CS Form No. 212 Revised 2017	PERSON	IAL DAT	A SH	IEE.	Ī		A		
against the person concerns	itation made in the Personal Data Sheet ed. ETO FILLING OUT THE PERSONAL DAT (C) and use separate sheet if necessary. Indicate t	A SHEET (PDS) BEFORE	ACCOM PLI	SHING TH		RM.		a se/s CSC use only	
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2 SURNAME	DURUHA								
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3 DATE OF BIRTH	THE RESERVE OF THE PARTY OF THE	16. CITIZENSHIP		<b>▼</b> Filipi	no [	Dual Citizenshi	D		
(mm/dd/yyyy)	11/14/2002	If holder of dual citize				by naturalization			
4 PLACE OF BIRTH	ORMOC CITY, LEYTE	please indicate the d					¥		
5. SEX	✓ Male ☐ Female	The state of the s		200	***		BUHO 1		
6 CNIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House/Block/Lat No.			Street POBLACION			
	Other/s:			Ivision/Vilage IABANGO	590.9		Barangay LEYTE		
7 HEIGHT (m)	1.65m		City	ty/Municipality			Province		
8 WEIGHT (kg)	85kg	ZIP CODE		6536		Albert B	BUHO 1		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House	Black/Lat No	•	Street POBLACION			
10. GSIS ID NO.	N/A	an spinistration	Subd	vision/Vitage			Barangay	189 45	
11. PAG-IBIG ID NO.	121347276357		A STATE OF THE PARTY OF THE PAR	TABANGO		LEYTE Province			
12 PHILHEALTH NO	13-202999701-6	ZIP CODE	City/Municipality 6536						
13 SSS NO	06-4691270-1	19 TELEPHONE NO	N/A			N/A	VA		
14. TN NO	652-528-177	20. MOBILE NO.	09294303635			294303635			
15 AGENCY EMPLOYEE NO	WA	21. E-MAIL ADDRESS (if any )		rjda	vedagoy	duruha@gmail.	com		
IL FAMILY BACKGROUN		地震的压力。但	0,100 12/2	<b>439</b>	<b>经验</b>	BURNESS.	(数)有种	The State of the S	
22. SPOUSE'S SURNAME	N/A		23 NAME of CH	HLDREN (W	nte full nam	e and list all)		OF BIRTH dyyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)							
MIDDLE NAME		AND THE RESERVE							
OCCUPATION	Alexander de la companya de la comp		Althur Sail			10-517 JC		7 201	
EMPLOYER/BUSINESS NAME					실보기() 기계()				
BUSINESS ADDRESS									
TELEPHONE NO	a version and a second control of the Control of th			12.1					
24 FATHER'S SURNAME	DURUHA	NAME EXTENSION (JR., SR)					at At sev		
FIRST NAME	ROEL	5/23/24/50/50/20/20/20/20/20/20/20/20/20/20/20/20/20							
MIDDLE NAME	REVILLA								
25. MOTHER'S MAIDEN NAME			100 A 100		The Park	1000			
SURNAME	DAGOY								
FIRST NAME	DIVINA	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A STATE OF THE STA						
MIDDLE NAME	ABING	13 (13 (13 (13 (13 (13 (13 (13 (13 (13 (	(Continue on separate sheet if necessary)						
III., EDUCATIONAL BACK 26 LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGR	EE/COURSE	PERIO		HIGHEST LEVEL UNITS EARNED	YEAR GRADIATE	SCHOLARSH P/ ACADEUIC	
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ELEMENTARY	DON BERNARDO ELEMENTARY SCHOOL			2008	2014		2014	2ND HONOR	
SECONDARY	MARCELINO R. VELOSO NHS TABANGO SENIOR HIGH SCHOOL	A		2014 2018	2018 2020		2018 2020	WITH HIGH HONORS	
VOCATIONAL / TRADE COURSE	N/A			N/A	N/A				
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC CITY	BACHELOR OF SCIE ACCOUNTING INFORMAT	Section 104 by the second con-	2020	2024		2024	Academic Excellence	
GRADUATE STUDIES	N/A								
SIGNATURE	Durden	Manue on separate sheet if no	cessery)	DA	TE	0.	2/05/2	02.5	
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BARA		/ / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	NEW ORMOC CITY NA	TIONAL HI	SH & CHOOL	NOMBER	Validity
Career S	ervice (Profes	sional) Eligibility	90.33%	03/03/2024	NEW ORMOC CITY NATIONAL HIGH SCHOOL ORMOC CITY		and the second	Arrest.	
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	EXPERIENCE vate employme		ent work) Descr	intion of duties sh	ould be indicated in the	attached W	ork Experien	ce sheet.	
a INCLU	SIVE DATES			THE REPORT OF THE PARTY OF THE	ENCY / OFFICE / COMPANY		PAY GRADE (if		GOVT
	/dd/yyyy)	POSITION TO (Write in full/Do not a		<ul> <li>Complete the first of the first</li></ul>	I/Do not abbreviate)	MONTHLY applicable)& SALARY STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)	
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SIGNA	TURE	DonA	Mrs.		DATE		02/	5/2025	

IL VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / I	ION-GOVERNI	IENT / PEOP	LE / VOLUN	TARY ORGA	NIZATION'S	
29 NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIV (mm/dc	E DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK
INDEPENDENT VOLUNTEER ACADEMIC TUTOR PROVI ACADEMIC SUPPORT (MATHEMATICS, BASIC ACCOUNTIN	ITOR PROVIDING FREE ACCOUNTING, RESEARCH)	Aug. 2020	Oct. 2024		ACADEMIC	MENTOR (VOLUNTEER)- FREE TUTORING
45 0 24 22						
		ue on separate			1/1/2000 10 10 1/2010 10 10 10 10 10 10 10 10 10 10 10 10	The second of th
II. LEARNING AND DEVELOPMENT (L&D) INTERVEN tart from the most recent L&D training program and include only t	he relevant L&D/tra	aling taken for t	to last five (5) y	ews for Division	Chief/Executive	Managerial positions)
O TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRA (Write in full)	UNING PROGRAMS	INCLUSIVE ATTEN (mm/dd	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED' SPONSORED BY (Write in full)
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ARCHIOLOGICAL CONTRACTOR CONTRACT						
III. OTHER INFORMATION		ue on separate	sheet If necess	nry)		
31 SPECIAL SKILLS and HOBBIES 32	CONTROL OF A CONTROL OF THE PARTY OF THE PAR	CADEMIC DISTIN	CTIONS / RECO	OGNITION		MEMBERSHP IN  ASSOCIATION/ORGANIZATION
CCOUNTING, ANALYTICAL, MATH SKILLS		(Mitte in Itili)				(Wite in Mil) N/A
COMMUNICATION, LEADERSHIP AND MANAGEMENT SKILLS GOOGLE WORKSPACE, MICROSOFT OFFICE APPLICATIONS, QUICKBOOKS READING, SELF STUDY (LINKEDIN				,		
LEARNING)		Austria Nggan				
SIGNATURE		MA.	sheet If necess.	Part Tarry view	ATE	02/05/2025 CSFORM 28 (Noviced 2017) Pope 3 of



34 Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a within the third degree?  b. within the fourth degree (for Local Government Unit - Countries of the cou	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details.				
35. a. Have you ever been found guilty of any administrative					
b. Have you been criminally charged belore any court?	If YES IND If YES, give details:  Date Filed: Status of Case/s:				
36 Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
<ol> <li>Have you ever been separated from the service in any or retrement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?</li> </ol>	YES NO If YES, give details:				
38 a. Have you ever been a candidate in a national or local Barangay election)?  b. Have you resigned from the government service durin last election to promote/actively campaign for a national or	☐ YES ☑ NO If YES, give de balls: ☐ YES ☑ NO If YES, give de balls:				
39. Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (counity):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 1 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897  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  YES VI IN YES VI IN YES, please specify ID No.  YES VI IN YES, please specify ID No.	NO		
41. REFERENCES (Person not retated by consanguintly or affinity to	applicant (appointee)				
NAME	ADDRESS	TEL NO.			
Ms. Adora Barja	Ormoc City	09194064438			
Atty. Juliet R. Edano, CPA	Ormoc City	09177091799			
Mr. Ferdinand L. Tito Jr. CPA, CMA	Ormoc City	09399237202			
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized rep I agree that any insrepresentation made in this de administrative/criminal case/s against me.	nent laws, rules and regulations of the presentative to verify/validate the content	Republic of the stated herein.	J DAVE D'DURUHA		
Government Issued ID () e Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number  Government Issued ID PHILSYS (NATIONAL ID)	man				
Drucense Pæspor No. 6386-4291-6712-0981  Date/Place of Issuancy , 08/07/2022 TABANGO, LEYTE	Signature (Sign Instatute Sign Instatute Signature (Sign Instatute Sign Instatute S				
SURLESPET AVIAS NOTIFICATION OF SERVICES, DE 17074 1	O 5 2025 Note To Part of the P	(Fiberg his/her v didy issued gov 2025 30/2025 16 5 1/2/2025 1/11-0000117	errment ID as indicated above.		

## WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998- Present. Work experience should be listed from most recent first.
- Duration: February 07, 2024 May 31, 2024
- · Position: Administrative Staff
- · Name of Office/Unit: Admin
- Immediate Supervisor: Atty. Juliet R. Edano, CPA
- Name of Agency/Organization and Location: M. Edano & Co., CPAs, Ormoc City
  - Summary of Actual Duties
    - Responsible for banking, data entry and administrative tasks.
    - Proficiently performed catch-up and daily bookkeeping using QuickBooks
       Online and manage data using Google Workspace and MS Office.
- Duration: October 25, 2023 February 5, 2024
- Position: Intern
- Name of Office/Unit: Member Services Section
- Immediate Supervisor: Ms. Adora R. Barja
- Name of Agency/Organization and Location: Social Security System-Ormoc Branch
  - Summary of Actual Duties
    - Responsible in assisting members which involves answering inquiries about loans and contributions as well as applicable benefits, and assisting loan and benefit application.
    - Providing reliable and quality service to members.

(Signature over Printed Name of Employee/Applicant)

Date: Ozlor/2025