PERSONAL DATA SHEET									
	PERSUI	NAL DAI	А ЭП		i				
WARNING: Any misrepresentati concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	all cause the fi	iling of adm	inistrative/c	riminal case/s ag	ainst the per	rson	
READ THE ATTACHED GUIDE T	TO FILLING OUT THE PERSONAL DATA SHEE	. ,			4 20 ID No.		(5 + Ell 110	- 000 only)	
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION	() a use separate sheet if necessary. Indicate N/	A if not applicable. DU NUT AB	BREVIATE.		1. CS ID No.		(Do not iiii up. r	For CSC use only)	
2. SURNAME	PALLER								
FIRST NAME	ARA LOU V.					NAME EXTENSION (JR.	., SR)		
MIDDLE NAME	VINGNO								
3. DATE OF BIRTH	JUNE 30, 1990	16. CITIZENSHIP				To the column			
(mm/dd/yyyy)		IU. OTTIZENOTIII		☑ Filipir	10 🗀	Dual Citizenship ☐by birth	☐by naturaliz	zation	
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship,		Pls. indicate of					
5. SEX	☐ Male ☑ Female	please indicate the details.						•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Have	/D//-// of N			HICGOP		
	☐ Widowed ☐ Separated ☐ Other/s:			use/Block/Lot No.			Street CARIDAD		
7 UEIOUT (m)	1.61m		Sub	bdivision/Village BAYBAY	е		Barangay LEYTE		
7. HEIGHT (m)		710 0005	Ci	City/Municipality			Province		
8. WEIGHT (kg)	55kg	ZIP CODE 18. PERMANENT ADDRESS				6521	1 HICGOP		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Нои	ıse/Block/Lot No.			Street		
10. GSIS ID NO.	NA		Sut	bdivision/Village	е		CARIDAD Barangay		
11. PAG-IBIG ID NO.	121230123609		Ci	BAYBAY ity/Municipality			CITY Province		
12. PHILHEALTH NO.	13-025509627-4	ZIP CODE	6521			-			
13. SSS NO.		19. TELEPHONE NO.		NA					
14. TIN NO.	349-792-532	20. MOBILE NO.		09366400389					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	aralouvingnopaller@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm						
FIRST NAME	NA	NAME EXTENSION (Jr., 3r)							
MIDDLE NAME	NA								
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	NA								
BUSINESS ADDRESS	NA								
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	PALLER	T.IR							
FIRST NAME	ARCADIO	,							
MIDDLE NAME	PEPITO								
25. MOTHER'S MAIDEN NAME	VINONO								
SURNAME	VINGNO								
FIRST NAME	APELLIDO	(Continue on separate sheet if necessary)							
MIDDLE NAME III. EDUCATIONAL BACKGR				loc	onunue on sep)arate sneet ii necos	sary)		
26.		TO STATE OF THE PROPERTY OF TH		DEBIOD OF A	ATTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	CARIDAD ELEMENTARY SCHOOL			06/05/2005	03/25/2010		2009	1st honorable	
SECONDARY	CARIDAD NATIONAL HIGH SCHOOL			06/04/2010	03/27/2014		2014	SALUTATORIAN	
VOCATIONAL / TRADE COURSE	MIC-P ON ICT BAYBAY	SOFTWARE DEVELOP	MENT						
COLLEGE	VISAYAS STATE UNIVERSITY BACHELOR OF SECONDAR' MAJOR IN MATHEM.		EDUCATION	06/05/2014	06/16/2018		2018		
		MAJOR IN MATHEMA	ATICS	06/05/2014	00/10/2010		2010		
GRADUATE STUDIES		MAJOR IN MATHEMA	ATICS	00/03/2014	00/10/2018		2010		

Haller

SIGNATURE

07/20/2021

DATE

IV. CIVIL S	ERVICE ELIG	IBILITY							
27. CAREI	AREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		RMENT	LICENSE (if ap	oplicable) Date of				
BAF		TY / DRIVER'S LICENSE	(If Applicable)	pplicable) CONFERMENT PLACE OF EXAMINATION / CONFERMENT				NUMBER	Validity
	N/A	1	NA	NA	NA			NA	NA
V WORKE	XPERIENCE		(Con	tinue on separate sheet	if necessary)				
			work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
	JSIVE DATES m/dd/yyyy)	POSITION T		DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY		SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE	
From	То	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate)		SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
06/19/2019	02/19/2020	FINANCE TE	ELLER	TAYTAY SA K	(AUSWAGAN (TSKI)	7000.00		CONTRACTUAL	N
03/22/2020	PRESENT	SOCIAL MEDIA A	SSOCIATE	WIPF	RO LIMITED	18000.00		REGULAR	N
<u> </u>									
		- 1.	(Con	tinue on separate sheet	if necessary)				
SIGNA	ATURE	1 Pal	7) X.80		DATE		07/20/2021		
							^	S FORM 212 (Revised 20	117) Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VC	DLUNTARY O	RGANIZATIOI	V/S			
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
NA			NA	NA	NA			
VII. LEARNING AND DEVELOPMENT (L&D) I		tinue on separate s						
(Start from the most recent L&D/training program and includ		he last five (5) year	rs for Division Chie	ef/Executive/Manag	erial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
INVESTMENT LITERACY SEMINAR		09/06/2017	09/06/2017	3.0	Technical	VISAYAS STATE UNIVERSITY		
Entrepreneurship and Export Competitiveness at Cent	er for Continuing Education (CCE)	03/17/2017	03/17/2017	4.0	Tehnical	VISAYAS STATE UNIVERSITY		
	(Con	tinue on separate s	sheet if necessary)					
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
NA	NA NA					NA		
	(Con	tinue on separate s	sheet if necessary)					
SIGNATURE	Adles			Di	ATE	03/30/2021		

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 Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Car 	☐ YES☐ YES If YES, give detail	☑ NO ☑ NO s:			
35. a. Have you ever been found guilty of any administrative offe	☐ 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 of ar any court or tribunal?	☐ YES ☑ NO If YES, give details:				
dropped from the rolls, dismissal, termination, end of term, fi the public or private sector?	37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?				
a. Have you ever been a candidate in a national or local election)? b. Have you replaced from the government continued to the continue of the contin	☐ 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		☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicate	nt /appointee)				
NAME	ADDRESS	TEL. NO.			
Antonio P. Abamo	Department of Business and Management	09209835693			
Bert Penalosa	Department of Business and Management	09266481984	()		
Nilda Amistoso	Department of Business and Management				
42. I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, r authorize the agency head/authorized representative to veri misrepresentation made in this document and its attachm against me.	ules and regulations of the Republic of the fy/validate the contents stated herein.	ne Philippines. I I agree that any	РНОТО		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Philhealth ID/License/Passport No.: 130255096274 Date/Place of Issuance: Baybay City	Signature (Sign inside the boot 07/20/2021 Date Accomplished	ox)	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibitir	ng his/her validly issued	government ID as indicated above.		
	1				