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CS Form No. 212 Revised 2017	PERSO	NAL DA	TA S	HEET	e de la companya de l				
ageons.			100	signation and					
WARNING: Any mispresentation	on made in the Personal Data Sheet and the V	Vork Experience Sheet sha	ll cause the filir	ng of administrative/crin	nina		ed.		
	TO FILLING OUT THE PERSONAL DATA SHE	and the second s		Chicago have controlled	Jilis Javiusos	(Do not fill	A For CCC use		
Print legibly. Tick appropriate boxes  PERSONAL INFORMATION	s ( and use separate sheet if necessary. Indicate	N/A if not applicable. DO NO	I ABBREVIATE.	1, CS ID No.		(Do not till	up. For CSC use o		
2. SURNAME	SALVO				100000000000000000000000000000000000000				
					NAME EXTENSION (JF	R., SR) <b>N/A</b>			
FIRST NAME	MONETTE			1	TO THE EXTENSION (B)		Trans e all'all		
MIDDLE NAME	ROMARATE	1							
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP		☑ Filipino □	Dual Citizenship				
	SEPTEMBER 12,1977				✓ by birth				
4. PLACE OF BIRTH	ZAMBOANGA CITY	If holder of dual citiz		Pls. indicate country:					
5. SEX	☐ Male ✓ Female	please indicate the	details.	e communicación de la comm	CARRY & HOUSE STATE OF THE	NAME OF TAXABLE PARTY.			
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		K. 14 LOT 17					
i purpusasione consulation	☐ Widowed ☐ Separated	en e		JITA HOMES	Gl	Street JINDAPUN	AN		
	Other/s:	PROTERMINAL VIOLENTINA	Subdivision/Village		Barangay  LEYTE				
7. HEIGHT (m)	1.56m	roda tar o'Chict di STON	C	PALO ity/Municipality	with .	Province			
8. WEIGHT (kg)	48 kg	ZIP CODE				6501			
9. BLOOD TYPE	A+ 80.053 s JA139	18. PERMANENT ADDRESS	BLK. 14 LOT 17 AND STREET STREET STREET						
10. GSIS ID NO. Seagge grat	N/A DODGE I LATE	LEVEL SHOWINGING HO		LITA HOMES	MOA GL	JINDAPUN	AN		
11. PAG-IBIG ID NO.	1211-5147-3012	E PUGAPIO	Su	bdivision/Village		Barangay	1 781-131-1		
24013801190	( ) - ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			PALO htty/Municipality		LEYTE Province			
12. PHILHEALTH NO.	1302-5023-5039	a makin ZIP CODE and	3v1	SERVICE REPRESENTA	6501	8105/06/06	eros er kur		
13. SSS NO. [M38/A/13399	0111-6420-8255	19. TELEPHONE NO.	N/A	USA EACHER AIDS	3 384		0.002.5.000		
14. TIN NO. TRANSPORT	212-746-868	20. MOBILE NO.	0951-032-7	090 15/00/13038		(5,15/254)	18-00/2005		
15. AGENCY EMPLOYEE NO.	lph-00916 (100000000000000000000000000000000000	21. E-MAIL ADDRESS (if any)	monette.r	.salvo@gmail.com	AR	07/15/2004	5005131313		
II Jamiiyasa okerolind	Particular Communication (Communication Communication Comm						1041		
22. SPOUSE'S SURNAME	SALVO		23. NAME of CH	ILDREN (Write full name and i	list all)	DATE OF BIRTH (mm/dd/yyyy			
FIRST NAME	RST NAME HANSEL JON		ANGE	LICA MONIQUE R	. SALVO	05/06/2004			
MIDDLE NAME	AURELIA		YVES XAVIER R. SALVO			10/05/2005			
OCCUPATION	GOVERNMENT EMPLOYEE		FRA	FRANCIS XAVIER R. SALVO		06/21/2007			
EMPLOYER/BUSINESS NAME	N/A		ALLYSA ANNE R. SALVO			07/04/2009			
BUSINESS ADDRESS	N/A		SOPHIA ANNE R. SALVO			07/04/2009			
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ROMARATE		1						
FIRST NAME	RAUL	NAME EXTENSION (JR., SR)				A COMPANY OF THE PARTY OF THE P	2000		
MIDDLE NAME	ASENSI		-						
25. MOTHER'S MAIDEN NAME			-						
SURNAME	TOLEDO								
FIRST NAME	BRENDA						-		
MIDDLE NAME	EDROSOLANO				(Continue on separate sheet if necessary)				
MIDDLE NAME				(continue pi) :	sommer of the first				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				HIGHEST LEVELY		SCHOLARSHIP		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGI (Write in full)		PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONG RECEIVED		

**ELEMENTARY** 

HIGH SCHOOL

BACHELOR OF SCIENCE IN BIOLOGY

1985

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1994

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GRADUATE

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DIPLOMA

LIANGA CENTRAL ELEMENTARY SCHOOL

LICEO DE CAGAYAN UNIVERSITY

WESTERN MINDANAO STATE

UNIVERSITY

ELEMENTARY

SECONDARY

COLLEGE

	D 050			DATE OF				LICENSE (if a	nnlicable)
SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT					
CAREER SERVICE PROFESSIONAL ELIGIBILITY 80.32%			JUNE19,2022	TACLOBAN CITY			371270	NO EXPIRATIO	
ALCOHOLD STATE			STATE	1 BBA (UR ) La Charge de Munules		200 M & Ta, H	**************************************		1 3 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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INCLU (mr	SIVE DATES n/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVI (Y/N)
From 3/01/2022	To PRESENT	ADMINISTRATIV	E AIDE 1 218	LEYTE PROV	LEYTE PROVINCIAL HOSPITAL		INCREMENT	JOB ORDER	Y
7/15/2019	01/03/2022	ADMINISTRATIV	E AIDE TUOL	LEYTE PROV	/INCIAL HOSPITAL	7,800.00	ΑV	JOB ORDER	Υ
1/15/2017	04/25/2018	RECEPTION	IST JAG	OF	W-DUBAI	P 42,000.00	us tais ur	CONTRACTUAL	N
0/15/2015	10/30/2016	CUSTOMER SERVICE RE	PRESENTATIVE	SITEL PHIL	IPPINES BAGUIO	P 19,000.00	302 5023 51	CONTRACTUAL	N
3/15/2010	05/30/2015	PRE ELEM-TEACH	HER AIDE	TACL	ATIONAL FOUNDATION OF OBAN INC.	P 15,500.00	11-6420-85	PERMANENT	N
5/06/2005	03/15/2010	RECEPTION	03 2-7050 TSI	1.5	ATIONAL FOUNDATION OF OBAN INC.	P 8,500.00	12-746-868	PERMANENT	N
1/15/2003	07/15/2004	SALES CONSU	LTANT S2 offs	GOLDLIN	IES CEBU CITY	P 15,000.00	areog-de	PERMANENT	- N -
3/14/2001	08/15/2002	SALES EXECU	JTIVE	AQUA LABOR	RATORY CEBU CITY	P 16,500.00	ata hapi sa dini bahirmada s	PERMANENT	<b>N</b>
03/10/98	01/15/2000	SALES CONSU	LTANT	PACIFIC ACTIVATED	CARBON COMPANY	P 13,800.00	31 (25) (21)	PERMANENT	N
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11.04	D#81	37 (1971) (1971)	PROF 5	PLEMENTARY	i incivas	Service.			regard reco
a Salta De		Manager IV (1980)	(2000)	ata University	Thorava	ess situation			Despois
	The second	BIANCANO ERCI	LOGY 1994	B MI BONDO IN B		And Street	and the same		

29.	NAME & ADDRESS OF ORGANIZAT (Write in full)	ION	INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	JUNIOR JAYCEES	ON TERM	03/15/1992	03/24/1994	N/A		SECRETARY Second and second and second	
		eie la la B.AY						
		capital says			c <sub>n</sub> .	P	DS	
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	ING AND DEVELOPMENT (L&L		ONS/TRAININ	G PROGRAM	S ATTENDE			
Start from the n	nost recent L&Ditraining program and incli	ide only the relevant	INCLUSIVE	DATES OF	5) years for Divisio	n Chiel/Executive/Ma Type of LD	. Ковящо мыз 10 одржийся павы така воху в	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TR PROGRAMS (Write in full)					NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Monte in full)	
VIRTUAL SEMINAR WORKSHOP ON BAS		SIC RECORDS	From To					
	AND ARCHIVES MANAGEME	MENT	11/15/2021	11/19/2021	32 HOURS	TECHNICAL	NATIONAL ARCHIVES OF THE PHILIPPINES	
BASIC I	PSYCHOSOCIAL TRAINING FO WORKERS	R HEALTH	08/17/2022	08/17/2022	8 HOURS	TECHNICAL	LEYTE PROVINCIAL HOSPITAL	
	1		900	100000	m(**) 5535	ent projub ec	was teemnawog en ingrij bory sie aby sys	
		BK 1976, LLT N	1			1 - 4 - 5	A CONTRACTOR OF THE OWNER OF THE PROPERTY	
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31.	SPECIAL SKILLS and HOBBIES	32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	COMPUTER LITERATE	NA NA			N/A			

	Are you related by consanguinity or affinity to the appointing						
	chief of bureau or office or to the person who has immediate	e supervision over you in the	INGO ASHABIK				
	Bureau or Department where you will be apppointed,	070	YES INO	000			
	a. within the third degree?	YES NO	PDS				
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?					
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative off	☐ YES ✓ NO					
		If YES, give details:					
	b. Have you been criminally charged before any court?		☐ YES ☑ NO				
	b. Have you been chiminally charged before any counts	If YES, give details:	Condition of the Condit				
		Dat Status of	e Filed:				
36.	Have you ever been convicted of any crime or violation of all	ny law, decree, ordinance or	YES V NO	Od56/5.			
	regulation by any court or tribunal?	509433304 324758200	If YES, give details:	PRO 3/35 6/4 (VIERA - P.E.)			
37.	Have you ever been separated from the service in any of the	e following modes: resignation,	YES V NO				
	retirement, dropped from the rolls, dismissal, termination, er		If YES, give details:	VIRTUAL SERVICES WORKSHOP			
	phased out (abolition) in the public or private sector?	r without the table	- Industrial	And All and Applications of the Control of the Cont			
38.	a. Have you ever been a candidate in a national or local election (except Barangay election)?	ction held within the last year	☐ YES ☑ NO	RASIC PSYCHOSOCIAL TRA			
			YES NO NO If YES, give details:	PORKER			
	b. Have you resigned from the government service during the						
	the last election to promote/actively campaign for a national	If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	Have you acquired the status of an immigrant or permanent resident of another country?					
		YES V NO					
			If YES, give details:				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag		☐ YES ☑ NO				
77	(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89	972), please answer the following	YES NO				
1.	Are you a member of any indigenous group?						
).	Are you a person with disability?		If YES, please specify:  ☐ YES				
<b>)</b> .	Are you a solo parent?	e you a solo parent?					
			If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	GLENYSS R. PRESNILLA	TACLOBAN CITY	9356044618	la al			
	CLARK WENDEL D. AURELIA	PALO LEYTE	9179412855	1-101			
	ROBERTO JR. D. BERNARDO	PALO LEYTE	9558734290				
42.	I declare under oath that I have personally accomplished t	his Personal Data Sheet which is	a true, correct and	- ath			
	complete statement pursuant to the provisions of pertinen			MONETTE R. SALVO			
	Philippines. I authorize the agency head / authorized repres			THE RESERVE OF SERVER AND PARTY.			
	agree that any misrepresentation made in this docume administrative/criminal case/s against me.	eni and its attachments shall d	ause the filing of	PHOTO			
	***************************************						
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	0					
	EASE INDICATE ID Number and Date of Issuance  vemment Issued ID: UMID ID	mh					
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ID/	License/Passport No.: 0006-1733901-2	Signature (Sign inside th		er en en entre al entre en entre en en en en entre en en			
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