CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

VARNING: Any misrepresentation of the concerned.	on made in the Personal Da	ta Sheet and the	Work Experience Sheet sha	II cause the fi	ling of adm	inistrative/d	criminal case/s ag	ainst the pers	son	
READ THE ATTACHED GUIDE 1 Print legibly. Tick appropriate boxes						1. CS ID No.		(Do not fill up. F	or CSC use only)	
PERSONAL INFORMATION		necessary. maicate	NAME TO COMPANY TO THE PROPERTY OF THE PROPERT	ABBITEVIATE		1. 00 ID NO.		(20110111111111111111111111111111111111	,,	
2. SURNAME	TAPIL									
FIRST NAME	ALLYZA JANE				NAME EXTENSION (JR., SR)					
MIDDLE NAME	TENEBRO									
3. DATE OF BIRTH	08/30/1998	}	16. CITIZENSHIP	G Silinian G Dual Citizanahia						
(mm/dd/yyyy)	00,00,1000				☑ Filipino □ Dual Citizenship □ by birth □ by naturalization				ation	
4. PLACE OF BIRTH	CEBU CITY	,	If holder of dual citizenship,		Pls. indicate country:					
5. SEX	 ☐ Male ✓ Female		please indicate the details.						lacksquare	
	<u> </u>		17. RESIDENTIAL ADDRESS		R.V FULACHE STREET					
6 CIVIL STATUS	☐ Widowed ☐ Separated			House/Block/Lot No. Street EASTERN POBLACION						
	Other/s:				odivision/Village)	Barangay			
7. HEIGHT (m)	1.5748 M				IILONGOS ity/Municipality			LEYTE Province		
8. WEIGHT (kg)	60 KG		ZIP CODE							
9. BLOOD TYPE	TYPE O		18. PERMANENT ADDRESS	House/Block/Lot No.		R.V FULACHE STREET Street				
0. GSIS ID NO.	N/A						EASTE	EASTERN POBLACION		
PAG-IBIG ID NO.	121248398471				bdivision/Village ILONGOS			Barangay LEYTE		
1. FAG-IDIG ID NO.				Ci	ty/Municipality		Province			
2. PHILHEALTH NO.	12-025810592-9		ZIP CODE	 			6505			
13. SSS NO.	06-4278218-4		19. TELEPHONE NO.	N/A						
4. TIN NO.	743 915 223 (000	20. MOBILE NO.	+639664226748 / +639			48 / +63991205	ô39912055924 ————————————————————————————————————		
5. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)	ALLYZAJANE3098@GMAIL			COM			
I. FAMILY BACKGROUND										
2. SPOUSE'S SURNAME	SALIZON				ILDREN (Write full name and list all) E KATHERINE TAPIL SALIZON			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	BENEDIC		· · · · · · · · · · · ·		E IVATTIENINE TAI IE SALIZON			09/24/2023		
MIDDLE NAME	GOLONDRINA									
OCCUPATION	PUBLIC ATTORNEY'S OFFICE LAWYER									
EMPLOYER/BUSINESS NAME	PUBLIC ATTORNEY'S OFFICE									
BUSINESS ADDRESS	HILONGOS, LEYTE									
TELEPHONE NO.		(053) 336 2126								
4. FATHER'S SURNAME	TAPIL		NAME EXTENSION (JR., SR)							
FIRST NAME	CAYETANO									
MIDDLE NAME	HERMOSA									
5. MOTHER'S MAIDEN NAME										
SURNAME		TENEBRO								
FIRST NAME										
MIDDLE NAME		(Continue on separate sheet if necessary)								
II. EDUCATIONAL BACKGI	ROUND								SCHOLARSHI	
6. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	P/ACADEMIC HONORS RECEIVED	
	MINIOLANII LA OFNITRAL COLLOCI				From	То	0045::4===			
ELEMENTARY	MINGLANILLA CENTRAL SCHOOL UNIVERSITY OF THE VISAYAS		PRIMARY		2005	2011	GRADUATED	2011	N/A 5TH	
SECONDARY	MINGLANILLA CAMPUS		SECONDARY		2011	2015	GRADUATED	2015	HONORABLE MENTION	
VOCATIONAL / TRADE COURSE	N/A		N/A		N/A	N/A	N/A		N/A	
COLLEGE	UNIVERSITY OF SAN JOSE - RECOLETOS		BACHELOR OF SCIENCE IN HOSPITALITY MANAGEMENT- GENERAL		2015	2019	GRADUATED	2019	CUM LAUDE	
GRADUATE STUDIES	N/A		N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	(Continue on separate sheet if necessary) SIGNATURE					TE	01/13/2025			
	Y TO T				DAIL		CS FORM 212 (Revised 2017). Page 1 of 4			