CS Form Al				
CS Form No. 212 Revised 2017	PERSO	NAL DATA	SHEET	
WARNING: Ann.				
concerned.	ition made in the Personal Data Sheet and	the Work Experience Sheet shall co	euse the filing of edministrative/criminal o	case/s against the person
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SH (1) and use separate sheet if necessary. Indicate	IEET (PDS) BEFORE ACCOMPLISH B N/A if not applicable. DO NOT ABBRE	VIATE. 1 CS ID No	(Do not fill up. For CSC use only
PERSONAL INFORMATION	N			Senting the second
2 SURNAME	MORILLA			
FIRST NAME	ARIEL		NAME EXTEN	SION (JR., SR)
MIDDLE NAME	CAPUYAN			
DATE OF BIRTH     (mm/dd/yyyy)	08/20/1995	16. CITIZENSHIP	☑ Filipino □ Dual Citizer	The second second second
4. PLACE OF BIRTH	TABANGO, LEYTE	If holder of dual citizenship,	Pls, ind	by naturalization icate country:
5. SEX	☑ Male ☐ Female	please indicate the details.	TY THE THE THE	-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		PUROK LEMONSITO
- Silvedinies	□ Widowed □ Separated		House/Block/Lof No.	Street SAN VICENTE
	D Other/s:	_	Subdivision/Village	Barangay
7. HEIGHT (m)	1.63	_	ORMOC CITY City/Municipality	LEYTE Province
8. WEIGHT (kg)	63	ZIP CODE	6541	
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	House/Block/Lof No.	Street
10. GSIS ID NO.		CALL CLASSICITY IS	of retown . The Property	
11. PAG-IBIG ID NO.			Subdivision/Village	Barangay
12. PHILHEALTH NO.	130255454073	ZIP CODE	City/Municipality	Province
13. SSS NO.		19. TELEPHONE NO.	N/A	
14. TIN NO.	755-268-194	20. MOBILE NO.	09187377075	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	aerielmorilla@yah	noo.com
II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	N/A	23. N	AME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MORILLA			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DALUT			
25. MOTHER'S MAIDEN NAME	DALOI			
SURNAME	CAPUYAN			
	ANITA			
FIRST NAME	DALUT		Continue on consists -bd	# necessary
MIDDLE NAME  TIL EDUGATIONAL BAGK			(Continue on separate sheet	n necessary)
THE PERSON OF THE PARTY OF THE	IN THE			SCHOLARSHI
			BASIC EDUCATION/DEGREE/COURSE (Write in full)  PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED (if not graduated)	
26. LEVEL	NAME OF SCHOOL (Write in full)		UNITS EA	LEVEL YEAR ACADEMIC

e6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS
فيتبينا الانابار بالمحادات			From	То	(if not graduated)		RECEIVED
ELEMENTARY	MANLAWAAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/03/2002	04/07/2008	GRADUATE		
SECONDARY	IPIL NATIONAL HIGH SCHOOL	HIGH SCHOOL	06/02/2008	04/07/2014	GRADUATE		
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION- MATHEMATICS	06/08/2014	04/13/2018	GRADUATE		
GRADUATE STUDIES	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	JURIS DOCTOR	08/05/2019	01/22/2020	16 UNITS		
	V (c	antinue on separate sheet if necessary)					
SIGNATURE	1	1	DA	TE	02-0	7- 2023	)

CARE	SPECIAL LA	1080 (BOARD/BAR) UNDER WS/CES/CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	ION / CONFE	RMENT	3/80/20 July 3007 S.h.	plicable) Date of
BAS	RANGAY ELIGIBILI	ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT		٠		NUMBER	Validit
	CSC-PROFE	ESSIONAL	85.2	06/19/2022	ORMOC CITY TESTINGCENTER		TER		
						AL LANGE			
WORK I	EXPERIENCE		(Co	ontinue on separate sheet if	necessary)				
lude priv		ent. Start from your recen	work) Description	n of duties should be	indicated in the attached	Work Exp	SALARY/ JOB/ PAY		
(rr	nm/dd/yyyy)	POSITION T (Write in full/Do not			ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	GRADE (# applicable)& STEP (Formal *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	SERV (Y)
03/2019	12/31/2020	HUMAN RESOURCE	AFF	LOCAL GOVERNME	NT UNIT OF TABANGO	10,000	- 247	CONTRACTUA	YE
03/2020	12/31/2022	GENDER AND DEVELO	N	LOCAL GOVERNME	NT UNIT OF TABANGO		201	ADDITIONAL FUNCTION	YE
03/2021	12/31/2022	MUNCIPAL AREA C	OORDINATOR	LOCAL GOVERNME	NT UNIT OF TABANGO	19,500	<b>&amp;</b> 1	CONTRACTUA L	YE
					p Index 2		1 1 1 1 1 1	OLYGO DESCRIPTION	Sar La
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ele.	ATUDE.		- /	ontinue on separate sheet ii			. 651 34	12	No.
SIGN	ATURE	The second second	ps	A CONTRACTOR OF THE PARTY OF TH	DATE	02	- 07 - 20	7 <b>J. 7</b> 5 FORM 212 (Revised 201	

	UNTARY WORK OR INVOLVEMENT IN	plantage before the control of the particular and the first of the			S Production			
29	NAME & ADDRESS OF ORGA (Write in full)	NIZATION	INCLUSIVE DATES (mm/dd/yyyy)		MARKER OF HOLES	POSITION / NATURE OF WORK		
			From	To				
<b>*</b>								
_								
	THE SHALL SHEET OF THE SHEET		The Page					
			ntinue on separat		ry)			
	ARNING AND DEVELOPMENT (L&D) IN							
Sterrifica	t the most recent L&Ditraining program and include	only the relevant L&D training taken t	for the last five (5)	years for Division	Chief Executive Ma	nagerial positions)	and the second s	
30.	TITLE OF LEARNING AND DEVELOPMENT INTERV	ENTIONS/TOAINING PROCESSES		VE DATES OF ENDANCE		Type of LD	CONTRACTED/ COOMISSORED BY	
	(Write in full)	ENTIONS/TROUMING PROGRAMS		viddlyyyy)	HAMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
			From	То		Technical/etc)		
2020 REG	GIONAL CONGRESS OF HRMPs		02/26/2020	02/27/2020	16 HOURS	MANAGERIAL	CIVIL SERIVICE COMMISSION	
WEDINA			Control of the last					
WEBINA	R ON THE 2017 RULES ON ADMINISTRATIVE C	ASES IN THE CIVIL SERVICE	12/11/2020	12/15/2020	12 HOURS	TECHNICAL	CIVIL SERIVICE COMMISSION	
PUBLIC	SERVICE VALUES ORIENTATION		05/27/2022	05/27/2020	3 HOURS	TECHNICAL	CIVIL SERIVICE COMMISSION	
	AL CONSULTATION DIALOGUE WITH PARTNER	AGENCIES ON ALTERNATIVE	09/15/2021	09/17/2021	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND	
FAMILY	CARE PROGRAM		V9/13/2021	09/1//2021	24 HOURS	TECHNICAL	DEVELOPMENT	
KALAHI-	CIDSS DISASTER RESPONSE OPERATIONS MO	DALITY PHASE-2	11/29/2021	12/01/2021	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT	
DECION	AL CEMINAD WORKSHOP NEW COME COME			7				
GOALS (	AL SEMINAR WORKSHOP "UTILIZING THE SUS SDGs) AS COMPASS FOR POST PANDEMICRE	COVERY	10/24/2022	10/26/2022	24 HOURS	MANAGERIAL/T ECHNICAL	WOMEN INVOLVED IN NATION-BUILDING	
-17					4 2 4 7		Children articles of the second	
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CONTRACTOR OF THE PARTY OF THE		(Co	ontinue on separat	le sheet if necessi	ary)			
VIII. OI	HER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES 3	32. NO	N-ACADEMIC DIS		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
	S 250 2 STREET END THOUSES		(W	rite in full)			(Write in full)	
	COOMUNICATION SKILLS							
	COSTUMER SERVICE SKILLS				Marin II			
CRITIC	AL THINKING AND PROBLEM SOLVING						at the	
45.7	LEADERSHIP		100					
	MANAGEMENT					the second		
	TIME MANAGEMENT							
	TIME MANAGEMENT INTERPERSONAL	#92	himus on senar	e shool if name	end			
		(Co	httpue on separat	e sheel if necess		ATE	02-07-2023	

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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 appropriated,	or recommending authority, or to the supervision over you in the Office,					
a. within the third degree?     b. within the fourth degree (for Local Government Unit - Care	YES IN NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offer	nse?	TYES IN NO				
b. Have you been criminally charged before any court?		YES Ø NO If YES, give details: Date Filed: Status of Case/s:				
Have you ever been convicted of any crime or violation of any by any court or tribunal?	y law, decree, ordinance or regulation	☐ 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 out (abolition) in the public or private sector?		☐ YES ☐ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local electron Barangay election)?		☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ N If YES, give details (count					
Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	If YES, please specify:  YES If YES, please specify ID No: YES YES If YES, please specify ID No:	NO NO				
41. REFERENCES (Person not related by consangularity or affinity to applicant h	(appointee)		- The second sec			
NAME	ADDRESS	TEL, NO.				
CATHERINE R. ABADINES	TABANGO LEYTE	9190093481	V			
MARY DOREEN M. CABALLERO	TABANGO LEYTE	9998891927	60			
MA. FLOR M. PASTOR	TABANGO LEYTE	9077669289				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/oriminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the s stated herein.	PHOTO			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		1				
Government Issued ID: National ID						
ID/License/Passport No.: 6298-3049-7164-8359	Signature (Sign inside the b	nv)				
Date/Place of Issuance: 11-04-2021/Tabango Leyte	O ユ ^ O フ - 2 つ で ろ Date Accomplished	ox)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ing his/her validly issued governm	nent ID as indicated above.			
	Person Administering Oa	th				