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CS Form	No	212
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SIGNATURE

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rised 2017 PERSONAL DATA SHEET de in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1 CS 10 No (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes (1) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2 SURNAME MORILLA AME EXTENSION (JR. SR) FIRST NAME ARIFI MIDDLE NAME CAPUYAN 3 DATE OF BIRTH 08/20/1995 16. CITIZENSHIP a Filipino Dual Otizenship (mm/dd/yyyy) @ by birth D by naturalization 4. PLACE OF BIRTH TABANGO, LEYTE If holder of dual otizenship, Pls. indicate country: please indicate the details 5 SEX ☐ Male □ Married 17. RESIDENTIAL ADDRESS PUROK LEMONSITO **Single** 6 CIVIL STATUS House/Block/Lot No. Street D Wide D Separated SAN VICENTE D Other/s: Subdivision/Village Barangay ORMOC CITY LEYTE 7. HEIGHT (m) 1.63 City/Municipality Province 63 ZIP CODE 8. WEIGHT (kg) 6541 18. PERMANENT ADDRESS AB+ 9 BLOOD TYPE House/Block/Lot No. Street 10. GSIS ID NO. Subdivision/Village Barangay 11. PAG-IBIG ID NO **City/Municipality** Province 130255454073 12 PHILHEALTH NO. ZIP CODE 13. SSS NO. 19. TELEPHONE NO NA 755-268-194 20 MOBILE NO 4. TIN NO. 09187377075 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO aerielmorilla@yahoo.com FAMILY BACKGROUND N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22 SPOUSE'S SURNAME WE EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24 FATHER'S SURNAME MORILLA ME EXTENSION (JR., SR) ANTONIO FIRST NAME MIDDLE NAME DALUT 25. MOTHER'S MAIDEN NAME CAPUYAN SURNAME ANITA FIRST NAME DALUT (Continue on separate sheet if necessary) MIDDLE NAME EDUCATIONAL BACKGROUND SCHOLARSHIP ACADEMIC HONORS RECEIVED IGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR UNITS EARNED (if not graduated) LEVEL GRADUATED From To ELEMENTARY MANLAWAAN ELEMENTARY SCHOOL RIMARY EDUCATION 06/03/2002 04/07/2008 GRADUATE SECONDARY IPIL NATIONAL HIGH SCHOOL EGH SCHOOL 06/02/2008 04/07/2014 GRADUATE VOCATIONAL! NA TRADE COURSE BACHELOR OF SECONDARY EDUCATION-**EASTERN VISAYAS STATE UNIVERSITY** 6/08/2014 04/13/2018 GRADUATE COLLEGE MATHEMATICS SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES JURIS DOCTOR V05/2019 01/22/2020 16 UNITS GRADUATE STUDIES nue on separate sheet if necessary)

CS FORM 212 (Revised 2017), Page 1 of

02-07-2023

DATE

CARE	ER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	plicable)
EDECIAL LAWRENCES COSES		(If Applicable)	EXAMINATION / CONFERMENT 06/19/2022	PLACE OF EXAMINATION / CONFERMENT		RMENT	NUMBER	Date of Validity	
		85.2		ORMOC CITY TE	STINGCEN	TER			
							THE STATE		
						_			
			(Co	ntinue on separate sheet If	necessary)				
	EXPERIENCE	nt. Start from your recen	Lumrk) Descriptio	n of duties should be	ndicated to the attacher	Work Eve	with the selection (		
INCL	USIVE DATES	POSITION T		A STANSON			SALARYI JOBI PAY	140734500	GOVT
From	rm/dd/yyyy) To	(Write in full/Do not		DEPARTMENT / AGEN (Write in ful/D	MONTHLY	applicable)4 STEP (Formal 100-0") INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/N)	
03/2019	12/31/2020	HUMAN RESOURCE		LOCAL GOVERNME	NT UNIT OF TABANGO	10,000		CONTRACTUA	YES
3/2020	12/31/2022	GENDER AND DEVELO	PMENT FOCAL	LOCAL GOVERNME	NT UNIT OF TABANGO			ADDITIONAL	YES
03/2021	12/31/2022	PERSON MUNCIPAL AREA COORDINATOR			NT UNIT OF TABANGO	19,500	- da	FUNCTION CONTRACTUA	YES
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SIGN	ATURE		fr	DATE		02-07-2023			
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	T/PEOPLE/V	OLUNTARY O	RGANIZATION	15	BAKING INDONERAN PARAMETER
29 NAME & ADDRESS OF ORGANIZATION	MOLUS	PACLUSIVE DATES (mm/s/pmm)		1910-71-10	
(Write in full)	From	To	HARRY OF HOUSE		POSITION / NATURE OF WORK
			11110		
		No. 1			
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	1 7 7 7 6			Ex.	A THE RESERVE OF THE PERSON OF
	Continue on separat				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING	PROGRAMS A	TENDEO	SCHOOL STATE		
(Start from the most recent L&O training program and include only the relevant L&O training take	and the second second second	SEPREST SERVICE SERVIC	ChiefExecutive M	negerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTE	INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial)	CONDUCTED/ SPONSORED BY
(Write in Nat)	From	vidalyyyy)	HAMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
2020 REGIONAL CONGRESS OF HRMPs	02/26/2020	02/27/2020	16 HOURS	MANAGERIAL	CIVIL SERVICE COMMISSION
WEBINAR ON THE 2017 RULES ON ADMINISTRATIVE CASES IN THE CIVIL SERVICE	-		- Control of the Cont		
	12/11/2020	12/15/2020	12 HOURS	TECHNICAL	CIVIL SERVICE COMMISSION
PUBLIC SERVICE VALUES ORIENTATION  REGIONAL CONSULTATION DIALOGUE WITH PARTNER AGENCIES ON ALTERNATIVE	05/27/2022	05/27/2020	3 HOURS	TECHNICAL	CIVIL SERIVICE COMMISSION
FAMILY CARE PROGRAM	09/15/2021	09/17/2021	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
KALAHI-CIDSS DISASTER RESPONSE OPERATIONS MODALITY PHASE-2	11/29/2021	12/01/2021	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
REGIONAL SEMINAR WORKSHOP "UTILIZING THE SUSTAINABLE DEVELOPMENT				MANAGERIALIT	
GOALS (SDGs) AS COMPASS FOR POST PANDEMICRECOVERY	10/24/2022	10/26/2022	24 HOURS	ECHNICAL	WOMEN INVOLVED IN NATION-BUILDING
		1000	E O	No.	DAY TO SEE BY STATE
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VIII. OTHER INFORMATION	Continue on separat	e sheet if necessa	m)	The second	
	ION-ACADEMIC DIST	INCTIONS / DECC	CANTION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.		rite in full)		11-31	33. (Write in full)
COOMUNICATION SKILLS					
COSTUMER SERVICE SKILLS		Table 1	Marco S	Q-T-	
CRITICAL THINKING AND PROBLEM SOLVING	1			TO THE	
LEADERSHIP			111111		
MANAGEMENT					
TIME MANAGEMENT					
INTERPERSONAL	0	4-34-2			
	or three on separat	e sheel if necessa			
SIGNATURE	Lh		D.	ATE	02-07-2023

34	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	or recommending authority, or to the supervision over you in the Office,				
	Bureau or Department where you will be apppointed,					
	a. within the third degree?	and Employees V2	II YES II NO			
	b. within the fourth degree (for Local Government Unit - Car	eer Employees) r	If YES, give details:			
			ii i EO, give detalis.			
35	a. Have you ever been found guilty of any administrative off	ense?	CI YES IN NO			
			If YES, give details:			
	b. Have you been criminally charged before any court?		D YES 12 NO			
	erricio you book diminally deal great and any area.		If YES, give details:			
			Date Filed:			
*	Have you over been considered of any orime or violation of a	my law doctor andinance as mand-ti	Status of Case/s:	_		
36	Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny iaw, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:			
		ii TEO, give ucialis.				
37.	Have you ever been separated from the service in any of the		II YES II NO			
	retirement, dropped from the rolls, dismissal, termination, et out (abolition) in the public or private sector?	If YES, give details:				
38.	A. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	II YES II NO			
		he three (2) month period before the test	If YES, give details:	-		
	<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>		If YES, give details:			
<b>3</b> 9.	Have you acquired the status of an immigrant or permanent	u acquired the status of an immigrant or permanent resident of another country?				
			If YES, give details (country):			
b. с.	Are you a person with disability?  Are you a solo parent?	I YES IZ NO If YES, please specify ID No:  I YES IZ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	(appointee)				
	NAME	ADDRESS	TEL NO.			
	CATHERINE R. ABADINES	TABANGO LEYTE	9190093481			
	MARY DOREEN M. CABALLERO	TABANGO LEYTE	9998891927			
	MA. FLOR M. PASTOR	TABANGO LEYTE	9077669289			
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and			
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr	resentative to verify/validate the content	s stated herein. ARIOL C. MORI			
	I agree that any misrepresentation made in this doc administrative/oriminal case/s against me.	cument and its attachments shall cau-				
	against IIIG.					
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
_	LEASE INDICATE ID Number and Date of Issuance overnment issued ID: National ID	The state of the s				
_	/License/Passport No.: 6298-3049-7164-8359	(/)				
-	staPlace of Issuance: 11-04-2021/Tabango Leyte	Signature (Sign inside the to	and the same of th			
_	7,72-7,5	Date Accomplished	Right Thumbmerk			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated above.			
		The same of the sa				
		Person Administering Oa	th			