Revised 2017	DEDOO								
	PERSO	NAL DAT	A SI	HEE					
WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	all cause the fi	ling of admi	inistrative/c	riminal case/s ag	gainst the per	son concerned.	
	TO FILLING OUT THE PERSONAL DATA SHELL) and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill	l up. For CSC use only	
I. PERSONAL INFORMATIO		N/A II Not applicable. BONOT	ADDREVIATE.		1. C3 ID NO.		(BO HOT IIII	rup. I of OOO use only	
2. SURNAME	Mortil								
FIRST NAME	Clarissa Faye					NAME EXTENSION (J	R., SR)		
MIDDLE NAME	Moreno								
DATE OF BIRTH (mm/dd/yyyy)	7/2/1996	16. CITIZENSHIP		☑ Filipir	no 🗆	Dual Citizenship			
(112/1330		□ by birth □ by naturalization				ation		
4. PLACE OF BIRTH	Tondo, Manila	If holder of dual citize				country:			
5. SEX	☐ Male ☑ Female	please indicate the d	etails.	Philippines				•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	Hou	ise/Block/Lot N	0		Street		
	☐ Widowed ☐ Separated ☐ Other/s:		Sitio	San Vice	nte		Kilim		
7. HEIGHT (m)	1.63		Subdivision/Village Baybay City			Barangay Leyte			
8. WEIGHT (kg)	59	ZIP CODE	6525	ity/Municipality			Province		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	0020				Street		
	DT			se/Block/Lot N			Street Kilim		
10. GSIS ID NO.				Sitio San Vicente Subdivision/Village			Barangay		
11. PAG-IBIG ID NO.	121176597044		Ci	Baybay City City/Municipality			Leyte Province		
12. PHILHEALTH NO.	130253954567	ZIP CODE	6525	6525					
13. SSS NO.	0638691292	19. TELEPHONE NO.	NA	4					
14. TIN NO.	331331481	20. MOBILE NO.	+639150313148						
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	faye.morti	l@gmail.	com				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA	Luur syrsynyy (p. op)	23. NAME of CHI			list all)	DATE OF BI	IRTH (mm/dd/yyyy)	
22. SPOUSE'S SURNAME FIRST NAME	NA NA	NAME EXTENSION (JR., SR)	23. NAME of CHI		full name and	ist all)	DATE OF BI	NA	
	NA NA	NAME EXTENSION (JR., SR)	23. NAME of CHI			ist all)	DATE OF BI		
FIRST NAME	NA NA NA	NAME EXTENSION (JR., SR)	23. NAME of CHI			ist all)	DATE OF BI		
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FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	NA		23. NAME of CHI			ist all)	DATE OF BI		
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	NA NA NA NA NA NA NA NA NA ROnald	NAME EXTENSION (JR., SR) NAME EXTENSION (JR., SR) NA	23. NAME of CHI			ist all)	DATE OF BI		
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FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGOOD 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE COLLEGE	NA NA NA NA NA NA NA Mortil Ronald Rex Elna Cayunda More Mortil Elna Moreno ROUND NAME OF SCHOOL (Write in full) Dasmariñas II Central School Baybay National High School	BASIC EDUCATION/DEGRI (Write in full) Elementary High School	EE/COURSE	PERIOD OF A	(Continue on s	eparate sheet if nec	YEAR GRADUATED 2008	NA SCHOLARSHIP/ ACADEMIC HONORS	

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/		DATING DATE OF				LICENSE (if applicable)			
CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXA	MINATION / CONFE	RMENT	NUMBER	Date of Validity
NA			NA	NA		NA		NA	NA
V. WORK EXPERI	IENCE		(Contin	nue on separate sheet if r	necessary)				
		your recent work) Descr	ription of duties	s should be indicate	ed in the attached W	ork Experience			T
		POSITION TITE			CY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(Write in full/Do not ab		(Write in full/Do not abbreviate)			(Format "00-0")/ INCREMENT		(Y/ N)
2016	2017	Customer/ Technica Representative	Il Service	Qualfon					N
2017	2022	Data Processor		Dynata					N
2022	2023	Project Coordinator		Dynata					N
SIGNA	ATURE	A	(Contin	nue on separate sheet if r	DATE		0:	2/14/23	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF O (Write in full			VE DATES dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
NA		NA	NA	NA	NA		
VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary)			
(Start from the most recent L&D/training program and include				ief/Executive/Mana	gerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
NA		NA	NA	NA	NA	NA	
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON	N-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) MEMBERSHIP IN ASSOCIATIO (Write in full)					
	(vviile in luii) (vviile in luii)						
SIGNATURE	(Con	tinue on separate	sheet if necessary		ATE	02/14/23	

 34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi. Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Company) 		NO 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?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?					
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
Barangay election)?	b. Have you resigned from the government service during the three (3)-month period before the last					
39. Have you acquired the status of an immigrant or permane	If YES, give details: ☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897). a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES If YES, please specify: ☐ YES If YES, please specify I ☐ YES If YES, please specify I	☑ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)	II 1 20, ploado oposit, i				
NAME	ADDRESS	TEL. NO.				
Karen Ann Libre	Barili, Cebu	9995186779				
Mae Ann Arena	Consolacion, Cebu	9957662870				
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.						
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: NA	Mothic					
ID/License/Passport No.: NA						
Date/Place of Issuance: NA	Signature (Sign inside the 02/14/2023 Date Accomplished	box)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this						