QS Form No. 212 Revised 2017									Control of the State of the Sta
		DED	CONAL D		oue	-		14	
WARNING: Any misreprese concerned. READ THE ATTACHES	intation made in the P	ersonal Data Shee	SONAL DA	hoot shall care	so the filing	of administr	rative/criminal cas	e's agains!	the person
LINE WILLIAM STATE OF COLUMN	MARIE THE					S FORM			
Print legibly. Tick appropriate be	ow () and use separa	ate sheet if necessary	Indicate N/A if not applicable. I	DO NOT ABBRE	VIATE.	1 CS ID No		(Le va	is as for Call towards.
2 SURNAME	BANDALAN-SALAZ	740							
FIRST NAME		ZAR					NAME EXTENSION UR	CEV	NA
MIDDLE NAME	MARZ PAULINE						THE CALLSON OF STREET		ages to make interest measure and the make the same
3 DATE OF BIRTH	GUIO-GUIO		T						Note that the same of the same
(mm/dd/yyyy)	01/13/	1995	16 CITIZENSHIP		☑ Filipin	10 🗆	Dual Citizenship		
4 PLACE OF BIRTH	PAGADIA	IN CITY	If holder of dual critize	nship			✓ by birth [Pls. indicate co]by naturali untry:	Marie and Table
5 SEX	☐ Male	☐ Female	please indicate the di	etails	Philippines				V
6 CIVIL STATUS	Single	✓ Married	17 RESIDENTIAL ADDRESS		NA NA		SA	N ROQUE STE	EE7
	☐ Widowed ☐ Other/s:	Separated		Hou	se/Block/Lot No NA)		Street TINAGO	
7 DESCRIT (m)	1.61	m	1		bdivision/Village INOPACAN			Barangay LEYTE	
7 HEIGHT (m)				i	ity/Municipality		area.	Province	
8 WEIGHT (kg)	85 k		ZIP CODE 18 PERMANENT ADDRESS		NA .		6522 SA	N ROQUE STR	PEET
9 BLOOD TYPE	B+		16 PERMANENI ALIDRESS	Hou	se/Block/Lot No		JA	Street	ICE.)
10 GSIS ID NO	NA			Sut	NA. bdivision/Village			TINAGO Barangay	
11 PAG-IBIG ID NO	12211539	008774		INOPACAN LEYTE City/Municipality Province					
12 PHILHEALTH NO	1205145	03279	ZIP CODE		5522				
13 SSS NO	0637309	9174	19 TELEPHONE NO	NA NA					
4 TIN NO 322943211000 20			20. MOBILE NO		09108780538 marz4personal@gmail.com				
15 AGENCY EMPLOYEE NO	NA		21 E-MAIL ADDRESS (if any)			narz4pei	sonal@gmail	.com	
22 SPOUSE'S SURNAME		SALAZAR		23 NAME of CH	ILDREN (Write	full name and	ist all)	DATE OF	BIRTH (mm/dd/yyyy)
FIRST NAME	CHE	:	NAME EXTENSION (JR. SR) NA		THEODEN	B. SALAZA	AR	2	3/12/2020
MIDDLE NAME		MOROT							
OCCUPATION		ENGINEER	l						
EMPLOYER/BUSINESS NAME	SMAF	RT COMMUNICA	TIONS INC.						
BUSINESS ADDRESS	SMART TOWER	R, AYALA AVENU	JE, MAKATI, MANILA		gen bengari i in a channel anno in più de projetto g				
TELEPHONE NO		(02) 8888 111			and the second s				
24 FATHER'S SURNAME		BANDALAN							
FIRST NAME	PAMON			E EXTENSION (JR., SR)					
MIDDLE NAME		BRAVO			adiciona proplem (indicacións) pero delecercione dele				
5 MOTHER'S WAIDEN NAME	OF	ELIA PLUMA GU	IIO-GUIO		and the second s				
SURNAME		GUIO-GUIO)						
FIRST NAME		OFELIA							
MIDOLE NAME PLUMA				(Continue on separate sheet if necessary)					
EDUCATIONAL BACK	(GR##)\/B							100	
E LEVEL	NAME OF SO		BASIC EDUCATION/DEGRE		PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATE D	SOHOLARSHIP! ACADEMIC HONORS RECEIVED
					From	To	Graduated	2006	SALUTATORIAN
ELEMENTARY	CALAMBA CENTR		PRIMARY EDUCATIO	2N	2001	2006	Graduated	2011	1ST HON.
SECONDARY	SACRED HEART H	BUH SCHOOL	HIGH SCHOOL					NA	MENTION N/A
VOCATIONAL / TRADE COURSE	NA		NA.		N/A	N/A	N/A		
~1.50°	MINDANAO STATE UN INSTITUTE OF TE		BACHELOR IN ELEMENTARY SCIENCE AND HEA		2011	2015	Graduated	2015	CUM LAUDE

SOTHERN LEYTE STATE UNIVERSITY-MAIN MASTER OF ARTS IN TEACHING-NATURAL SCIENCE

CAMPUS

SIGNATURE

GRADUATE STUDIES

COLLEGE

DATE

2019

2022

09/06/2022

Graduated

2022

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77 CAREER SERVICE/ RA 1080 (BIOARDI BAR) UNDER SPECIAL LAWBI CESI CISE (If Applicable)			DATE OF EXAMINATION / CONFERMENT	TON / CONFER	300 74 ·	MARKE P	Value			
	and the latest territories and the latest territ	ation for Teachers	82.6	27/09/2015	CEBU CITY			1443343	01/1.00	
Во	ard Examin	applit for Teachers	02.0	21103120						
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				Continue on separate shi	et if necessary)					
WORK	EXPERIE	NCE								
chide of		yment. Start from your re-	ent work) Des	cription of duties at	ould be indicated in the	attested IX	SALARYI XOBI		COV	
	ISIVE DATES	POSITION TITLE		DEPARTMENT / AGE	MONTHLY SALARY	PAY GRADE (f applicable) 6 STEP (Formal	STATUS OF APPOINTMENT	SERVK		
From	To	(Write in full/Do not abb	reviate)	(Write in full	/Do not abbreviate)	SALARY	100-0"/ INCREMENT		(Y/N)	
	06/1 8/202 2	PART-TIME INSTR	UCTOR	VISAYAS ST	VISAYAS STATE UNIVERSITY		NA	CONTRACTUA L	Y	
13/2018	01/10/2019	ENGLISH AS A SECOND (ESL) TEACH		TOMAS English Training Center		16800.00	NA	REGULAR	N	
/08/2017	12/22/2017	AUPAIR CULTURAL E		NETHERLANDS CULTURAL EXCHANGE PROGRAM		380 EUROS	NA	CONTRACTUA L	N	
/01/2015	04/30/2017	TEACHER		INTERNATIO	NAL ACADEME OF SCIEMA	15000.00	NA	CONTRACTUA L	N	
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SIGNA	TURE	1.7	Mar	DATE			09/06/2022			
THE OWNER WHEN					1	1		CN FORM 212 (Revised 2	(917), Page	

NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK		
WORLD VISION - HIMAYA DEVELOPMENT PRO	From To		YOUTH VOLUNTEER FACILITATOR				
		2005	2015	10 Years	YOUTH VOLUM	VIEER FACILITATION	
		-		-			
VII. LEARNING AND DEVELOPMENT (L&D)	(Cor	ntinue on separ	nte sheet if nece	ssary)			
(Start from the most recent L&D training program and include		for the last the	(5) years for Di		te the gold part		
30 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD (Managenal/ Supervisory/ Technical/elc)	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC COMPUTER LITERACY TRAININIG		06/20/2022	07/01/2022	80.0	TECHNICAL	JE MONDEJAR COMPUTER COLLEGE	
TRAINING-WORSHOP ON ASSESSMENT IN HIGHER I	EDUCATION: CREATION OF	11/05/2021	11/05/2021	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY	
GOOGLE CLASSROOM WORSHOP SERIES		12/12/2019	13/12/2019	16.0	TECHNICAL	VISAYAS STATE UNIVERSITY	
1							
4							
	Conf	inge on separal	s pheet if neces	sery)			
MIL OTHER INFORMATION	NON-F		INCTIONS / REC	COGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31 SPECIAL SKILLS and HOBBIES	32 (Write in full) SACRED HEART HIGH SCHOOL ATHLETE OF THE YEAR 2011					SACRED HEART HIGH SCHOOL SPORTS	
BADMINTON ATHLETE	SACRED HEART HI	CLUB					
	Cont	nue on seperat	sheet if orces	uny)			
SIGNATURE	Ten.	1.		DA	TE	200/2022	
	1 1	faith and				C 6 / 0 6 / 2022 ES FORM 212 (Pervised 2017) Page 3 of	

34	Are you related by consanguinity or affinity to the appointing or in chief of bureau or office or to the person who has immediate suppressure or Department where you will be appointed,						
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Career	YES V NO					
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offens	☐ 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?						
37.	Have you ever been separated from the service in any of the for retirement, dropped from the rolls, dismissal, termination, end (abolition) in the public or private sector?						
38		Resignation and End of Contract YES V NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local ca	☐ 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.	i di da la	na Carta for Disabled Persons (RA					
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p Are you a member of any indigenous group?	please answer the following items:	_				
b.	Are you a person with disability?	☐ YES					
C.	Are you a solo parent?	If YES, please specify ID No: YES If YES, please specify ID No:					
41	REFERENCES (Person not related by consenguinity or affinity to applicant.)	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	HELMAR G. YCONG	VISCA BAYBAY, LEYTE	09619601820				
	ARLEE JEN AVELLANA	MAHAPLAG, LEYTE	09654882261				
	JAY BANSALE	MAC ARTHUR, LEYTE	09489762630	-			
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
11	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID. PRC)					
	ID/License/Passport No.: 1443343	he box)					
11	Date/Place of Issuance: 03/18/2016 CEBu CITY	D27 d	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	biting his/her validly issued go	overnment ID as indicated above.				
		Oath					