MARKED M	CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	<u>Γ</u>				
REPOSITION MAR MAY	concerned. READ THE ATTACHED GUIDE 1	TO FILLING OUT THE PERSONAL DATA SH	EET (PDS) BEFORE ACCOME	PLISHING THE	E PDS FORM	1.	riminal case/s ag			
MANUAL M								<u> </u>		
MICHAEL PARK TISOL	2. SURNAME	TRIPOLI								
STATE STAT	FIRST NAME	AMOR MAY					NAME EXTENSION (JF	R., SR)		
Month Mont	MIDDLE NAME	TIGOL								
Second Mark		05/28/2000	16. CITIZENSHIP					•		
See	4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizer							
	5. SEX	☐ Male ☐ Female	please indicate the de	etails.	Philippines				•	
1.53 Second (right) 49	6 CIVIL STATUS	☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS					MAKINHAS		
8 ROCOLYPE	7. HEIGHT (m)	1.53		BAYBAY CITY				LEYTE		
9. BLOOD TYPE O+ 19. FERNAMENTA ADDRESS MACHINE STATE	8. WEIGHT (kg)	49	ZIP CODE	C	ity/Municipality		6521			
10										
11 PAG-BIS D NO.			-	Нои	use/Block/Lot No).				
12 PHILEPALTH NO.		·	_	Su				LEYTE		
15 AGENCY EMPLOYEE NO. N/A 21 E-MAIL ADDRESS (# any) amorma y 28 2000 @ gmail.com				C				Province		
15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (of any) amormay/28/20/00@qmail.com FAMILY BACKGROUND	13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
II. FAMILY BACKGROUND 22 SPOUSES SURNAME	14. TIN NO.	N/A	20. MOBILE NO.	09465362007						
DATE OF BIRTH (mmiddyyyy)	15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	amormay282000@gmail.com						
FIRST NAME MODULE NAME NIA NIA NIA NIA NIA NIA CCCUPATION NIA EMPLOYERBUSINESS NAME NIA BUSINESS ADDRESS NIA TELEPHONE NO. NIA 24. FATHERS SURNAME FIRST NAME MODULE NAME NUÑEZ 25. MOTHER'S MAIDEN NAME SAMUEL TIGOL FRST NAME FRST NAME AMORA MIDULE NAME DALE SAMUEL TIGOL FRST NAME FRST NAME AMORA MIDULE NAME TIGOL FRST NAME AMORA MIDULE NAME AMORA MIDULE NAME TIGOL FRST NAME AMORA MIDULE NAME AMORA MIDULE NAME TIGOL FRST NAME AMORA MIDULE NAME	II. FAMILY BACKGROUND									
MIDDLE NAME BUSINESS ADDRESS NIA TELEPHONE NO. ANIA ANIA ANIA ANIA BUSINESS ADDRESS NIA TELEPHONE NO. NIA ANIA ANIA ANIA ANIA ANIA BUSINESS ADDRESS NIA TELEPHONE NO. NIA ANIA ANIA ANIA ANIA ANIA ANIA BUSINESS ADDRESS NIA TELEPHONE NO. NIA ANIA	22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and lis		list all) DATE OF BIRTH (mm/dd/yyyy)				
COCUPATION	FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A						
BUSINESS ADDRESS NIA	MIDDLE NAME	N/A								
BUSINESS ADDRESS N/A TELEPHONE NO. N/A 24. FATHERS SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME SURNAME FIRST NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDL	OCCUPATION	N/A								
TELEPHONE NO. N/A 24. FATHERS SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME SURNAME FIRST NAME FIRST NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME PAEL (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) From To From To From To GRADUATED 2012 VALENCTIONAL SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA OB/01/2012 OB/01/2018 ORADUATED OR	EMPLOYER/BUSINESS NAME	N/A								
TRIPOLI FIRST NAME MIDDLE NAME MIDDLE NAME SAMUEL NUÑEZ SURNAME FIGOL FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FORT NAME MIDDLE NAME PAEL Continue on separate sheat if necessary) III. EDUCATIONAL BACKGROUND LEVEL NAME OF SCHOOL (Write in full) MAKINHAS ELEMENTARY SCHOOL RECONDARY EAST VISAYAN ADVENTIST ACADEMY NA O6(01/2016 O6(01/2016 O6(01/2016 O6(01/2016 O6(01/2018 OF ADUATED OF AD	BUSINESS ADDRESS	N/A								
FIRST NAME MIDDLE NAME SURNAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) From To MAKINHAS ELEMENTARY SCHOOL ELEMENTARY MAKINHAS ELEMENTARY SCHOOL SECONDARY EAST VISAYAN ADVENTIST ACADEMY VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION BA	TELEPHONE NO.	EPHONE NO. N/A								
MIDDLE NAME NUÑEZ S. MOTHERS MAIDEN NAME SURNAME FIRST NAME FIRST NAME MIDDLE NAME PAEL CONTINUE ON SEPARATE SHEET IT RECESSARY) III. EDUCATIONAL BACKGROUND LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) ELEMENTARY MAKINHAS ELEMENTARY SCHOOL NA MAKINHAS ELEMENTARY SCHOOL SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA MACHINE OF SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA MACHINE OF SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA MACHINE OF SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA MACHINE OF SECONDARY EAST VISAYAN ADVENTIST ACADEMY NA MACHINE OF SECONDARY EDUCATION MACHINE OF SECONDARY MACHINE OF SECONDARY EDUCATION MACHINE OF SECONDARY MACHINE OF	24. FATHER'S SURNAME		NAME EYTENSION / ID SD)							
SURNAME FIRST NAME AMORA MIDDLE NAME PAEL MAKINHAS ELEMENTARY SCHOOL MILEVEL MAKINHAS ELEMENTARY SCHOOL SECONDARY EAST VISAYAN ADVENTIST ACADEMY VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY MACHENCO OF SECONDARY EDUCATION MACHEN OF SECONDARY EDUCATION MA			TVAILE EXTENSION (SIC., ON)	JR						
SURNAME FIRST NAME AMORA AMORA MIDDLE NAME PAEL RAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE From To To To To GRADUATED COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION BACHELOR OF SECONDARY EDUCATION COLLEGE TIGOL (Continue on separate sheet if necessary) HIGHEST LEVEL UNITS EARNED UN		NUNEZ								
FIRST NAME MIDDLE NAME PAEL (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND III. EDUCATIONAL BACKGROUND BASIC EDUCATIONDEGREE/COURSE (Write in full) From To GRADUATED GRADUATED GRADUATED COLLEGE VISAYAN ADVENTIST ACADEMY BACHELOR OF SECONDARY EDUCATION BACHELOR OF		TION								
MIDDLE NAME PAEL (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) ELEMENTARY MAKINHAS ELEMENTARY SCHOOL SECONDARY EAST VISAYAN ADVENTIST ACADEMY VOCATIONAL/ TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION (Continue on separate sheet if necessary) YEAR (NIGHEST LEVEL) YEAR (SCHOLARSHIP) YEAR (GRADUATED) YE										
BASIC EDUCATIONAL BACKGROUND BASIC EDUCATION/DEGREE/COURSE (Write in full) PERIOD OF ATTENDANCE (Write in full) YEAR UNITS EARNED (if not graduated) YEAR UNITS EARN					(Continue on congrete sheet if necessary)					
26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATIONDEGREE/COURSE (Write in full) PERIOD OF ATTENDANCE UNITS EARNED (If not graduated) From To ELEMENTARY MAKINHAS ELEMENTARY SCHOOL NIA 06/01/2006 03/31/2012 GRADUATED 2012 VALEDICTORIAN SECONDARY EAST VISAYAN ADVENTIST ACADEMY NIA 06/01/2012 03/31/2018 GRADUATED 2018 PRINCIPAL'S LIST VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION 06/01/2018 08/12/2022 GRADUATED 2022 CUM LAUDE GRADUATE STUDIES					(CC	munue on se	parate sneet ii neces	isary)		
ELEMENTARY MAKINHAS ELEMENTARY SCHOOL NIA 06/01/2006 03/31/2012 GRADUATED 2012 VALEDICTORIAN SECONDARY EAST VISAYAN ADVENTIST ACADEMY NIA 06/01/2012 03/31/2018 GRADUATED 2018 PRINCIPAL'S LIST VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION 06/01/2018 08/12/2022 GRADUATED 2022 CUM LAUDE GRADUATE STUDIES	26.	NAME OF SCHOOL		EE/COURSE			UNITS EARNED		ACADEMIC HONORS	
VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION 06/01/2018 08/12/2022 GRADUATED 2022 CUM LAUDE GRADUATE STUDIES	ELEMENTARY	MAKINHAS ELEMENTARY SCHOOL	N/A				GRADUATED	2012	VALEDICTORIAN	
TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SECONDARY EDUCATION 06/01/2018 08/12/2022 GRADUATED 2022 CUM LAUDE GRADUATE STUDIES	SECONDARY	EAST VISAYAN ADVENTIST ACADEMY	N/A		06/01/2012	03/31/2018	GRADUATED	2018	PRINCIPAL'S LIST	
GRADUATE STUDIES										
	COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY	' EDUCATION	06/01/2018	08/12/2022	GRADUATED	2022	CUM LAUDE	
	GRADUATE STUDIES									

AMOR MAY T. TRIPOLI

SIGNATURE

June 6, 2023

DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if ap	oplicable) Date of	
BAF	BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT		, INDITIONAL ENTREM			Validity
	N/A	A	N/A	N/A	N/A N/A		N/A	N/A	
			(Con	tinuo on congreto choot	if necessary)				
	XPERIENCE			tinue on separate sheet					
28 INCLU	JSIVE DATES	nt. Start from your recent				Work Expe	SALARY/ JOB/ PAY		00:27
(m	m/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То								
09/01/2022	06/24/2023	PART-TIME INS	IKUCTOR	VISAYAS ST	TATE UNIVERSITY	12000.00	N/A	CONTRACTUAL	N
	ļ								
	<u> </u>								
					<i>y</i>				
SIGNA	SIGNATURE AMOR MAY T. TRIPO			tinue on separate sheet	if necessary) DATE		06/06/2023		
5,5,17		7.1.701			5/1/2			S FORM 212 (Revised 20	017) Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OI (Write in full		INCLUSIN (mm/di		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A			N/A	N/A	N/A		
		tinue on separate s					
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
N/A				N/A	N/A	N/A	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN	ICTIONS / RECOGI	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SPORTS	N/A					N/A	
SINGING							
(Continue on separate sheet if necessary) SIGNATURE AMOR MAY T. TRIPOLI DATE					06/06/2023		
O.O.I. I OILE	AMON MATTE	· · · · · · · · · · · · · · · · · · ·		I	-	55,55,E0E0	

34.	Are you related by consanguinity or affinity to the appointing of 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 - Caree)	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ 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 any any court or tribunal?	y law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	nished contract or phased out (abolition)	☐ YES If YES, give deta	☑ NO ills:			
38.	a. Have you ever been a candidate in a national or local elect Barangay election)? b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or l	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent re		☐ YES ☑ NO If YES, give details (country):				
40. a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magrand (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group? Are you a person with disability? 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 applicant	t /appointee)					
	NAME	ADDRESS	TEL. NO.				
	SHERWIN ABANTAO	EAST VISAYAN ADVENTIST ACADEMY COMPOUND	09358357254	96			
	MELODY ABANTAO	EAST VISAYAN ADVENTIST ACADEMY COMPOUND	09754642584				
	42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.						
P G	iovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) **ILEASE INDICATE ID Number and Date of Issuance** **Involvernment Issued ID:** **TIN ID** **DILicense/Passport No.: 617-118-020-00000 **Intel/Place of Issuance: 11/09/2022 BAYBAY CITY, LEYTE**	vox)	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit		ed government ID as indicated above.			