WARNING: Any misrapresentation made in the Persona person concinented READ THE ATTRACHED QUIDE TO FILLING QUIT THE PER PERSONAL PROPERTY TO A SUPPORT AND A THE PERSONAL PROPERTY TO	ersonal DATA SHEE et if necessary indicate t in necessary indicate t	ET (PDS) BEFORE ACCOMP	LISHING THE	POS FORM.	1 CS O No.		or CSC use only)	
PRINCE The Reproduction Dead and use sequents below	et if necessary Indicate I	N/A If not applicable DO NOT A		PDS PORM.				
2 SURNAME CAPALAR PRET HAME VANESSA JANE WOOLE HAME FERMANO 1 DATE OF BRITH (IMMASS/PRIT) 4 PLACE OF BRITH HILOHOO 5 SEX FEM	6, 1996				arten a	NAME EXTENSION (JA	. 549	
FREST NAME VANESSA JANE		16 CITIZENSHIP				NAME EXTENSION LA	. 649	
MODLE HAME FERMANO 1 DATE OF BRITH March 1 Mar		16 CITIZENSHIP	277			NAME EXTENSION LA	.559	
3 DATE OF BRTH (m0455)(777) March 1 4 PLACE OF BRTH HILONGO 5 SEX FEM.		16 CITIZENSHIP						
4 PLACE OF BIRTH HILONGO 5 SEX FEM.		16 CITIZENSHIP						
4 PLACE OF BIRTH HILONGO: 5 SEX FEM.				FILIPINO				
5 SEX FEM.	S, LEYTE		, iei iio					
		If holder of dual citizen	nship,	Pts. indicate country:				
6 CIVIL STATUS MARE	ALE	please indicate the de	als					
TOTAL STATES	nto.	17. RESIDENTIAL ADDRESS		SITIO KAMANGGAHAN				
	aco .		Hous	seBbckLd Ho		Stree	AVAN	
				bdvision/Village		Bereng	юу	
7. HEIGHT (m) 1.52	4m		HILONGOS LE ChyMunicipally Pro				YTE mo	
8. WEIGHT (kg) 45k	90	ZIP CODE	6524					
9 BLOOD TYPE B-		18. PERMANENT ADDRESS	SITIO KAMANO					
10 GSIS ID NO N/		1	House/Block/Col No. Stree BAGUMB					
	•					Bereng		
11. PAG-IBIG ID NO				HILONGUS HyMunicipality		Provin		
12. PHILHEALTH NO. 1302556	162728	ZIP CODE	6524					
13. SSS NO. 06413	70979	19. TELEPHONE NO.	NA					
14. TIN NO. 73365	59684	20. MOBILE NO.			090661685	517		
IS AGENCY EMPLOYEE NO. N/							_	
		21. E-MAIL ADDRESS (If any)	V	anessajar	есарана	r2@gmail.cor	n	
J. FAMILY EX GK GROUND 2. SPOUSES SURNAME CAPALAR	and the second		Service State of Servic	and the second dis-				
FIRST NAME GEMUEL GREG		NAME EXTENSION UR. SRI	23 NAME of CHILDREN (Write full name and list all) VIANNA KATHLEEN F. CAPALAR					
MIDDLE NAME PEREZ			ZACHARY GREG F. CAPALAR GAEL EMITTRI GREG F. CAPALAR					
OCCUPATION POLICE OFFICER		The state of the s						
EMPLOYER/BUSINESS NAME PHILIPPINE NATIONAL	POLICE							
BUSINESS ADDRESS CAMP CRAME QUEZO								
TELEPHONE NO. N/A								
4 FATHER'S SURVAME FERMANO								
FIRST NAME JOSELITO		NAME EXTENSION (JR., SR)						
MIDDLE NAME LIPARDO								
25. MOTHER'S MAIDEN NAME								
SURNAME ABUNDA			6					
FIRST NAME PRESIANA								
MIDDLE NAME BALLENTOS	BALLENTOS			(Continue on separate sheet if necessary)				
II. EDUGATIONAL BACKGROUND	-		7					
		BASIC EDUCATION/DEGRE (Write in full)	PERIOD OF ATTENDANCE From To			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	SCHOLARSHIP/ ACADEMIC HONORS RECEMED	
26 LEVEL NAME OF (Write I					2008	GRADUATED	TOP 3	
	ITARY SCHOOL	PRIMARY		2003	2008	GIOLDUNIED		
LEVEL (With I WHITE) ELEMENTARY BAGUMBAYAN ELEMEN SECONDARY CONCEPCION NATIONA		PRIMARY SECONDARY	,	2003	2012	GRADUATED	TOP 8	
LEVEL (Willis) ELEMENTARY BAGUMBAYAN ELEMEN SECONDARY CONCEPCION NATIONAL VOCATIONAL!	L HIGH SCHOOL		r		2000		TOP 8	
LEVEL (NIN) ELEMENTARY BAGUNBAYAN ELEMEN SECONDARY CONCEPCION NATIONA	L HIGH SCHOOL	SECONDARY		2009	2012	GRADUATED		
LEVEL (WHITE) ELEMENTARY BAGUMBAYAN ELEMEN SECONDARY CONCEPCION NATIONA OCOTOPIC! TRACE COURSE WHAVAS TATE INNERS	L HIGH SCHOOL A RSITY-MAIN CAMPUS	SECONDARY N/A BACHELOR OF SCIENCE IN		2009 N/A	2012 N/A	GRADUATED N/A	NA	
LEVEL (WHAT ELBERTARY BAGUMBAYAN ELBERCH SECONDARY CONCEPCION NATIONAL VOCATORULY IN. 1004C COMBE VISBAYAS STATE UNIVER COLLEGE VISBAYAS STATE UNIVER	L HIGH SCHOOL A RSITY-MAIN CAMPUS	SECONDARY N/A BACHELOR OF SCIENCE IN AGRIBUSINESS		2009 N/A 2013	2012 N/A 2017	GRADUATED N/A GRADUATED	N/A N/A	

CAREE	R SERVICE/ PA 10	BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMPLATO	N/COMETENS - T		LICENSE (Cuse of
Beveral Epoter 11 Parcia pacies		(¶ Applicable)	CONFERMENT		MARKER	Validity			
CAREER SERVICE PASSER-PROFESSIONAL LEVEL 81.619		81.61%	7/0/2022	SAINT JOSEPH COLLI	Υ	N/A	NA		
				(Continue on a	sparets theat if recessary)				
WORK E	XPERIENCE	Start from your recen	Inch Person	on of disease should	d be indicated in the attached Worl	(Approximately)	-		
NO.U	ISINE DATES	POSITION TIT			ENT / AGENCY / OFFICE / COMPANY	MONTHLY	SALADY JOS PAY CRAZE (I STANDA) FILIP Front SOLTY	STATUS OF	SOYT SERVICE
From	To	(Witte in MADo not at	obrevate)	(4	inte in full Do not abbreviate)	SALARY	Front SUTY HOTEMENT	APPOINTMENT	CUM
27/2019	06/31/2020	BRANCH CAS	HER	MSS	CYCLE TRADING-MOTORSTAR	8,000.00		PERMANENT	
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SIGNA	ATURE	(L	سماسو		DATE	FI	B RUA KY		
		-	-					CS FORM 217 France	and 2017), Page 7

THE RESERVE OF THE PARTY OF THE	MENT IN CIVIC / NON-GOVERNMENT			T		
NAME & ADDRE	SS OF ORSANIZATION Into in (uf)	INCLUSIVE DATES (mm/dd/yyyr) From To		HAMETA OF HOLES	POSITION / NATURE OF WORK	
NONE		NA	NA	N/A		N/A
	(Co	ntinue on separate	sheet if nacesse	7)		
I LEARNING AND DEVELOPMEN or from the most recent LEO training program	(U.S.D) INTERVENTIONS TRAINING P and include only the relevant LEAR strong in Lands	ROGRAMS A	MENDED Erster Ortean	Chief Executive Man	genal positions)	
O TITLE OF LEARNING AND DEVELOPE	IEM INTERVENTIONS/TRAINING PROGRAMS	NCLUSIV	E DATES OF NDANCE	NAMES OF HOUSE	Type of LD (Managertal/ Supervisory/	CONDUCTED/ SPONSORED BY
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (With In LA)		(mm/dd/yyyr) From To		-	Supervisory/ Technicalists)	(Virte in full)
N	ONE	NA	N/A	NA	NA	N/A
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				_		
		-	-	-		
	/Co	ntinue on separate	sheet If pecses	101		
II. OTHER INFORMATION						
SPECIAL SKILLS and HOOBIES	32. NO	N-ACADEMIC DIST (Wr	NCTIONS / RECO	CONTION		33 MEMBERSHP IN ASSOCIATION/ORGANIZ. (Write in Nat)
ME MANAGEMENT	NA					N/A
OMMUNICATION SKILLS						
USTOMER SERVICE						
OMPUTER SKILLS						
RITICAL THINKING						
ATA ANALYSIS						
NANCIAL ANALYSIS						
-						
		ntinue on separate	sheel if hecess	101		
SIGNATURE	()	ماهاد			ATE	FEBRUARY 2, 2024
						CS FORM 217 (Revised 2017), Pa

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? NO					
b. within the fourth degree (for Local Government Unit - Care	eer Employees)? NO	If YES, give details:			
35 a. Have you ever been found guilty of any administrative offer	ense? NO				
		If YES, give details:			
b. Have you been criminally charged before any court? NO					
		If YES, give details:			
		Date Filed: Status of Case/s:			
Have you ever been convicted of any crime or violation of a	Status of Gasars.				
any court or tribunal? NO	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? NO				
dropped from the rolls, dismissal, termination, end of lerm, fi in the public or private sector? YES	7. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abbilition) in the public or private sector? YES				
a. Have you ever been a candidate in a national or local election)? NO	ction held within the last year (except	RESIGNED DUE TO PREGNANCE			
		If YES, give details:			
election to promote/actively campaign for a national or local	resigned from the government service during the three (3)-month period before the last promote/actively campaign for a national or local candidate? NO				
39. Have you acquired the status of an immigrant or permanent	lave you acquired the status of an immigrant or permanent resident of another country? NO				
40 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).					
a. Are you a member of any indigenous group? NO					
b. Are you a person with disability? NO		If YES, please specify:			
		If YES, please specify ID No:			
 Are you a solo parent? NO 		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affeity to applicant	t /appointee)				
NAME	ADDRESS	TEL NO.			
JESSIE PAQUIBULAN	HILONGOS, LEYTE	9058895093			
TERESITA AGRAVANTE LINA	HILONGOS, LEYTE	9268751741			
DANILO VELMONTE	HILONGOS, LEYTE	9234338467			
12	THE PERSON NAMED IN COLUMN STATE OF THE PERSON	VALUESA SANE F CAMERA			
Government Issued ID (In Prosport, GSS, SSS, PRC, Divers License, etc.					
PLEASE INDICATE ID Number and Date of Issuence Government Issued ID: PHILHEALTH	Chandan				
ID/License/Passport No: 130255062728	Signature Sign inside the b	2001			
Date/Place of Issuance;	FEGRARY 2,	20.24			
	Date Accomplished	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	<u>, a</u> ffiant exhibit	ting his/her validly issued government ID as indicated above.			
	Person Administering Oa	uth			