CS Form No. 212 Revised 2017							and the second s	and the second second second	
	PERSO	NAL DAT	A SI	IEE	T				
READ THE ATTACHED CU	the Personal Data Sheet and to	he Work Experience Sheet s	hall cause the	filing of ad		/criminal case/s	against the p	erson	
Print legibly. Tick appropriate bo	IDE TO FILLING OUT THE PERSONAL DATA S  DIXES []) and use separate sheet if necessary, indicated the separate sheet if necessary.	HEET (PDS) BEFORE ACCO	MIPI ISHING	THE POS FO	ORM.				
The state of the s	TION	te N/A if not applicable. DO NOT	ABBREVIATE		CS/ID/N	8	(Do not hit up	For CSC use	
2. SURNAME	SALES				13311				
FIRST NAME	ARLIE					INAME EXTENSION (	IR, SR)		
MIDDLE NAME	NICER						JR JR		
DATE OF BIRTH     (mm/dd/yyyy)									
·····	JULY 22, 1998	16 CITIZENSHIP		Z Filip	pino [	Dual Citizenship	,	4	
4. PLACE OF BIRTH	HILONGOS, LEYTE	-				by birth by naturaliz		alization	
5. SEX	Z		If holder of dual citizenship,		Pls. indicate			country:	
6 CIVIL STATUS	Poi	please indicate the	details.					<b>-</b>	
V OWIESTATOS	☐ Single ☐ Married ☐ Separated	17 RESIDENTIAL ADDRESS		N/A			N/A		
	Other/s:		Ho	House/Block/Lot No.		Street SA. CRU		RUZ	
7. HEIGHT (m)	1.53 m.	-	S	HILONGOS		1 1000 4300	Barangay -EYTE	Barangay	
8 'WEIGHT (kg)	56 kg.	-		ity/Municipalit		Province			
9. BLOOD TYPE	100 113.	ZIP CODE	U	524					
10. GSIS ID NO.		18. PERMANENT ADDRESS	Ho	N/A use/Block/Lot /	Vo.	N/A Street		er (c.	
	NA			NIA			STA CRUZ		
11. PAG-IBIG ID NO.	N/A	1 1 2	Suburvision/Village HILONGO		605		LEYTE		
12 PHILHEALTH NO.	13-025535773-6	ZIP CODE		City/Municipality			Province		
13. SSS NO.	N/A	-	1	6524					
14 TIN NO		19 TELEPHONE NO.	И	/A					
F ACENON SUR	376-181-606-000	20 MOBILE NO.	000		765-133-2535				
5 AGENCY EMPLOYEE NO	N/A	21. E-MAIL ADDRESS (if any)		ales.arlie @gmail.com					
. FAMILY BACKGROUN 2 SPOUSE'S SURNAME	0	er e		DEK 4					
FIRST NAME			23. NAME of CH	HLDREN (Wri	te full name an	d list all)	DATE OF BIR	TH (mm/dd/yyy	
						,			
MIDDLE NAME									
OCCUPATION	N/A			NA					
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO									
FATHER'S SURNAME	SALES				-	, .	09-20	-1975	
FIRST NAME ,	ARLIE	NAME EXTENSION (JR., SR)				0 7 20 11			
MIDDLE NAME	MONCADA						•		
MOTHER'S MAIDEN NAME				-			11-11-	10174	
SURNAME	NIER					-	11 ((	19/14	
FIRST NAME	MARIFE								
MIDDLE NAME	QUITA						<u> </u>	-	
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ELEMENTARY	STA. CRUZ ELEMENTARY SHOW			2005	2011		2011	WLEDKIO- RIAN	
CEOCAIDADA				-	-	<del> </del>	-	2ND	
SECONDARY	NAVAL NATIONAL HIGH SCHOOL	•		2011	2015		2015	HONORABI	
VOCATIONAL / TRADE COURSE	N/A	MIA			,				
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SIGNATURE	Salem.			DA	TE	9-	13-21	0	
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V. CIVIL SI	ERVICE ELIC	SIBILITY	Mary Invest			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LICENSE (if	applicable.
		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of - Validity	
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V. WORK F	XPERIENCE		(Co)	ntinus on soperate sinee	t if naceasary)				L.
(Include priv	ate employme JSIVE DATES	ent. Start from your recen	t work) Descriptio		be indicated in the attach	ed Work Exp	erience shee		
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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	T / PEOPLE / V	OLUNTARY	ORGANIZATIO	NS.	Sales Control of the
NAME & ALDRESS OF ORGANIZATION With a Nut)	INCLUSIVA		NUMBER OF HOURS		POSITION / NATURE OF WORK
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING (Start from the most recent L&D training program and include only the relevant L&D training learn			hiel Exocutive Nat.	gerial positions)	學可以是一個學學
	INCLUSIVE	DATES OF		Type of LO	· ·
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROCRAMS (Wint or full).</li> </ol>	AT TEN		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/SPONSORED BY (Write in full)
	From	То	11. 27 - 17. 12. 4	Technical/stc)	261
. 2020 CPH 4TH LEVEL	8-03-20	8-07-20	8hrs/Day		PSA
TRAINING					
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	Continue or Segui and	Page Mujeras in			
VIII. OTHER INFORMATION					
31 SPECIAL SKILLS and HOBBIES 32 N	ON-ACADEMIC DISTIN	NOTIONS / RECO.	SNITION	A STATE OF STATE	33. MEMBERSHIP IN ASSOCIATION/ORGAN/ZATION (Write in full)
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l	THE STATE OF THE S	March or tyle description and the con-	Marine Di	ATE.	CS FORM 212 (Newsen 2017), Page 3 of

900 mm		Control of the Contro		<b>APPLICATION</b>				
34	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 apppointed,							
	a, within the third degree?	YES P NO						
	b, within the fourth degree (for Local Government Unit - Car	YES NO						
	b. Willim the local in degree (for Local Covernment of the San	If YES, give details:						
			_					
35.	a. Have you ever been found guilty of any administrative off	YES NO	NAME OF TAXABLE PARTY.					
			If YES, give details:					
				_				
	h. Usus yan hamu milalmilli uhamand hadana ani, aniit?		YES NO	none or a				
	b. Have you been criminally charged before any court?		If YES, give details:					
		Date Filed:						
			Status of Case/s:	_				
36	Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation by	T YES NO	NAME OF TAXABLE PARTY.				
	any court or tribunal?		If YES, give details:					
				erone.				
37.	Have you ever been separated from the service in any of the	e following modes: resignation, retirement.	T YES NO	posterio				
	dropped from the rolls, dismissal, termination, end of term, fi		If YES, give details:					
	the public or private sector?			NAME OF THE OWNER, OWNE				
38.	a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	YES NO					
	Barangay election)?		If YES, give details:	_				
	b. Have you resigned from the government service during th	e three (3)-month period before the last	YES 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 NO					
			If YES, give details (country):					
				_				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag							
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	answer the following items:						
	Are you a member of any indigenous group?		☐ YES If YES, please specify: NŌ					
<b>)</b> .	Are you a person with disability?		YES NO	-				
	,		If YES, please specify ID No:	100				
Ĉ.	Are you a solo parent?		☐ YES NO					
			If YES, please specify ID No.					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
Marie Marie	NAME	ADDRESS	TEL. NO.					
Ī	DR. DANIEL LESUE TAN	क्षेत्रक रेते त्यते हिर्म	0932-868-5990					
-	THE E DOUGLE THE		And Andrews Advances and Andrews Andre					
-								
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tru	ue, correct and					
	complete statement pursuant to the provisions of pertine							
	Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docur							
	administrative/criminal case/s against me.							
general general								
	overnment Issued ID (i.e Passport, GSIS, SSS PRC Diver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	2						
	overnment issued iD	nathru.						
-	CONTROL OF THE STATE OF THE STA							
ID/License/Passport No: 15 - 0255:55773-0 Signature (Sign inside the box			x)					
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	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validity issued government ID as indicated above.							
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