/M· I a max N/a · //1//								
PERSONAL DATA SHEET								
WARNING Anymisrepresent the person concerned.	ntation made in the Personal Data Sheet	and the Work Experience	e Sheet shal	Cause the	e filing of a	administrative/	criminal cas	e/s against
READ THE ATTACHED GUIDE	TOFILLING OUT THE PERSONAL DATASH							
Print legibly. Tick appropriate I. PERSONAL INFOR	De boxes () and use separate sheet	if necessary. Indicate N	V/A if not ap	plicable.	n.csidn	(Do not	fill up. For C	SCuse only)
. SURNAME	Siega							
FIRST NAME	Gerardo					Jt.		
MIDDLE NAME	Flores			-				
· DATE OF BIRTH	January 7 1998	16. CITIZENSHIP						
(mm/dd/yyyy)	,	10		l				
. PLACE OF BIRTH	Gamay, Northern Samar	If holder of dual citiz				y:		
. SEX			detailo.					
6 CIVIL STATUS		17. RESIDENTIAL ADDRE	House/Block/L		t No.	Street		
				livision/Villa			Pasay Barangay	
. HEIGHT (m)	56			Maasin		Soi	uthern Leyt	е
. WEIGHT (kg)	60kg	ZIP CODE	Citv/Municipalitv			Province 6600		
9. BLOODTYPE		18. PERMANENT ADDRE						
10. GSIS ID NO.			House/Block/Lot No.			Street Pasay		
11. PAGIBIGIDNO.				division/Village		Barangay Southern Ley		.eyte
2. PHILHEALTH NO.	13025550632	ZIP CODE	City	/Municipality 6600		Province		
	100200000			0000				
3. SSS NO.	777677	19. TELEPHONE NO.						
14. TIN NO.	77060704	20. MOBILE NO.	09661356261					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if a		<u>ra</u>	rdsieg	a@gmail.c	<u>om</u>	
II. FAMILY BACKGR	DUND		23. NAME c	of CHILDRE	N (Write f	ull name and	DATE OF BIF	RTH (mm/dd,
22 SPOUSE'S SURNAME		NAME EXTENSION (JR, SR)	list all)					yy) `
FIRST NAME								
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NA								
BUSINESS ADDRESS								
TELEPHONE NO.	Cinm							
24.ATHER'S SURNAME	Siega	9.						
FIRST NAME	Gerardo							
MIDDLE NAME	Taliser							
25 MOTHER'S MAIDEN NAME	Hores							
SURNAME FIRST NAME	Lolita							
MIDDLE NAME	Gomba			Continu	on can	arate sheet if n	-coocean)	
II. EDUCATIONAL I				(CORNER	IE UII ocp	lfate sneet ii n	ecessary,	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURS (Write in full)		PERC ATTENE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP, ACADEMIC HONORS RECEIVED
ELEMENTARY	Maria Clara Elementary School			#####				
SECONDARY	Ibarra National High School			#####	#####			
VOCATIONAL / TRADE COURSE								
COLLEGE	Saint Joseph College	Bachelor of Arts in English Language		06/15/15	06/01/1			
GRADUATE STUDIES	Saint Joseph College	Professional Education	n (18 units)	#####	12/18/2 19			
	(Continu	ue on separate sheet if r	necessary)					
SIGNATURE				DA	ATE			

CSF0RM212 (Revised 2017), Page 1 of

IV. CIVIL SERVICE ELIGIBILITY									
27 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			DATE OF			LICENSE (if ap	plicable)		
			EXAMINATION / CONFERMENT	ΓΙΟΝ / CONFE	RMENT	NUMBER	Date of Validity		
-									
				-					
						-			
V WORK	EVERIENCE	-	(Cor	ntinue on separate sheet	t if necessary)				
	EXPERIENCE rate employme		ent work) Descripti	on of duties should	d be indicated in the attac	ched Work E	xperience sh	eet.	
	nclude private employment. Start from your recent work) Description of duties should be indicated 28 INCLUSIVE DATES (mm/ dd/yyyy) POSITION TITLE DEPARTMENT / AGENCY / OFFICE /			ENCY / OFFICE / COMPANY				GOVT SERVICE	
From	То	(Write in full/Do not	abbreviate)	(Write in full,	/Do not abbreviate)	SALARY	SALARY/JOB/PAY GRADE (if applicable)& STEP (Format "00-0") /INCREMENT	APPOINTMENT	(Y/ N)
			:						
_									
		,							
					,				
		,							
		,							
-									
-									
-									
-									
		,							
-				-					
			(Cor	ntinue on separate sheet	if necessarv)				
SIGN	ATURE				DATE				

VI. I	VOLUNTARY WORK OR INVOLVEMI	ENT IN CIVIC / NON-GOVER	NMENT/P	EOPLE / VO	LUNTARY OI	RGANIZATIC	DN/S
29.	NAME & ADDRESS OF O (Write in ful	RGANIZATION II)	INCLUSI (mm/c	VE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
			FIOIII	10			
		-					
		-					
				sheet if necess			
VII.	LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRA	INING PRO	GRAMS AT	TENDED		1
30.	TITLE OF LEARNING AND DEVELOPMENT INT (Write in ful	ERVENTIONS/TRAINING PROGRAMS	ATTEN (mm/c	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
			From	То			
_							
		-					
		-					
	_						
		(Contin	ue on separate	sheet if necess	ary)		
VIII.	OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-AC		NCTIONS / RECO	OGNITION		3. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	MS OFFICE SUITE						
	COMMUNICATION SKILL						
	READING LITERARY BOOKS				-		
			-		-		
			-				
			-				
		(Contin	ue on separate	sheet if necess	ary)		
	SIGNATIIRE	1			D/	TF	1

 Are you related by consanguinity or affinity to the chief of bureau or office or to the person who had Bureau or Department where you will be apppoint a. within the third degree? b. within the fourth degree (for Local Government) 	If YES, give deta	ails:			
35. a. Have you ever been found guilty of any admin	If YES, give details:				
b. Have you been criminally charged before any	If YES, give details: Date Filed: tatus of Case/s:				
36. Have you ever been convicted of any crime or vi ordinance or regulation by any court or tribunal?	If YES, give deta	ails:			
37. Have you ever been separated from the service resignation, retirement, dropped from the rolls, term, finished contract or phased out (abolition)	dismissal, termination, end of) in the public or private sector?	If YES, give deta	ails:		
a. Have you ever been a candidate in a national last year (except Barangay election)?b. Have you resigned from the government serv	If YES, give details:				
period before the last election to promote/activ local candidate? 39. Have you acquired the status of an immigrant of country?	If YES, give details: If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 83 Disabled Persons (RA 7277); and (c) Solo Paren a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	If YES, please specify: If YES, please specify ID No: If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to a	pplicant /appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months		
Hon. VICTORIO VILLARANDA			4.5 cm. X 3.5 cm (passport size)		
			Computer generated or photocopied picture is not acceptable		
42. I declare under oath that I have personally according true, correct and complete statement pursuant regulations of the Republic of the Philippines. I representative to verify/validate the contents of misrepresentation made in this document and in administrative/oriminal cose/o against me	vs, rules and orized ny	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Tin ID					
ID/License/Passport No. 770 607 049	Signature (Sign inside the	hov)			
Date/Place of Issuance: 11 12 2020	Signature (Signifiside the Date Accomplished	DOX)	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting Person Administering (overnment ID as indicated above.		

Yes/No Cstat Gender Yes Single Male No Married Female Separated

Separated Widowed