CS Form No. 212			*					
Revised 2017	PERSO	NAL DA	TA SI	4FFT	1 = X			
WARNING: Any misrenresen								
DEAD THE ATTACHED ONE	station made in the Personal Data Sheet and th	ne Work Experience Sheet s	hall cause the fi	ling of administrative/criminal case/	s against the person concerned			
Print legibly. Tick appropriate box	E TO FILLING OUT THE PERSONAL DATA SH xes]) and use separate sheet if necessary. Indica	HEET (PDS) BEFORE ACCOR ate N/A if not applicable DO NO	MPLISHING THE	PDS FORM.	(De 2015)			
I. PERSONAL INFORMAT	TON				(Do not fill up. For CSC use on			
2. SURNAME	AMARILLO							
FIRST NAME	ANALISA		N/A					
MIDDLE NAME	PESCADERO							
3. DATE OF BIRTH	12/14/1998							
(mm/dd/yyyy)	12/14/1996	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizen	ship			
4. PLACE OF BIRTH	JAVIER, LEYTE	if holder of dual citi	zanehin.	□by birth				
5. SEX		please indicate the		Pls. indi	cate country:			
	☐ Male ☐ Female		ovanis.		~			
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Ho	N/A use/Block/Lot No.	PUROK 3			
	Other/s:		no	N/A	Street GABAS			
7. HEIGHT (m)	1.47		St	bdivision/Village BAYBAY	Barangay			
				ity/Municipality	LEYTE Province			
8. WEIGHT (kg)	45	ZIP CODE		6521				
9. BLOOD TYPE	В	18. PERMANENT ADDRESS	Ha.	N/A	PUROK 8			
10. GSIS ID NO.	N/A		HOL	ise/Block/Lot No. N/A	Street BINULHO			
11. PAG-IBIG ID NO.	1212-7790-9416	+	Subdivision/Village JA VIER City/Municipality		Barangay			
and the second s	1212-1130-3410				LEYTE Province			
12. PHILHEALTH NO.	13-250586779-7	ZIP CODE	6511					
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
4. TIN NO.	775-359-435-00000	20. MOBILE NO.		0950-373-2838				
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	14analisaamarillo@gn		nail com			
. FAMILY BACKGROUND								
2. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	N/A	NA		PENISSE AMARILLO FERNANDEZ	07/14/2019			
MIDDLE NAME	N/A				077142515			
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	. N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
. FATHER'S SURNAME	N/A AMARILLO							
FIRST NAME	ALFREDO	SR.						
MIDDLE NAME								
MOTHER'S MAIDEN NAME	OMPOD							
SURNAME	PESCADERO							
FIRST NAME	SUSANA							
MIDDLE NAME	BISMANOS			(Continue on separate sheet if nec	secarvi			

B. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR	SCHOLARSHIP ACADEMIC HONORS RECEIVED
	-						
ELEMENTARY	BINULHO ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	2005	2011	WITH HONORS	2011	N\A
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	2011	2015	WITH HONORS	2015	N/A
VOCATIONAL / TRADE COURSE	NIA	N/A	NIA	N/A	N/A	N/A	N/A
COLLEGE VISAYAS STATE UNIVERSITY		BS IN AGRICULTURE	2015	2019	N/A		VISAYAN Associatio
GRADUATE STUDIES N/A		N/A	N/A	NIA	N/A		in Australia N/A

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	ervice eaig		A HOUSE AND A SECOND						
	SPECIAL LAW	080 (BOARD/ BAR) UNDER VS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	LICENSE (if a	Date o
etheres, in the same		SURE EXAMINATION	76.3	NOVEMBER 9-11, 2021			N/A	Validi N/A	
WORK F	XPERIENCE		(Co	ntinue on separate sheet	if necessary]				
		. Start from your recent v	vork) Description	of duties should be i	ndicated in the attached	Work Experi	ence sheet.		
	DSIVE DATES m/dd/yyyy) To	POSITION TH (Write in ful/Do not a			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/ N)
ANUARY 11, 021	PRESENT	INFORMATION DES	K OFFICER	VISAYAS STATE	UNIVERITY HOSPITAL	12000.00	N/A	JOB ORDER	Y
,									
				to a constant					
alau.	TURE	An	ĮCo/	tinue on separate sheet i	DATE	JANUARY 10,	2022		

IV. CIVIL SERVICE ELIGIBILITY

9.	NAME & ADDRESS OF ORGAN (Write in full)	ZATION		USIVE DATES m/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A		N/A	N/A	N/A	N/A	•

LEARNII	NG AND DEVELOPMENT (L&D) INTE	RVENTIONS/TRAINING	PROGRAMS	ATTENDED years for Division		nagerial positions)	
	E OF LEARNING AND DEVELOPMENT ÎNTERVENT (Write in full)		INCLUS	IVE DATES OF TENDANCE m/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
			From N/A	N/A	N/A	N/A	N/A
		·	The state of the s	The state of the s	INC.	NA .	NA .
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			_	+			
		(Co)	nGnue on separati	sheet if necessar	7)		
OTHER II	NFORMATION						
S	PECIAL SKILLS and HOBBIES 32.	NO		INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
C	OMPUTER SKILLS		N	A			N/A
							•

		(Con	dinue on separate	sheet if necessar	y)		
		-		-	_		

34. Are you related by consanguinity or affinity to the appoin	nting or recommending authority, or to the						
chief of bureau or office or to the person who has imme Bureau or Department where you will be apppointed,	diate supervision over you in the Office,						
a. within the third degree?	☐ YES ☑ NO						
b. within the fourth degree (for Local Government Unit -	b. within the fourth degree (for Local Government Unit - Career Employees)?						
	☐ YES [☑ NO					
35. a. Have you ever been found guilty of any administrative	☐ YES ☑ NO						
	If YES, give details:						
b. Have you been criminally charged before any court?			☑ NO				
	If YES, give details	•					
	Date Filed: Status of Case/s:						
36. Have you ever been convicted of any crime or violation of	f any law, decree, ordinance or regulation	YES	✓ NO				
by any court or tribunal?		If YES, give details:					
 Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, 	the following modes: resignation,	YES	☑ NO				
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 e Barangay election)?	election held within the last year (except	YES	☑ NO				
		If YES, give details:					
 b. Have you resigned from the government service during election to promote/actively campaign for a national or loc 	the three (3)-month period before the last al candidate?	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permane	Have you acquired the status of an immigrant or permanent resident of another country?						
	If YES, give details (☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	agna Carta for Disabled Persons (RA						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	2), please answer the following items:						
Are you a member of any indigenous group?		YES	☐ YES ☑ NO				
Are you a person with disability?		If YES, please specify:					
		☐ YES . ☑ NO If YES, please specify ID No:					
Are you a solo parent?		YES INO					
		If YES, please specify II	O No:				
11. REFERENCES (Person not related by consanguinity or affinity to applican	/appointee)						
NAME	ADDRESS	TEL. NO.					
DENNIS NABUA FERNANDEZ JR.	BRGY. GABAS BAYBAY CITY, LEYTE	9510453506					
TEODORA DORIS BRAGANZA	ALBUERA, LEYTE	9336647028	6.6				
LAINELY MAI G. BANDILLA	VISCA BAYBAY CITY, LEYTE	0424500574					
1 declare under oath that I have personally accomplished		9121580571					
complete statement pursuant to the provisions of pertin	ent laws, rules and regulations of the I	Republic of the					
Philippines. I authorize the agency head/authorized repr	esentative to verify/validate the contents	stated herein					
I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall caus	e the filing of	PHOTO				
	The second secon						
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance			Service Control				
Government Issued ID: PASSPORT	A						
ID/License/Passport No.: P9515278A							
	x)						
Date/Place of Issuance: DFA TACLOBAN	JANUARY 10, 2022 Date Accomplished		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this							
Second Control to before the this	, affiant exhibiti	ng his/her validly issued gov	ernment ID as indicated above.				
The state of the s							
	<u></u>						
	Person Administering Oath						