CS Form No. 212 Revised 2017	PERS	ONAL DA	TA:	SHEE	T	41 44 -00				
noreon concerned.	ation made in the Personal Data S						criminal case	/s against i		
Print legibly. Tick appropriate boxe	s  ) and use separate sheet if neces	sary. Indicate N/A if not applica	ble. DO NOT	ABBREVIATE.	1. CS ID No	<i>n</i> .	(Do not fill up.	For CSC use		
I. PERSONAL INFORMATION	ON				1	100000				
2. SURNAME	ALBARACIN					-				
FIRST NAME	SHANIA MARIE				NA					
MIDDLE NAME	GULA									
3. DATE OF BIRTH (mm/dd/yyyy)	07/14/1999	16. CITIZENSHIP	SHIP Filipino				Dual Citizenship			
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYT	If holder of dual citizen	If holder of dual citizenship, please indicate the details.			☐ by birth ☐ by naturalization  Pls. indicate country:				
5. SEX	☐ Male ☑ Female	the last of the same again			ris. inc	, io. molocio ocaria y.				
		17 DEDIDENTAL ADDRESS		Language C	- 5 × 40 million 10 ×		on the second of the	our said		
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS		N/A House/Block/Lot No.			NA/ Street			
	Other/s:	Marine and a strength of the contract of	N/A				LO-OK			
7. HEIGHT (m)	1.615	Sagar at the second		Subdivision/Villag ANAHAWAN	θ	-	Barangay SOUTHERN LEY	/TE		
8. WEIGHT (kg)	89	ZIP CODE		City/Municipality		610	Province			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS		N/A	0	610	N/A			
The state of		и, сочис то влаше.		House/Block/Lot N	0.		Street	- Programma Specimen		
10. GSIS ID NO.	N/A			N/A Subdivision/Village	9		LO-OK Barangay			
11. PAG-IBIG ID NO.	121307057875			ANAHAWAN		S	OUTHERN LE	YTE		
12. PHILHEALTH NO.	132516175498	ZIP CODE		City/Municipality	6	610	Province			
13. SSS NO.	0644674779	19. TELEPHONE NO.		Harris Co.		I/A		ay		
14. TIN NO.	62089497600000	20. MOBILE NO.		09465347237			No.			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		shan	ia.albarad	cin@gmai	Lcom			
II. FAMILY BACKGROUN	D									
22. SPOUSE'S SURNAME	N/A		23. NAME of C	CHILDREN (Write for	ull name and lis	st all)	DATE OF BIRT	H (mm/dd/yy		
FIRST NAME	N/A			N/A			N/A			
MIDDLE NAME	N/A	N/A								
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A			or profiles						
TELEPHONE NO.	N/A			Company				Win 1 1		
24. FATHER'S SURNAME	ALBARA	ACIN					252			
FIRST NAME	PRIMIT	IVO								
MIDDLE NAME	SUMAG	ANG								
25. MOTHER'S MAIDEN NAME	HELEN IMPUE	STO GULA						1.10		
SURNAME	GUL	Α								
FIRST NAME	HELE	:N								
MIDDLE NAME	IMPUES	то		(Contin	nue on separa	te sheet if nece	esand			
III. EDUCATIONAL BACK			State of the				and the second			
26.				PERIOD OF AT	TENDANCE	HIGHEST		0.001.001.0001		
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	From	То	UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSH ACADEMIC HONORS RECEIVED		
ELEMENTARY	ANAHAWAN CENTRAL SCHOOL	BASIC EDUCATION		2006	2012	Graduate	2012	WITH		
SECONDARY	SOUTHERN LEYTE STATE UNIVERSITY - SAN JUAN CAMPUS	SENIOR HIGH SCHOOL	DL.	2016	2018	Graduate	2018	HONORS		
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN H MANAGEMENT	OSPITALITY	2018	2022	Graduate	2022	CUM		
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A		

SIGNATURE

August 16, 2023

DATE

CAREE	ERVICE ELIGI R SERVICE/ RA 108	0 (BOARD/ BAR) UNDER	RATING	DATE OF	DI LOS OS ENCLUSAS	W/CO	DMENE	LICENSE (If a	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  PRESIDENTIAL DECREE NO. 907		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION	ON / CONFE	RMENT	NUMBER	Date of Validity	
		N/A	8/4/2023	CIVIL SERVICE REGION VIII			100108231359	N/A	
		contraction and the		The second of the		P STATE			medical property
							15.70		
	EXPERIENCE rate employmen	it. Start from your rec		continue on separate she	ot if necessary)  d be indicated in the al	tached W	ork Experi	ence sheet.	
INCLU	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVI (Y/ N)
9/8/2022	07/21/2023	ASSISTANT INSTRUCTOR I		AMA COMPUTER COLLEGE C	12000	N/A	END OF CONTRACT	NO	
									,
100000	-		0	Continue on separate she	ot if necessary) DATE		-	ust 16, 2023	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE (mm/dd.		NUMBER OF HOURS		(19) 14 (14) 4 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14
(Wile if fell)	From	То	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A		N/A
	Unit (E) 1		14 BACK F1 11 CV	POBLICATION OF A	En Transport (Francisco Ministration of Control of Cont
	September 1980			introduction	TO MAIN THE BOUND HE HELD THE YEAR
	200 A 200 A			Thich (9	Brotel bability victisationate, poverse nic
	EACT BUT				
III I FARNING AND DEVEL COMENT (	(Co	ntinue on separate	sheet if necessary	1 So All Palestynia S	A principal to the control of the Helen control of the control of
II. LEARNING AND DEVELOPMENT (Let are from the most recent L&D/training program and in the control of the contr	&D) INTERVENTION INClude only the relevant	NS/TRAINING L&D/training taken	PROGRAMS , for the last five (5)	ATTENDED  vears for Division C	hist/Frecutive/Managerial positions
10. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	From	То	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
TEACHING ENGLISH AS FOREIGN LANGUAG COURSE (TEFL)	07/25/2023	07/28/2023	120	TECHNICAL	TEFL PROFESSIONAL INSTITUTE - TEACHER RECORD
FLEXIBLE INDUSTRY PRACTICUM - HOTEL OPERATIONS	03/23/2022	04/24/2022	600	TECHNICAL	HOSPITALITY INSTITUTE OF AMERICA - PHILIPPINES
NATIONAL CERTIFICATE II IN FOOD AND BEVERAGE SERVICES	N/A	N/A	N/A	TECHNICAL	TECHINCAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
		C.	eright to these		
MALITAL S	10 pmb 3	12000	Except to the viscos	a Inference (a)	hasplated in the estable entitions and wave evel-
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		Transfer to		Constitution (CTS)	e-25 名
					766
(12)	The second	<del>                                     </del>			countries or action was to reference our suk-
ON N					PRESIDENT RESPONDENCE TO THE PARTY.
(9)					Townshi gara a key goa
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NOTE THE PERSON OF THE PERSON					THE CONTRACTOR OF THE PARTY OF
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line of the seasons and the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons are seasons as the seasons are se	(C	ontinue on separat	te sheet if necessal	ry)	
III. OTHER INFORMATION		Alternative States			
31. SPECIAL SKILLS and HOBBIES	NON		NCTIONS / RECOG e in full)	NITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING	COACH IN TH	COACH IN THE DIVISION TECHNOLYMPICS 2023 (PRODUCT CATEGORY)		T N/A	
SINGING	1	COACH IN THE DIVISION TECHNOLYMPICS 2023 (SERVICES CATEGORY)		S	
					and the state of the second
					THE SELECTION OF THE CONTROL OF THE
SIGNATURE		Continue on separa	nte sheet if necessa	DATE	August 16, 2023
3/13/94/11/15				red 1.1	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	or recommending authority, or to	and the second s	and the second second	
Bureau or Department where you will be apppointed,				
a. within the third degree?	☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO			
D. Willim the routin degree (for 2000) or the first of th		If YES, give details:		
a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO			
b. Have you been criminally charged before any court?	Date Filed: Status of Case/s:			
Have you ever been convicted of any crime or violation of ar regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
7. Have you ever been separated from the service in any of the		✓ YES □ NO	TO SECTION OF THE	
retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	If YES, give details:  End of Contract			
8. a. Have you ever been a candidate in a national or local elec- (except Barangay election)?	☐ YES ☑ NO			
<ul> <li>b. Have you resigned from the government service during the the last election to promote/actively campaign for a national</li> </ul>	☐ YES NO OT WITH BIACHTONE ARM AND INTERPRETATION OF THE PROPERTY OF THE PROP			
Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 items:</li> <li>Are you a member of any indigenous group?</li> </ol>	gna Carta for Disabled Persons 172), please answer the following	☐ 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?	you a solo parent?			
REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)	If YES. please specify ID No:		
NAME	ADDRESS	TEL, NO.		
Ms. Richelle Villa-Gatchalian	Ormoc City, Leyte			
Ms. Marielle De La Cruz Nierras	Biliran, Leyte	9947313248	5	
12. I declare under oath that I have personally accomplished to and complete statement pursuant to the provisions of perting the Philippines. I authorize the agency head/authorized repherein. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me.	ent laws, rules and regulations of	the Republic of	ALBARACIN	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: TIN NUMBER	LOS BOYANY LOCAL MARKETS BOYA	0.500	10439	
ID/License/Passport No.: 62089497600000		ma'		
	Signature (Sign inside	the box)		
- OKINGC CITT, LETTE	August 16, 20 Date Accomplish	ad .	numbmark	
SUBSCRIBED AND SWORN to before me this, affiant exhit	biting his/her validly issued governme	nt ID as indicated above.		
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	Person Administering	Oath		