Revised 2017	PERSO	NAL DAT	A SE	4FF	т				
WARNING A									
concerned.	ation made in the Personal Data Sheet and the ETO FILLING OUT THE PERSONAL DATA SHE					iminal case/s aga	iinst the pers	on	
Print legibly. Tick appropriate box	es () and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.	PDS FOR	1 GS ID No		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATI	ON	世界公共學院							
2. SURNAME	MAMOLO								
FIRST NAME	DEONIEL NAME EXTENSION (JR., SP) NA								
MIDDLE NAME	MANLA								
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP Filipino Di				Dual Otizenship	Dual Citizenship		
	02/11/2000				☐ by birth			by naturalization	
4. PLACE OF BIRTH	CEBU CITY, CEBU	If holder of dual citizenship,		Pls. indicate of			country:		
5. SEX	✓ Male	please indicate the	detaits.					-	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	N/A House/Block/Lof No.		N/A Street				
	☐ Widowed ☐ Separated ☐ Other/s:		N/A		CUA	CUATRO DE AGOSTO			
7. HEIGHT (m)			Subdivision/Village MAHAPLAG		Barangay LEYTE				
Construction of the Constr	1.6	New or Asset			yMunicipality		Province		
8. WEIGHT (kg)	55	ZIP CODE	6512						
9. BLOOD TYPE	N/A	18, PERMANENT ADDRESS	H		N/A ise/Block/Lot No.		N/A Street		
10. GSIS ID NO.	N/A		N/A				ATRO DE AGOSTO Barangay		
11. PAG-IBIG ID NO.				Subdivision Village MAHAPLAG		LEYTE			
12. PHILHEALTH NO.	1213-1641-0843	ZIP CODE	City/Municip		Municipality		Province		
13. SSS NO.	13-252558814-2		6512						
	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.	623-464-699-00000	20. MOBILE NO.	09991725959	91725959					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	deonielm	amolo@	gmail.com	1			
II. FAMILY BACKGROUND			E CONTRACT					REEL	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CI	NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NA	N/A	NIA			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	MAMOLO								
FIRST NAME	DEOLITO	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	BAHINTING								
25. MOTHER'S MAIDEN NAME									
SURNAME	MANLA								
FIRST NAME	ELENITA								
MIDDLE NAME	PIAMONTE		SHEET.		Continue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	GROUND					-	A STATE OF		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)			HIGHEST LEVEL/ UNITS EARNED (if not greduated)	YEAR GRADUATED			
ELEMENTARY	HILUSIG ELEMENTARY SCHOOL MAHAPLAG,			From	То			RECEIVED	
	MAHAPLAG NATIONAL HIGH SCHOOL MAHAPLAG.	ELEMENTARY		2006	2012	GRADUATED	2012	N/A	
SECONDARY	LEYTE	SENIOR HIGH		2012	2018	GRADUATED	2018	NA	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY SOGOD, SOUTHERN LEYTE	BACHELOR OF SCIENCE IN CR	RIMINOLOGY	2018	2022	GRADUATED	2022	N/A	
GRADUATE STUDIES	NA	N/A		NA	N/A	N/A	N/A	N/A	
	D) (Continue on separate sheet if nec	wesary)				100		
SIGNATURE	A			D	ATE		05/22/2023 FORM 212 (Revise	1907 6 111	

CAR	EER SERVICE/R	A 1080 (BOARD/ BAR) UNDER	RATING	DATE OF	RSONAL	PLACE OF EXAMINATION / CONFERMENT			applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	NUMBER	Date of Validity		
CRIMINOLOGIST LICENSURE EXAMINATION (R.A. 1080)		83.40%	12/04/2022 12/05/2022	A.S. FORTUNA ST., TIPOLO, MANDAUE			0243891	02/11/20	
- Transcription			ELLOW THREE BOX	DUATOR CO	A TO DESCRIPTION OF THE PARTY O	a travel or travel	and appropriate and	Normal Parket	0211120
						manufacture (To	11.190	T	-
		-			(S), (m))		(307	2	-
							2,000		-
									- Inch
		Property of the Control of the Contr			100		2000-1	7 = =	
				SCHOOL STATE	200000	mana Al	BID ATIONS		(0)
WORK.	EXPERIENC	E	(00	ntinue on aeparate ahec	et if necessary)				
clude pri	vate employn	ent. Start from your recen	t work) Description	on of duties should	be Indicated in this alter	Tellioner.	or named that		
	USIVE DATES mm/dd/yyyy)	POSITION TI		DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (II		OOVT SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in fo	ull/Do not abbreviate)	SALARY	applicable)& STEP (Format '00-0") NOREMENT	APPOINTMENT	(Y/N)
4	N/A	N/A	38	N/A		N/A	N/A	N/A	N/A
	FULL 257								
	1	1 3	p(h - 2)				(19) 121/(1
					0.		2.7502.4125		
								A.	
			STREET, LICEN		1420 14		March Ann		
					L Kastin (4)				
-									
		1.77						5	
100	- X	a since areas		100		337			
	+ -		7-1-2-7						-
								1 22	
								W_	-
	-								104
		11 8	¥ .62 1		Market I am ex-		- FOW		
-							200,1806	100	
								201	
							5.100	(M)	1
							A164		
							BINOM	(a)	
			7		CONTRACTOR NAME OF				
			-			201			
					100	d ox 10. A	1.0178 (1.2)		
				100000000	10,760-10	10 TOTAL	- A 36.216	E .	
A.		1317-10-10	100					-	
141	7.36	1980 198	200						
Fa	(VG)	22 MG2364 05		LOW LE STEE	- 10 - 10 to		3773 (P.L.)	07	
R.W	30/5	iges good							
	ATURE	A I	(Con	tinue on separate sheet	If hecessary)			-	(P.O. 31)

29 NAME & ADDRESS O (Write in		(mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
		From		_				
N/A		N/A	N/A	N/A	N/A			
		+-	_	+				
		-						
		-						
	1							
VII. LEARNING AND DEVELOPMENT (L&			rate sheet if necess	sery)				
		INCLI	JSIVE DATES OF		Type of LD			
30 TITLE OF LEARNING AND DEVELOPMENT II (Write in		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	I have consider	CONDUCTED/ SPONSORED BY (Write in full)		
		From	To		racingwait			
N/A		N/A	N/A	N/A	N/A	N/A		
			-					
		-	-	-				
		-	+	-				
<u> </u>		-	-					
			-					
		-		-				
		-	-					
		_	_					
			-					
			_					
		_						
		_						
			-	+				
	(Co	ntinue on sepa	rate sheet if necess	ary)				
VIII. OTHER INFORMATION	The state of the s							
31 SPECIAL SKILLS and HOBBIES	32 NO		ISTINCTIONS / REC (Write in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)		
MPUTER LITERATE N/A					N/A			
BABIC FIRST AID AND WATER SAFETY SKILLS								
COMMUNICATION SKILLS STRATEGIC PLANNING AND SCHEDULING SKILLS						1 1 0		
CRITICAL AND PROBLEM-SOLVING SKILLS	1 - 1 JA			-				
BASKETBALL	1							
PLAYING ONLINE GAMES								
	(Co	ntinue on separ	rate sheet If necess.					
SIGNATURE	OF .			Di	ATE	05/22/2023		

	elated by consanguinity or affinity to the appointing						
	ureau or office or to the person who has immediat Department where you will be apppointed,	e supervision over you in the Office,					
AND CONTRACTOR	the third degree?	☐ YES □	J 100				
100000000000000000	the fourth degree (for Local Government Unit - Ca		Z NO				
D. Widini	and fourth degree (for Eoval Covernment Offic - Ca	If YES, give details:	☑ NO				
			N/A				
35. a. Have y	ou ever been found guilty of any administrative of	fense?	☐ YES [Z NO			
	<u> </u>	If YES, give details:	- Committee and				
			N/A				
h 11							
b. Have y	ou been criminally charged before any court?		If YES, give details:	☑ NO			
			Date Filed:	N/A			
		Status of Case/s:	N/A				
36. Have you	ever been convicted of any crime or violation of a	my law, decree, ordinance or regulation by	- Vers	T ***			
Section 1 to 1 to 1 to 1 to 1 to 1	or tribunal?		☐ YES ☑ NO If YES, give details:				
			N/A				
37. Have you	ever been separated from the service in any of the	e following modes: resignation					
	t, dropped from the rolls, dismissal, termination, e		YES NO If YES, give details: N/A				
	in the public or private sector?						
1 17565	ou ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES	☑ NO			
Barangay	election)?		If YES, give details: N/A				
b. Have yo	ou resigned from the government service during t	he three (3)-month period before the last	☐ YES ☑ NO				
	promote/actively campaign for a national or local		If YES, give details: N/A				
39. Have you	acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO				
		If YES, give details (country):					
			N/A	- Ini.			
	to: (a) Indigenous People's Act (RA 8371); (b) Ma						
	d (c) Solo Parents Welfare Act of 2000 (RA 8972)	, please answer the following items:					
a. Are you a	member of any indigenous group?		YES	☑ NO			
b. Are you a	person with disability?	If YES, please specify:					
Ale you a	polocii with disability i		☐ YES If YES, please specify	ID No: N/A			
c. Are you a	solo parent?		YES NO				
			If YES, please specify	ID No: N/A			
41. REFERENC	ES (Person not related by consenguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
		Language and the second policy of the second policy					
MR. RAYMUN	DIGCASAMA	VISAYAS STATE UNIVERSITY	09985663919				
REALYN MOR	ROÑA	POBLACION, MAHAPLAG, LEYTE	09058922125				
		SITIO MAITOM MAHAPLAG, LEYTE					
JHOEFIEL PA			09518515710				
	under oath that I have personally accomplishe statement pursuant to the provisions of pertir						
	s. I authorize the agency head/authorized represe			V V			
	at any misrepresentation made in this doct	ument and its attachments shall caus	e the filing of	PHOTO			
aoministra	ative/criminal case/s against me.						
Government I	SSUED ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			1000			
PER STREET STREET	CATE ID Number and Date of Issuance	A.	- 1	45/5%			
Government Iss	ued ID. PRC	1	48-4-190-174				
ID/License/Pass	sport No.: 0243891		200				
D-1-50	POINTINGS HAVE AND LOTTY	Signature (Sign Inside the b	OX)	THE THE PARTY OF T			
Date/Place of is	suance: 03/24/2023 MAASIN, CITY	/	Right Thumbmark				
cupe	2.7	MAY 2023 afforex	***	assumment ID as Indicated above			
	CRIBED AND SWORN to before me this	ATTY, JASON ATTY	sit of validity issued	government ID as indicated above.			
DOC.	NO. 399	ONXO					
PAGE	E NO	LEGERA, LEYTE					
B00	K NO. —XX	22-06-04					
SER	IES OF VAL	016326					
10		WCLE GOVER WANTER WELL A 18	75				

ROLL NO. 63051 TIN 943-964-140