURSE	1		HIGHEST LEVEL/	YEAR GRADUATE	ACADEMIC HONORS RECEIVED	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME EDUCATIONAL BACK LEVEL ELEMENTARY	MISAGAL GROUND NAME OF SCHOOL (Write in full)	(Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATE D	ACADEMIC HONORS RECEIVED	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME EDUCATIONAL SACY LEVEL ELEMENTARY SECONDARY	LUZ MISAGAL (GROUND NAME OF SCHOOL (Write in full) CAPOOCAN CENTRAL SCHOOL	(Write in full)	E/COURSE	PERIOD OF . From 6/1/1996	To 3/1/2002 3/31/2006	HIGHEST LEVEL/ UNITS EARNED (If not graduated) N/A	YEAR GRADUATE D 2002	ACADEMIC HONORS RECEIVED SALUTATORI AN	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME EDUCATIONAL BAG LEVEL ELEMENTARY SECONDARY	LUZ MISAGAL (GROUND NAME OF SCHOOL (Write in full) CAPOOCAN CENTRAL SCHOOL HOLY CROSS COLLEGE OF CARIGARA	(Write in full) ELEMENTARY HIGH SCHOOL	E/COURSE	PERIOD OF . From 6/1/1996 6/1/2002	To 3/1/2002 3/31/2006 N/A	HIGHEST LEVEL/ UNITS EARNED (If not graduated) N/A	YEAR GRADUATE D	ACADEMIC HONORS RECEIVED SALUTATORI AN	
MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME EDUCATIONAL BACK LEVEL ELEMENTARY SECONDARY VCCATIONAL / TRADE COURSE	LUZ MISAGAL (GROUND) NAME OF SCHOOL (Write in full) CAPOOCAN CENTRAL SCHOOL HOLY CROSS COLLEGE OF CARIGARA N/A UNIVERSITY OF THE PHILIPPINES CEBU	(Write in full) ELEMENTARY HIGH SCHOOL N/A	E/COURSE	PERIOD OF . From 6/1/1996 5/1/2002	To 3/1/2002 3/31/2006 N/A	HIGHEST LEVEL/ UNITS EARNED (If not graduated) N/A	YEAR GRADUATE D 2002 2006 N/A	ACADEMIC HONORS RECEIVED SALUTATORI AN NA	

Tre Average	5-20-2	Total Control							
	. SERVICE EI								
	ER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RANGAY ELIGIBILITY / DRIVER'S LICENSE RANGAY ELIGIBILITY / DRIVER'S LICENSE RANGAY ELIGIBILITY / DRIVER'S LICENSE DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		ERMENT	LICENSE (if a	Date of				
CAR	REER SERVICE PROFESSIONAL 87.8 8/20/2023 ZAMBOANGA DEL SUR NHS		NHS	421448	Validity 11/3/2023				
N/A		N/A	N/A	N/A		N/A	N/A		
	N/A N/A N/A		N/A	N/A .			N/A	N/A	
	N/A		N/A	N/A	N/A			N/A	N/A
	N/A	A	N/A	N/A	N/A		N/A	N/A	
	N//	A	N/A	N/A	N/A		N/A	N/A	
	N//	4	N/A	N/A	N/A		N/A	N/A	
V. Work	EXPERIENC		(Con	tinue on separate sheet	if necessary)				
(include pr	tvate employi	nent. Start from your ru	eent work) Das	cription of duties s	hould be indicated in I	the attache	xd Work Expe	rlence sheet.	
	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
10/16/2022	To PRESENT	BRANCH OPERAT	IONS HEAD	CITYSAVI	NGS BANK INC	39500.00	INCREMENT	REGULAR	N
6/30/2016	10/16/2022	BRANCH BUSINE		STATE OF THE PROPERTY OF THE P	NGS BANK INC			REGULAR	N
9/30/2015	6/30/2016	BRANCH SERVICE	OFFICER	CITYSAVIN	IGS BANK INC			REGULAR	N
6/30/2014	9/30/2015	MARKETING AS	SOCIATE	CITYSAVIN	IGS BANK INC			REGULAR	N
10/1/2013	6/30/2014	TELLER/NEW AC	COUNTS	CITYSAVIN	IGS BANK INC			REGULAR	N
7/1/2011	10/1/2013	LOANS ST	AFF	CITYSAVIN	IGS BANK INC	10000.00		REGULAR	N
						sanite -			
			110000000		A. 270 A. W. C.				
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			427						
		W		-					
0/01/-	TUDE	- (f)	(Conti	nue on separate sheet il				1 /	
SIGNA	IUKE		٧		DATE		05/0	2/200	
							'CS FOR	M 212*(Revised 2017)	, page 2 of 4

VI. VOLUNTARY WORK OR INVO	LVEMENT IN CIVIC / NON-GOVEI	RNMENT/P	EOPLE / VO	LUNTARY C	RGANIZATIO	NS	
	SS OF ORGANIZATION rite in full)	INCLUS (mm/	SIVE DATES /dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A	N/A			
N/A		N/A	N/A	N/A	N/A		
IIA .		N/A	N/A	N/A	ŅΑ		
NIA		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
VILLEADNING AND DEVELORIS	(Cont	tinue on separate	sheet if necess	ary)			
VII. LEARNING AND DEVELOPME	ENT (LGD) INTERVENTIONS/TRA			ENDED			
	NT INTERVENTIONS/TRAINING PROGRAMS ite in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managenal/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		recrinicas esc)		
SAFETY OFFICE		7/29/2023	7/30/2023	16.0	SUPERVISORY	CITYSAVINGS BANK INC	
AMLA TRAININ		9/1/2023	9/1/2023	8.0	TECHNICAL	CITYSAVINGS BANK INC	
		5/2/2023	05/02/2023	8.0	TECHNICAL	CITYSAVINGS BANK INC	
NOTHING F	FOLLOWS						
			¥1.				
	-,						
ALL OTHER INFORMATION	(Contin	ue on separate s	heet if necessar	ry)			
	NOMAC	CAPENIO DIOTIN	07:000.17-00		I		
31. SPECIAL SKILLS and HOBBIES		32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
MS APPLICATION TECHNICAL SKIL	CAL SKILL NONE					NONE	
	A. Continu	ie on separate sh	neat if no	4			
SIGNATURE	W.	on separate sh	reet ii necessary	n DA	TE	05/02/2014	
	1 0"					CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the ap chief of bureau or office or to the person who has in Bureau or Department where you will be apppointed a. within the third degree?	r NONE				
b. within the fourth degree (for Local Government U	If YES, give details:				
35. a. Have you ever been found guilty of any administra	ative offense?	NONE			
	If YES, give details:				
b. Have you been criminally charged before any cou	NONE If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	NONE If YES, give details:				
37. Have you ever been separated from the service in an retirement, dropped from the rolls, dismissal, terminal phased out (abolition) in the public or private sector?	NONE If YES, give details:				
38. a. Have you ever been a candidate in a national or lo (except Barangay election)?	NONE If YES, give details:				
b. Have you resigned from the government service du before the last election to promote/actively campaign	NONE If YES, give details:				
39. Have you acquired the status of an immigrant or perm	NONE If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (RA 7277); and (c) Solo Parents Welfare Act of 2000 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	NO If YES, please specify: NO If YES, please specify IC NO If YES, please specify IC	-			
41. REFERENCES (Person not related by consanguinity or affinity to app	plicant /appointee)	_			
NAME	ADDRESS	TEL. NO.			
EROME C. DURAN - REGIONAL OPERATIONS HEAD JASMINE B MISA -DEPED DISTRICT SUPERVISOR	CAGAYAN DE ORO	917227930			
LEYE-KANANGA DISTRICT	CAPOOCAN LEYTE	9178511119			
ADRIAN G. RUIZ - REGIONAL BUSINESS HEAD	ORMOC CITY	9173112779			
		ı	wasy Louise D. ABILLAR		
covernment issued in (it Passport, Csis, SSS, PRC, Universitionise, etc.) PLEASE INDICATE ID Number and Date of Issuance Covernment I seed ID. PASSPORT	(Q).				
Government Issued ID: PASSPORT ID/License/Passport No.: P2204861B	Open	- 11			
Date/Place of Issuance: 05/18/2019 DFA TACLOBAN	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued g	overnment ID as indicated above.		
	Person Administering Oath				
la contraction de la contracti	Out				