

BIO DATA



PERSONAL DATA

Position Applied For: LEBURER Date: _____

Name: CABILLO CRIS SANTO MASCARIOLA
(Surname) (Name) (Middle Name)

Permanent Address: GUADALUPE BAYBAY CITY LEYTE Tel. No.: NA
Mailing Address: _____ Tel. No.: NA
Email Address: _____ Cellphone No.: 09639607615

Date of Birth: OCTOBER 18, 1997 Place of Birth: _____
Height: 5'5 Weight: 81 Religion: ROMAN CATHOLIC
Civil Status: ☒ Single ☐ Married Citizenship: FILIPINO Sex: ☒ Male ☐ Female
Name of Spouse: _____ Occupation: _____
Address: _____ Contact No.: _____
Number of Children: _____ List of their Ages: _____
Father's Name: FIDEL D. CABILLO Occupation: LEBURER
Mother's Name: AMELITA M. CABILLO Occupation: HOUSE WIFE
Address: GUADALUPE BAYBAY CITY LEYTE Contact No.: 09484048956
Language or Dialect Spoken & Written: BISAYA, TAGALOG, ENGLISH

EDUCATIONAL ATTAINMENT

	Name of School & Address:	Degree Received:	Year Attended:
Elementary	<u>GUADALUPE ELEMENTARY SCHOOL</u>	<u>PRIMARY LEVEL</u>	<u>2011-2012</u>
High School			
Vocational	<u>ALTERNATIVE LEARNING SYSTEM</u>		<u>2014</u>
College			
Course			
Special Skills		Others: _____	

EMPLOYMENT RECORD

Name of Company:	Address:	Position:	From Date - To Date:
<u>DEPARTMENT OF HORTICULTURE USU BAYBAY CITY LEYTE</u>		<u>LEBURER</u>	<u>2018 - 2021</u>
<u>CEBU GENERAL SERVICES, INC.</u>	<u>RKD BLDG. A-5 FORTUNAST BAILOD - LINEN ATTENDANT</u>		<u>2018 - 2021</u>
	<u>MANDAUE CITY, CEBU</u>		

CHARACTER REFERENCE

Name:	Address:	Position:	Tel. No.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Res. Cert. No. A-: _____
Issued at: _____
Issued on: _____
SSS No.: 3514685222
TIN: 481-045-329
NBI Clearance No.: _____
Passport No.: _____
Place of issue: _____ Date: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Applicant's Signature