CS Form No. 212 Revised 2017	DEDGO	MAL DAT	4 61					
		NAL DAT						
WARNING: Any misrepresentate concerned.	ation made in the Personal Data Sheet and the	e Work Experience Sheet si	hall cause the	a filing of ac	dministrativ	e/criminal case/s	s against the	person
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE							
Print legibly. Tick appropriate boxes  1. PERSONAL INFORMATIO	is ] ) and use separate sheet if necessary, Indicate ON	N/A if not applicable. DO NO.	ABBREVIATE	E.	1. CS ID No.		(Do not fill up. I	For CSC use only)
2. SURNAME	BORROMEO							
FIRST NAME	TRISHA	The suppose		7.17		NAME EXTENSION (J	JR., SR)	
MIDDLE NAME	GIL						15-0	
3. DATE OF BIRTH		16. CITIZENSHIP					-	
(mm/dd/yyyy)	SEPT. 13, 1999	10. CHILENSTIP		<b>∠</b> Filip	ipino	Dual Citizenship	by natura	1tion
4. PLACE OF BIRTH	EVRMC, TAC. CITY	If holder of dual citizen	nship,			Pls. indicate	-	lization
5. SEX	Male Female	please indicate the de	etails.	1.5				•
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS			<del></del>			
6 CIVIL CITALS	Widowed Separated	17.1	Hou	ouse/Block/Lot N	lo.	-	Street	
	Other/s:	$\mathbf{I}$		ubdivision/Village	je	S	SAN ROQUE Barangay	
7. HEIGHT (m)	1.4986 m			TOLOSA City/Municipality	/		LEYTE Province	
8. WEIGHT (kg)	49 kg	ZIP CODE	6503		£1′			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Ho	use/Block/Lot No			Street	
10. GSIS ID NO.	N/A	1				S	SAN ROQUE	
11. PAG-IBIG ID NO.	1212-9946-9279	file //		ibdivision∕Village FOLOSA	3		Barangay LEYTE	
12. PHILHEALTH NO.	N 1 100 100 100 100 100 100 100 100 100		Cit	City/Municipality			Province	
	13-251023151-5	ZIP CODE	6503					A PROPERTY.
13. SSS NO.	34-9929792-6	19. TELEPHONE NO.	N/A	i .				
14. TIN NO.	398-507-871-00000	20. MOBILE NO.		087563	100.00.00			Logic
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	trisha'	borrom	eo13@	gmail.cor	m	K. Z.
II. FAMILY BACKGROUND				(4)				
22. SPOUSE'S SURNAME			23. NAME of CHIL	ILDREN (Write	a full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)					C.A.	
MIDDLE NAME					1-14, P			LEGIT
OCCUPATION								Hill
EMPLOYER/BUSINESS NAME							FIT	
BUSINESS ADDRESS							1	H. C.
TELEPHONE NO.					M.A.			
24. FATHER'S SURNAME	BORROMEO	-	Ĺ					
FIRST NAME	NELSON	NAME EXTENSION (JR., SR)						
MIDDLE NAME	CALDA							
25. MOTHER'S MAIDEN NAME								
SURNAME	GIL				-1674.1			
FIRST NAME	EMILY							
MIDDLE NAME	INDIC			(Ce	ontinue on ser	parate sheet if neces	isary)	
III. EDUCATIONAL BACKGR	ROUND			100		TALL TALL		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN ROQUE ELEMENTARY SCHOOL	N/A		2006	2012		2012	W/HONOR
SECONDARY	TOLOSA NATIONAL HIGH SCHOOL	TVL HOME ECONIMCS		2012	2018		2018	W/HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A		N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE OFFICE ADMINISTRATIO		2018	2022		2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A		N/A	N/A		N/A	
SIGNATURE	(Continue on separate sheet if necessary)			DA	TE	DECEMBE	244 2022	
A10.11.11.11	4	/	,	Un	.IE ,	DECEMBE	R 14. ZUZZ	

CS FORM 212 (Revised 2017), Page 1 of 4

	ERVICE ELIG								
	SPECIAL LAY	1080 (BOARD/BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMIN	ATION / CONFER	MENT	LICENSE (# ap	opticable) Date of
BAI	RANGAY ELIGIBILI	ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Validity
HONO	OR GRADUAT	TE ELIGIBILITY		SEPT. 14, 2022	CSC RO VIII				07/08/ 202
				-					
					=				
			(Cc	ontinue on separate sheet	if necessary)				
	XPERIENCE	nt. Start from your recen	t work) Descripti	on of duting chould	he indicated in the attac	hed Work Ev	nerioneo cho		
	SIVE DATES						SALARYI JOB/ PAY		GOV
	n/dd/yyyy)	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (# applicable)& STEP (Format '00-0")/	STATUS OF APPOINTMENT	SERVIC (Y/N)
From	То						INCREMENT		,,,,,,
AN. 2020	PRESENT	ADMINISTRATIVE (	OFFICER	MEX EM UP F	PHILS., INC.	9,100.00		REGULAR	
AN. 2019	DEC. 2019	CASHIER		MEX 'EM UP F	PHILS., INC.	7,150.00		REGULAR	
JLY 2018	DEC. 2018	DINING STAFF		MEX EM UP P	PHILS., INC.	6,600.00		CONTRACTUAL	
				-		-			
				<del> </del>		1			
				-					
						-			
				-		+		-	
-									
						-			-
						-			_
						-		-	
SIGNA	TURE T		/ ~'/ Co	intinue on separate sheet		05051	PER 14 202	n	
SIGNA	TORE			Anne L	DATE	DECEM	BER 14, 202	S FORM 212 (Revised 2)	(P) (A)

VI. VOLUNTARY WORK OR INVOLVEMEN		INCLUSIVE DATES		CANCELLUZZIII	UNIS		
29. NAME & ADDRESS OF (Write in			td/yyyy)	NUMBER OF HOURS		POSITION NATURE OF WORK	
		From	То			or moral	
				Halles			
	and February						
	(Co.	ntinue on separate	shoot if nacresar				
AI. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING I	PROGRAMS A	TTENDED				
Start from the most recent L&D/training program and in	clude only the relevent L&D/training taken fo			hlel/Executive/Ma	nagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT IF	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
(Write in	tuli)					(Write in full)	
DOLE OBJENITATION ON BROOM	2440 4 0551	From	То				
DOLE ORIENTATION ON PROGE		08/11/22	08/11/22	8	SUPERVISORY	DOLE, NORTHERN LEYTE FIELD OFFICE	
BASIC OCCUPATIONAL SAFETY & HEALTH T	RAINING FOR SAFETY OFFICER 1	10/05/22	10/06/22	10	SUPERVISORY	DOLE, OSH CENTER	
					96.3		
		L r				Time action	
			34 7				
						AT STREET, A STREET	
		14					
		2 - 1			7 (4)		
		-					
		-	-		17.72		
						- F724 Me70	
	///	ntinus on constate	shoot if goods as				
VIII. OTHER INFORMATION	(Co	ntinue on separate	oncer ii necessal				
31. SPECIAL SKILLS and HOBBIES	32. NOP	N-ACADEMIC DISTI		GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
PROFICIENT IN MICROSOFT	(AALUS IU IUI)					(write in full)	
OFFICE APPLICATIONS	AIR FORCE RESERVE	OFFICERS TF	AINING COR	PS GRADUAT	E	CLASS KALASAG- ADMIN ASSISTANT	
COMMUNICATION SKILLS WILLINGNESS TO LEARN							
COMPUTER LITERATE							
SOME OTEN BIERATE	1						
	(Co	ntinue on secarate	sheet if necessar	v)			
SIGNATURE		/			ATE	DECEMBER 14, 2022	
		/				CS FORM 212 (Revised 2017). Page 3 of	

<ol> <li>Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,</li> </ol>				
a. within the third degree?	YES NO			
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	If YES, give details:		
35. a. Have you ever been found guilty of any administrative of	fense?	YES NO		
		If YES, give details:		
b. Have you been criminally charged before any court?	☐ YES			
36. Have you ever been convicted of any crime or violation of a	ny law decree ordinance or regulation l			
any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of th	e following modes: resignation,	YES / NO		
retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	nd of term, finished contract or phased	If YES, give details:		
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	YES NO		
b. Have you resigned from the government service during the	ne three (3)-month period before the last	If YES, give details: NO		
election to promote/actively campaign for a national or local	candidate?	If YES, give details:		
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	ona Carta for Disabled Persons (RA			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).	, please answer the following items:			
Are you a member of any indigenous group?		If YES, please specify: NO		
Are you a person with disability?		YES NO		
- Are you a solo parent?		If YES, please specify ID No:		
		If YES, please specify ID No:		
11. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
NAME	ADDRESS	TEL. NO.		
CARLOS CAMILA	TACLOBAN CITY	09369237633		
REA FE A. ABAYAN	TACLOBAN CITY	09282055347		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents sta	Republic of the ed herein.	EO	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		Milan		
Government Issued ID: PHILHEALTH ID	/ri/		6	
ID/License/Passport No.: 13-251023151-5	Signature (Sign inside the			
Date/Place of Issuance: TACLOBAN CITY	DECEMBER 14, 20 Date Accomplished	Control of the Contro		
SUBSCRIBED AND SWORN to before me this	, affiant exhit	iting his/her validly issued government ID as indicated above.		
	Person Administering Oa	th		