CS Form No. 212 Revised 2017								
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WARNING: Any misrepresental	tion made in th	e Personal Data	Sheet and the Wor	k Evnorion as Ot and A a		38(60(78)		
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING O	UT THE PERSON	VAL DATA CUEE	Experience Sheet shall cause	the filing of adn	ninistrative/criminal case/s against the p	person concerned.	
		parate sheet if nec	cessary. Indicate N/A	if not applicable. DO NOT ABBRE	ING THE PDS F			
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2. SURNAME	SIA							
FIRST NAME	NIKKI					NAME EXTEN	NSION (JR., SR)	
MIDDLE NAME	TABUCAN	ION					to or (in, ory	
DATE OF BIRTH (mm/dd/yyyy)		10/2/9	1	16. CITIZENSHIP				
	ORMOC CITY		10. CITIZENSHIP		✓ Filipino Dual Citizenship			
4. PLACE OF BIRTH			If holder of dual citiz			by birth by naturalization		
5. SEX	Male			please indicate the		Pis. Indicate country:		
6 CIVIL STATUS	+=-		✓ Female	no separate a heat if he consession	Matter Co			
O OTAL STATUS	✓ Single Married Widowed Separated		17. RESIDENTIAL ADDRESS	257				
	Othe	r/s:		A LY SECTION AGENCY.	-	sss village	Street BRGY, SAN PABLO	
7. HEIGHT (m)	STATE OF THE STATE	1.57 m	YWARDONS.	DENKINDE NOBIONI DEN	- 5	ubdivision/Village ORMOC CITY	Barangay	
8. WEIGHT (kg)	THINDHOLL	52 kg	[950)	ZIP CODE		City/Municipality	LEYTE Province	
9. BLOOD TYPE	AUA	07.00°O+	SMOLLINIONS A	18. PERMANENT ADDRESS		6541	of max	
	4.11	0+			Но	257 Land Communication (Communication Communication Commun	Street	
D. GSIS ID NO.	CRN-021-1628-7780-8 121177904052 13-025164666-0		MESTERN LEYTE COLLEGED		SSS VILLAGE AND	BRGY. SAN PABLO		
1. PAG-IBIG ID NO.			SHUTHSHIPPEVOR ACOU	103005	ORMOC CITY	Barangay LEYTE		
2. PHILHEALTH NO.				-	City/Municipality Province			
3. SSS NO.	100	-		(2.82.21	-	PRIVATE SECRET 1466	2018 2019	
JAGGAU	1 68	0635008202 YIID DOMAG		19. TELEPHONE NO. 3 A 2 5 J		13014 E 11 A 91731M 053 5612321	Y 1, 2017 DECEMBER 31,	
. TIN NO	462519868000 YTD COMMO		20. MOBILE NO. 21. E-MAIL ADDRESS (Fany)		IBOIA BUTTA DT 21/4 09059991479	THOS OF BIND IT TOWN		
. AGENCY EMPLOYEE NO.					nikkitahuranonsia@gmail.com			
FAMILY BACKGROUND						MIKKILADACA IOTISIA (DQIII	atos a V	
. SPOUSES SURNAME	Man	90.0009	N/A	ETVED LADROW	23. NAME of CHI	DREN (Write full name and list all)	DATE OF BIRTH (mm/dd/y	
FIRST NAME				NAME EXTENSION (JR., SR)		AXL ANTHONY S. ZALDIVAR		
MIDDLE NAME						ATTIONT S. ZALDIVAK	8/12/14	
OCCUPATION			N/A		-			
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS			N/A					
	N/A							
TELEPHONE NO.	-		N/A					
FATHER'S SURNAME	SIA					West and the second		
FIRST NAME	WILSON			NAME EXTENSION (JR., SR)				
MIDDLE NAME	MARTINEZ							
MOTHER'S MAIDEN NAME		N						
MOTHER'S MAIDEN NAME SURNAME	TABUCANO							
MOTHER'S MAIDEN NAME SURNAME FIRST NAME	IRA							
SURNAME	- Corpus					(Continue on separate sheet if n	necessary)	

(if not graduated) From To RECEIVED ELEMENTARY ORMOC SE SAN SCHOOL ELEMENTARY EDUCATION 1998 2004 2004 CLASS VALEDICTO SECONDARY ST. PETER'S COLLEGE OF ORMOC SECONDARY EDUCATION 2008 2004 2008 VOCATIONAL / COLLEGE VELEZ COLLEGE BACHELOR'S DEGREE IN NURSING 2008 2012 2012 GRADUATE STUDIES WESTERN LEYTE COLLEGE JURIS DOCTOR 2020 2015 2020

SIGNATURE

DUIDER VI, WW

DATE

	RVICE ELIGII							LICENSE (if ap	plicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE PHILIPPINE NURSES LICENSURE EXAM		RATING (If Applicable)	PLACE OF EXAMINA		TION / CONFERMENT		NUMBER	Date of Validity	
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PHILIPPINE BAR EXAM		81.3	FEBRUARY 4 & 6, 2022	TACLOBAN	I CITY, LEYTE		82636	N/A	
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INCLU	JSIVE DATES n/dd/yyyy)	POSITION TI	Alamana .		NCY / OFFICE / COMPANY	MONTHLY	SALARY/JOB/PAY GRADE(ifapplicable)&	STATUS OF	GOV'T SERV
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PRIL 1, 2022	present	ASSOCIATE LAWYER		LARRAZABAL BUS	INESS LAW SOLUTIONS	10000.00	N/A	CONTRACTUAL	WT O N
August 22, 2022	present	INSTRUCT	OR	WESTERN LEYTE CO	OLLEGE OF ORMOC CITY	4000.00	N/A	PART-TIME	он о Изэ
MAY 1, 2020	DECEMBER 31, 2020	COVID-19 RESIDENT REC		LOCAL GOVERNM	20000.00	N/A	CONTRACT OF SERVICE	Y	
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NAME & ADDRESS OF (Write in		INCLUSIVE (mm/dd/		NUMBER OF HOURS	be appoointed,	POSITION / NATURE OF WORK
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	If YES give details:					
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LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAININ	(Continue on separate s G PROGRAMS ATT	ENDED			
from the most recent L&D/training program and incl	INTERVENTIONS/TRAINING PROGRAMS	for the last five (5) years for INCLUSIVE DATES (mm/de	OF ATTENDANCE		Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY
(Write i	24Y	From	To	ewollet entite	Technical/etc)	Wite in full) Have you ever been separated from the
Mandatory Continuing Legal Ed	ucation Compliance VIII	2/1/23	2/3/23	27.0	Foundation	Integrated Bar of the Philippines - Quezon City
Best Practices in Corpora	te Housekeeping	2/1/23	2/3/23	ed nego ala le	Foundation	Center for Global Best Practices
Regional Consultative Meeting for \	/isayas on Legal Education	5/30/19	5/30/19	6.0	Foundation	Supreme Court of the Philippines
National Congress for	Law Students	11/29/18	11/30/18	j ee ini erit gni Uniborei leoni	Foundation	Legal Education Board
Values Restoration Program	- Paralegal Training	7/17/18	7/20/18	nghise topo	Foundation	Council for the Restoration of Filipino Values
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ON (V)	ау 🖂				Squo	Are you a member of any indigenous g
	1 YES please specify:					Are you's polson with disability?
10	If YES, please specify ID N					
ON [W VES					Are you a solo parent?
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dame.	ative/criminal cassuls	teininba to prillit	all cause the	de atnominat	nent and he a	misrepresentation made in this doct
II. OTHER INFORMATION		(Continue on separate	sheet if necessar	y)		am trajens
		NON-ACADEMIC DISTI	NCTIONS / RECOG	SNITION	(179 AUTOD COME)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
11. SPECIAL SKILLS and HOBBIES	32.	(Wr	te in full)			33. (Write in full)
OMMUNICATIONS SKILLS (LISTENING, VERB WRITTEN)		MINE N	Α	4		OCCIDENTAL LEYTE BAR ASSOCIATION
COMPUTER LITERATE	Grod er	Squature (Spr ande th				INTEGRATED BAR OF THE PHILIPPINES- LE
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SIGNATURE		The Street of	H		DATE	UCTOBER 27, 2013
Fig. 4 Title his war and the Color		il remark or manife				CS FORM 212 (Revised 2017), Pag

Are you related by consanguinity or affinity to the appointing on the person who has immediate to the person who have the pers	or recommending authority, or to the supervision over you in the Office,		1 A THU	
Bureau or Department where you will be apppointed,	D JERRINS (SALA) provide SE construction	AND STATES		
a, within the third degree?	Pittin 76	YES / NO		
b. within the fourth degree (for Local Government Unit - Care	er Employees)?	YES V NO		
		If YES, give details:		
a. Have you ever been found guilty of any administrative offe	nse?	YES V NO		
a. Have you else been seen a		If YES, give details:		
b. Have you been criminally charged before any court?		YES NO		
		Date Filed:		
	Managara In the facility case as applicable.	Status of Case/s:		
Have you ever been convicted of any crime or violation of an any court or tribunal?		YES VES If YES, give details:	0	
ve stacewee verousless stage to several	o following modes: resignation retirement.	7 YES N	10	
Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, f	If YES, give details: resignation December 2019			
the public or private sector?	ection held within the last year (except	☐ YES ✓	NO vodesti racii	
a. Have you ever been a candidate in a national of local site. Barangay election)?	If YES, give details:	Sagles of Constitution of		
b. Have you resigned from the government service during t election to promote/actively campaign for a national or local	If YES, give details:	NO Indonsi Colle		
Have you acquired the status of an immigrant or permanen	YES NO If YES, give details (country):			
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		If YES, please specify:] NO	
REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
NAME	ADDRESS	TEL. NO.		
PCOL NELVIN M RICOHERMOSO	CITY DIRECTOR, OCPO HEADQUARTERS, BRO CAMP DOWNES, ORMOC CITY	SY. N/A		
ATTY. BENJAMIN S. PONGOS, JR.	CITY PROSECUTOR'S OFFICE, HALL OF JUSTICE, ORMOC CITY	9173072685	00	
MR. VINCENT L. EMNAS	CITY ADMINISTRATOR, NEW ORMOC CITY HALL, AUNUBING ST., COGON, ORMOC CITY	9173063353		
I declare under oath that I have personally accomplished statement pursuant to the provisions of pertinent laws, rule the agency head/authorized representative to verify/ misrepresentation made in this document and its attacagainst me.	this Personal Data Sheet which is a true, co as and regulations of the Republic of the Phill validate the contents stated herein.	ippines. I authorize I agree that any	NIKKI T. SIA	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: Driver's License		1	V DAIRE ADAIN	
ID/License/Passport No.: H03-15-000309	Signature (Sign inside the	e box)		
Date/Place of Issuance: 09/21/23 LTO Ormoc City		130	Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	OCT 2 7 2023 affiant exhibit	ting his/her validly issued governmen	t ID as indicated above.	
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Page No.: 201 Page No.: 201 Book No. II Series of 2023	Ormoc City, Kanauga Matagob, Writer Notarial Commission No. RM-2	2024 208 January 2023	CS FORM 212 (Revised 2017),	