CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE.	T	,		
WARNING: Any misrepreser	ntation made in the Personal Data Sheet and th	he Work Experience Sheet sh	all cause the	e filing of a	dministrativ	e/criminal case/s	against the	person
concerned.	DE TO FILLING OUT THE PERSONAL DATA SE	STORES CONTROL OF THE STORES O		×-0.11.00 -1 .07.01.00.			160 - 1 170 2 110 10 10 11	
Print legibly. Tick appropriate box	xes 🗌) and use separate sheet if necessary. Indicat				1, CS ID No.		(Do not fill up.	For CSC use on
I. PERSONAL INFORMAT								
2. SURNAME	OQUIAS					NAME EXTENSION (J	R, SR) N/A	
FIRST NAME	JHEZEL							
MIDDLE NAME	BACALSO							
DATE OF BIRTH (mm/dd/yyyy)	9/13/1999	16. CITIZENSHIP		☑ Filip	oino [-11 (1212) (1212)	200	
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizen	ship,			☐ by birth Pls. indicate	by natura country:	alization
5. SEX	☐ Male ☑ Female	please indicate the de	tails.			The Allender Control of		•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		800004583536			MACATOL	
	☐ Widowed ☐ Separated ☐ Other/s:		Нос	use/Block/Lot N N/A	lo.		Street PUERTO BELLO)
		-	Su	bdivision/Villag MERIDA	je		Barangay LEYTE	
7. HEIGHT (m)	149m		С	ity/Municipality	<i></i>		Province	
8. WEIGHT (kg)	37kg	ZIP CODE				6540	500000000000000000000000000000000000000	
9. BLOOD TYPE	UNKNOWN	18. PERMANENT ADDRESS		800004583536 use/Block/Lot N			MACATOL Street	
10. GSIS ID NO.	N/A		Su	N/A bdivision/Villag	ne .	F	PUERTO BELLO Barangay)
11. PAG-IBIG ID NO.	1213-1125-2248			MERIDA ity/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-025615780-3	ZIP CODE				6540		
13. SSS NO.	06-4508643-4	19. TELEPHONE NO.				NONE		
14. TIN NO.	778-569-218-00000	20. MOBILE NO.			0948 097	8821 / 0935 952 9334	y 5	
15. AGENCY EMPLOYEE NO.	24622	21. E-MAIL ADDRESS (if any)		oq	uiasjhez	el808@gmail	.com	
II. FAMILY BACKGROUN	ID		X T					1
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Wri	te full name an	d list all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A			N/A
MIDDLE NAME	NA						B. 1	
OCCUPATION	NA NA							
EMPLOYER/BUSINESS NAME	NA NA							
BUSINESS ADDRESS	NA							
TELEPHONE NO.	NA NA							
24. FATHER'S SURNAME	OQUIAS							
FIRST NAME	BENJAMIN	JR.						
MIDDLE NAME	BAÑO							
25. MOTHER'S MAIDEN NAME	-N							
SURNAME	BACALSO							
FIRST NAME	PABLITA							
MIDDLE NAME	SAMPON			,				
III. EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PUERTO BELLO ELEMENTARY SCHOOL	ELEMENTARY		2006	2012	N/A	2012	WITH
SECONDARY	PUERTO BELLO NATIONAL HIGH SCHOOL	SENIOR HIGH SCHO	OL	2012	2018	N/A	2018	WITH
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AC	7,50	2018	2022	N/A	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/Δ	N/A	N/A

SIGNATURE

10/23/2024

DATE

IV CIVII	SERVICE ELIG	IRII ITV		•					
		1080 (BOARD/ BAR) UNDER		DATE OF		*		LICENSE (if a	pplicable)
В	SPECIAL LAI BARANGAY ELIGIBILI	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN			NUMBER	Date Valid
CAREE	R SERVICE PRO HONOR GR	FESSIONAL PD 907 - ADUATE	N/A	7/17/2024	CIVIL SERVICE CO	MMISSION F	REGIIONAL	100108241088	N/A
							-		
						1 -24/2400	town 1		
							117		
									77-10-11
				Y .					
						-17-12-12-12-12-12-12-12-12-12-12-12-12-12-			
		_	1		9				
WORK	EXPERIENCE								
		nt. Start from your recen	t work) Descriptio	n of duties should t	oe indicated in the attac	hed Work E	xperience shee		
	LUSIVE DATES mm/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV SERVI
From	То			(write in full	/Do not abbreviate)	SALARY	(Formet *00-0*)/ INCREMENT	APPOINTMENT	(Y/ N
3/2024	PRESENT	ACTING CUSTOMEI ASSOCIA		CANTILA	AN BANK INC	10400.00	00-0	REGULAR	NO
/19/2022	9/6/2024	TELLER	1	CANTILA	AN BANK INC	10200.00	00-0	REGULAR	NO
					1				
							-		71.7
									-
		1							
J,		4			Link				
THE .		1			1870				
		-							
7		4							_
111									
									-
					1500				
					UK-				

29. NAME & ADDRESS O (Write in			SIVE DATES n/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
N/A		N/A	N/A	N/A		N/A
	Barrier T.					
A						
VII. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING F	ROGRAMS A	TTENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE			Type of LD	
 TITLE OF LEARNING AND DEVELOPMENT I (Write in 			/dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
HISABINATION OF CURITY AND REVERSE CANDON		From	То	W Company		
INFORMATION SECURITY AWARENESS CAMPAIG ANTI-MONEY LAUNDERING/COUNTER-TERRORIS		9/9/2024	9/9/2024	3 HOURS	FOUNDATION	CANTILAN BANK INC
FOR COVERED PERSON REFRESHER COURSE OF BASIC TELLERING & C	HISTOMED SERVICE	7/22/2024	7/22/2024	3 HOURS	FOUNDATION	ANTI-MONEY LAUNDERING COUNCIL
GENERAL ORIENTATION TRAINING	USTOMER SERVICE	5/25/2023	5/26/2023	48 HOURS	FOUNDATION	CANTILAN BANK INC
COMMUNITY FINANCE TRAINING		1.00.000	11/11/2022	-		
COMMONITY FINANCE PROMING		11/10/2022	11/11/2022	16 HOURS	FOUNDATION	DSWD- KALAHI CIDSS
		 	-			
		-				
					1	
			-	-		
		-	-			
						72.
		-				
			2			
	Barrer of		24.50			made the second
					6	
	4					
VIII. OTHER INFORMATION	7					
	NON	ACADEMIC DIST	INCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
 SPECIAL SKILLS and HOBBIES 	32.	-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. (Write in full)
Accurate Cash Handling		N/	A			N/A
Basic Financial Knowledge						
Strong Customer Service Abilities						
MS Word & Excel Literate						-1-
Reading Books	HIDAMITE A.					11 104
Watching Movies						
Abstract art & lines	ia					
SIGNATURE	T Amul All		-	DA	TE	10/23/2024
					17 18 0	CS FORM 212 (Revised 2017), Page 3 of 4

	Are you related by consanguinity or affinity to the appointing or recomme chief of bureau or office or to the person who has immediate supervision		4		
	Bureau or Department where you will be apppointed,		□ vrs		
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employe	☐ YES ☑ NO			
	to within the local degree (for Ecoal Government Onit - Career Employe	YES NO If YES, give details:			
	A. Have you ever been found guilty of any administrative offense?				
35.	a. Have you ever been round guilty or any administrative oriense:	☐ YES ☑ NO If YES, give details:			
	b. Have you been criminally charged before any court?		YES	☑ NO	
			If YES, give detail Date Filed:	S:	
			Status of Case/s:		
36.	Have you ever been convicted of any crime or violation of any law, decre	ee, ordinance or regulation	☐ YES	✓ NO	
	by any court or tribunal?		If YES, give detail	S:	
37.	Have you ever been separated from the service in any of the following m		☐ YES	✓ NO	
	retirement, dropped from the rolls, dismissal, termination, end of term, fir out (abolition) in the public or private sector?	nished contract or phased	If YES, give detail	s:	
38.	a. Have you ever been a candidate in a national or local election held with	thin the last year (except	☐ YES	✓ NO	
	Barangay election)?		If YES, give deta		
	b. Have you resigned from the government service during the three (3)-n election to promote/actively campaign for a national or local candidate?	nonth period before the last	☐ YES If YES, give deta	✓ NO	
39.	Have you acquired the status of an immigrant or permanent resident of a	another country?	☐ YES	√ NO	
			If YES, give detail		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for		-		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answ	ver the following items:			
i.	Are you a member of any indigenous group?		If YES, please specif	✓ NO y:	
).	Are you a person with disability?		YES	✓ NO	
0.	Are you a solo parent?		If YES, please specif	y ID No:	
35	Are you a colo parchi.		If YES, please specif		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
	NAME	ADDRESS	TEL. NO.		
	JASON S. ZABALA TOMAS C	OPPUS, SOUTHERN LEYTE	09317285107	(m m)	
	VIOLETA M. YCONG SOGO	OD, SOUTHERN LEYTE	09125822028	6.3	
	FIL ADREAN P. JAPUS	BATO LEYTE	09154382831		
42.	I declare under oath that I have personally accomplished this Person complete statement pursuant to the provisions of pertinent laws, rul Philippines. I authorize the agency head/authorized representative to I agree that any misrepresentation made in this document and administrative/criminal case/s against me.	les and regulations of the verify/validate the conten	Republic of the its stated herein.	CHEZEL B. COMAS	
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	A. Mad			
Go	overnment Issued ID: PHILSYS ID	09			
ID	/License/Passport No.: 3290-2462-3042-0521	Signature (Sign inside the			
Da	ste/Place of Issuance: 07/21/2022/MERIDA LEYTE	Date Accomplished		Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this OCI 2 3 2	024 , affiant exhibit	ting his/fier validivissued	government ID as indicated above.	
1	Tun Tun		ATTIME	RNOLD JUDD P. SALAZ	
			1 No	tan Public for the City of Ormoc Kananga, Matag-ob, Merida and Isabe	
	age No. 51 ROLL No.			Until December 31, 2024	
S	eries of 20 21 67477	Person Administering Oa	ath Notar	ial Commission No. ORM-22-12-033 Roll of Attorney No. 67477	
-		//	PTR No. 7	/8/2865, CosponAgraph (1997), Feb. 14/02. 176, dated. 12/26/2023 (for 2024), Leyte	
1	PUBLIC 2	- / /		TIN: 451-867-649	
	CUA BHILL	/	2/F,	Villar Bldg., War Veterans Avenue, Alegria, Ormoc City	
			Notarial Ac	t/Onth/Attestation Only	
				ADVICE SOUGHT OR GIV	