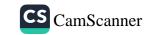
Revised 2017	PERSO	NAL DAT	A SH	IEE.	T			
WARNING: Any misranrasanta	tion made in the Personal Data Sheet and th					vo/criminal case/	's against the	nerson
concerned.	TO FILLING OUT THE PERSONAL DATA SH					vercriminal caser	s agamst the	person
Print legibly. Tick appropriate boxes	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE	HE PUS FUI	1. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIO								
2. SURNAME	PAYO					hume common and		
FIRST NAME	JOY NICO					NAME EXTENSION (JF	R., SR)	
MIDDLE NAME	OROG							
DATE OF BIRTH (mm/dd/yyyy)	11/03/1996	16. CITIZENSHIP		☑ Filip	ino [Dual Citizenship		
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citize				☑ by birth ☐ Pls. indicate c		ation
5. SEX	☑ Male ☐ Female	please indicate the d	etails.					-
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	Hou	use/Block/Lat N	lo.		Street 5-A CAIBAAN	
	Other/s:			racloban			Barangay LEYTE	
7. HEIGHT (m)	1.66		A STATE OF THE PARTY OF THE PAR	ity/Municipality			Province	
8. WEIGHT (kg)	67	ZIP CODE			(0)		(A IIIOURALA)	ADEA 2
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	use/Block/Lot N	a.	MAHARLIF	KA HIGHWAY Street	AKEA 3
10. GSIS ID NO.	N/A			bdivision/Village		95	-A CAIBAAN Barangay	
11. PAG-IBIG ID NO.	121301619372		7	TACLOBA http://www.icipality			LEYTE Province	
12. PHILHEALTH NO.	13-252488076-1	ZIP CODE		6500				
13. SSS NO.	35-1336576-3	19. TELEPHONE NO.				N/A	7	
14. TIN NO.	659394100	20. MOBILE NO.			09	771329587		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jo	oy.nicopa	ayo@gmail.co	<u>om</u>	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME			23. NAME of CH	ILDREN (Write	full name and	l list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	PAYO							
FIRST NAME	DIONICO	NAME EXTENSION (JR., SR)			5			
MIDDLE NAME	RAGURO							
25. MOTHER'S MAIDEN NAME								100
SURNAME	OROG							
FIRST NAME	LIGAYA							
MIDDLE NAME	MURILLO			(Co	ntinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	ASIAN DEVELOPMENT FOUNDATION COLLEGE	ELEMENTAR	Y				2010	
SECONDARY	ASIAN DEVELOPMENT FOUNDATION COLLEGE	HIGHSCHOO					2014	
VOCATIONAL / TRADE COURSE								
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIE ELECTRONICS ENGI					2022	
GRADUATE STUDIES								
	(C	ontinue on separate sheet if nece	essary)					
SIGNATURE	Joy Niss O.	Paye		DA	TE	JAN	IUARY 31, 20)24

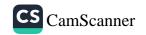
CS FORM 212 (Revised 2017), Page 1 of 4



Y. CIVIL SE	RVICE ELIG	IBILITY							
	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE	RATING	DATE OF				LICENSE (if a	applicable)
	ANGAY ELIGIBILI	TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity
		CE PROFESSIONAL		AUGUST 11, 2024	TACLO	BAN CITY			
ELECT	RONICS TECI	HNICIAN (BOARD)		OCTOBER 24, 2023	CEBI	U CITY		0027714	11/03/2027
	DRIVER'S I	LICENSE		DEC. 2021	TACLO	BAN CITY		HO2-21200443	11/03/2026
			160	ntinuo an acquesta cheat if					
	XPERIENCE	nt. Start from your recen		ntinue on separate sheet if		ad Work Eve	arianca chaot		
28. INCLU	SIVE DATES	POSITION T			CY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (#	STATUS OF	GOVT
From (min	n/dd/yyyy) To	(Write in full/Do not		The state of the s	o not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
8/27/2024	PRESENT	TECHNICL	AN I	IDS MEDICAL SYSTE	EMS PHILIPPINES, INC.	22000.00		EMPLOYED	N
				HEEDER OF THE					
	7								
SIGNA	TUDE	One m	(Con	ntinue on separate sheet if n	DATE		IABIILAT	OV 24 2024	
SIGNA	TURE	80 16	0. 00	9	DATE			RY 31, 2024 FORM 212 (Revised 2	017), Page 2 o



VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF C (Write in for	ORGANIZATION	INCLUSIV (mm/d	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
VII. LEARNING AND DEVELOPMENT (L&D	(Con) INTERVENTIONS/TRAINING P	ROGRAMS A	sheet if necessary TTENDED			
		INCLUSIVE	DATES OF DANCE		Type of LD	CONDUCTED/ SPONSORED BY
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu	II)	(mm/d	d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)
		From	То			
	Maria Ma					
			1-27			
VIII. OTHER INFORMATION	(Cont	inue on separate s	neet if necessary)			
	32. NON-	ACADEMIC DISTIN		NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Mitte in full)
31. SPECIAL SKILLS and HOBBIES	32	(Write	in full)			(Write in full)
	36966					
Total !						
	(Conti	nue on separate si	heet if necessary)			
SIGNATURE	Joy Niss C	? Pays		DA	TE	JANUARY 31, 2024
					THE STATE	CS FORM 212 (Revised 2017), Page 3 of 4



Are you related by consanguinity or affinity to the appointin	ng or recommending authority, or to the		
chief of bureau or office or to the person who has immedia	te supervision over you in the Office		
Bureau or Department where you will be apppointed,	portion over you in the Office,		
a. within the third degree?		D MEG	E NO.
		☐ YES	☑ NO
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES	☑ NO
		If YES, give deta	ils:
35. a. Have you ever been found guilty of any administrative of	ffense?		
S. a. rate jeu oter book found gamy of any darining duve of		☐ YES	☑ NO
		If YES, give deta	ils:
b. Have you been criminally charged before any court?		☐ YES	☑ NO
		If YES, give deta	ils:
		Date Filed:	
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of a	any law decree ordinance or regulation		
by any court or tribunal?	☐ YES	☑ NO	
by any count of abunda:		If YES, give deta	ils:
27. How you over been concepted from the consists in court the	ho following modes: resize -t'		
37. Have you ever been separated from the service in any of the		YES THE MAN	□ NO
retirement, dropped from the rolls, dismissal, termination, e	and of term, finished contract or phased	If YES, give deta	ils: pply for a different company
out (abolition) in the public or private sector?		10 a	ppi) for a different company
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except	□ YES	☑ NO
Barangay election)?		If YES, give deta	
b. Have you resigned from the government service during		☐ YES	☑ NO
last election to promote/actively campaign for a national or	local candidate?	If YES, give deta	iils:
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?		T NO.
00.		☐ YES	☑ NO
		If YES, give deta	ils (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA		
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	2), please answer the following items:		
			E NO
ld. Are you a member of any indigenous group?			
Are you a member of any indigenous group?		☐ YES	☑ NO fv:
		If YES, please speci	fy:
Are you a member of any indigenous group? Are you a person with disability?		If YES, please speci	fy:
b. Are you a person with disability?		If YES, please speci Special YES If YES, please special	fy:
		If YES, please speci YES If YES, please speci	fy: NO fy ID No:
b. Are you a person with disability?		If YES, please speci Special YES If YES, please special	fy: NO fy ID No:
b. Are you a person with disability? c. Are you a solo parent?	t (onnointee)	If YES, please speci YES If YES, please speci	fy: NO fy ID No:
b. Are you a person with disability?	t /appointee)	If YES, please speci YES If YES, please speci	fy: NO fy ID No:
b. Are you a person with disability? c. Are you a solo parent?	t /appointee) ADDRESS	If YES, please speci YES If YES, please speci	fy: NO fy ID No:
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b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applicant)		If YES, please speci YES If YES, please speci YES If YES, please speci	fy: NO fy ID No:
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