| CS Form No. 212 Revised 2017 | | | | | | | | |
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| | PERSO | NAL DATA SI | HEE | 1 | | | | |
| | ition made in the Personal Data Sheet and the W | | | | minal case/s agai | nst the perso | n concerned. | |
| | TO FILLING OUT THE PERSONAL DATA SHEET IS 1 and use separate sheet if necessary. Indicate N | 요요요? 이 사람들은 그는 아이들은 아이들은 어디에 가는 아이들은 아이들은 아이들은 사용 이 사람들이 살아지고 아니는 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 | | 1. CS ID No. | | (Do not fill up | For CSC use only | |
| PERSONAL INFORMATIO | ON | | | | | | | |
| 2 SURNAME | ARGOTA | | | | | | | |
| FIRST NAME | ALISSA | | | | NAME EXTENSION (JR. | . SR) | | |
| MIDDLE NAME | TABALNO | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 5/4/2000 | 16. CITIZENSHIP | ☑ Filip | pino [| | by birth by naturalization | | |
| 4. PLACE OF BIRTH | TANAUAN, LEYTE | If holder of dual citizenship, please indicate the details | | | Pls. indicate o | country: | | |
| 5. SEX | ☐ Male ☑ Female | | | | A STATE OF THE STA | | Y | |
| 6 CIVIL STATUS | Single Married Separated Other/s: | | 333 House/Block/Lat N ZONE 8 Subdivision/Village | 10 12 17 | MPERIO Street CANRAMOS Barangay | | | |
| 7. HEIGHT (m) | 1.65 | | TANAUAN City/Municipelity | | A STATE OF THE STA | LEYTE Province | | |
| 8. WEIGHT (kg) | 54 | ZIP CODE | Cityriana | | | Fivenes | | |
| 9. BLOOD TYPE | N/A | 18. PERMANENT ADDRESS | 333 | | | IMPERIO | | |
| 10. GSIS ID NO. | NA | | House/Block/Lot N ZONE 8 Subdivision/Villege | Aujer | | CANRAMOS Barangay | | |
| 11. PAG-IBIG ID NO. | 121319579850 | | TANAUAN City/Municipality | | | LEYTE Province | | |
| 12. PHILHEALTH NO. | 13-251008624-8 | ZIP CODE | 6502 | | | Floring | | |
| 13. SSS NO. | 06-4581514-2 | 19, TELEPHONE NO. | | | N/A | | | |
| 14, TIN NO. | 626-255-836-00000 | 20. MOBILE NO. | 0927 | | 09270333689 | 270333689 | | |
| 15. AGENCY EMPLOYEE NO. | NA | 21. E-MAIL ADDRESS (If any) | 3 | argotaalis | ssa4@gmail.c | com | | |
| II. FAMILY BACKGROUND | | | | | | | | |
| 22. SPOUSE'S SURNAME | | A STATE OF THE PARTY OF THE PAR | CHILDREN (Write | e full name and i | ist all) | DATE OF BIF | RTH (mm/dd/yyyy) | |
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| 24. FATHER'S SURNAME | ARGOTA | NAME EXTENSION (JR., SR) | | | | | And the second | |
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| 25, MOTHER'S MAIDEN NAME | | | | | and the state of t | | 3 50 000 | |
| SURNAME | TABALNO | | The state of | | | A market | | |
| FIRST NAME | ELISA | | | | | | | |
| MIDDLE NAME | ODTUHAN | | (| Continue on se | eparate sheet if neces | sary) | Ada Sala | |
| III. EDUCATIONAL BACKO | GROUND | | THE PERSON | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | A zero | PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED (If not graduated) | | CRADUATED | SCHOLARSHE ACADEMIC HONORS RECEIVED | |
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| IV. CIVIL | SERVICE ELIGIB | ILITY | | | 的 | No. | 700 75 | | |
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| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE CIVIL SERVICE ELIGIBLE - PROFESSIONAL LEVEL | | RATING (If Applicable) | DATE OF EXAMINATION / | PLACE OF EXAMINATION / CONFERMENT | | | LICENSE (if applicable) MINUSED Date of | | |
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| V. WORK | EXPERIENCE | Start from your recent w | | - f du tion when stall has for | diested in the attached | Work Evner | erice sheet | | |
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| Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, a. within the third degree? | | □ YES ☑ | NO | |
|---|---|--------------------------------|-----------------------------------|--|
| b. within the fourth degree (for Local Government Unit - Can | ☐ YES ☑ NO If YES, give details: | | | |
| a. Have you ever been found guilty of any administrative offe | TYES INO 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: | | | |
| Have you ever been convicted of any crime or violation of an by any court or tribunal? | ☐ YES ☑ NO If YES, give details: | | | |
| Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector? | YES INO If YES, give details: | | | |
| a. Have you ever been a candidate in a national or local elec- Barangay election)? | ☐ YES ☑ 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 | ☐ YES ☑ NO If YES, give details: | | | |
| Have you acquired the status of an immigrant or permanent | ☐ YES ☑ NO If YES, give details (country): | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | YES YES If YES, please specify: YES If YES, please specify ID YES If YES, please specify ID YES If YES, please specify ID | ☑ NO | | |
| REFERENCES (Person not related by consanguinity or affinity to applicant / | appointee) | | | |
| NAME | ADDRESS | TEL NO. | | |
| REY NINO S. LEE, CPA | TACLOBAN CITY | 09452163699 | | |
| DES DONILA | TACLOBAN CITY | 09391091724 | | |
| I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me. | ent laws, rules and regulations of the lesentative to verify/validate the contents | Republic of the stated herein. | ALISSA FARGOTA PHOTO | |
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| D/License/Passport No.: 626-255-836-00000 | Signature (Sign inside the bo | xxx) | | |
| Date/Place of Issuance: 05-12-2023 | 11-24-23 Date Accomplished | | Right Thumbmark | |
| SUBSCRIBED AND SWORN to before me this | , affiant exhibit | ing his/her validly issued gov | rernment ID as indicated above. | |
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CS FORM 212 (Revised 2017), Page 4 of 4

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: 100 hours
- Position: Intern
- Name of Office/Unit: Accounting Unit
 Immediate Supervisor: Juditha Avila
- Name of Agency/Organization and Location: POPCOM, Palo Leyte
 - List of Accomplishments and Contributions (if any)
 - Preparation of Index of Payment
 - Recording transactions
 - Summary of Actual Duties
 - Responsible in making the index of payment in order to record and monitor payments made to each creditor or payee. Also performed other tasks assigned by the immediate supervisor
- Duration: 100 hours
- Position: Intern
- Name of Office/Unit: Administrative Department
- Immediate Supervisor: Angel Soleta
- Name of Agency/Organization and Location: POPCOM, Palo Leyte
 - List of Accomplishments and Contributions (if any)
 - Segregation of files
 - Preparation of disbursement vouchers
 - Summary of Actual Duties
 - Responsible in performing administrative like the segregation of important papers to be submitted to COA, Disbursing Officer, and for the finance copy. Also performed other related functions.

(Signature over Printed Name of Employee/Applicant)

Date: 11-24-2023

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: 200 hours
- Position: Intern
- Name of Office/Unit: Technical Department
- Immediate Supervisor: Cindy Soleta
- Name of Agency/Organization and Location: POPCOM, Palo Leyte
 - List of Accomplishments and Contributions (if any)
 - Acknowledging of email
 - o Inventory count of family planning commodities
 - Assisted in the conduct of family planning classes
 - Summary of Actual Duties
 - Together with the POPCOM employees, we traveled to different places to conduct a RPFP class. Also assigned in preparing the kit that they will use for the classes.
 Performed other administrative tasks assigned by the immediate supervisor.
- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:
 - List of Accomplishments and Contributions (if any)

Summary of Actual Duties

ALISSA TO ARGOTA

(Signature over Printed Name of Employee/Applicant)

Date: 11-24-2023