CS Form No. 212 Revised 2017		PE	RSO	NAL DAT	A SH	IEET		AND PARTIES	
WARNING: Any missonrocont	ation made in the		10 THE P. P. LEWIS				ARE PER LAW		
WARNING: Any misrepresenta concerned.							criminal case/s a	gainst the pe	rson
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes						PDS FORM.	Market Market	(Do not fill up. F	For CSC use on
I. PERSONAL INFORMATIO									
2. SURNAME	LUNTAYAO						NAME EXTENSION (JR	CDI	
FIRST NAME	RYLAH MARI	E					NAME EXTENSION (JR	L, SK)	
MIDDLE NAME	SANTILLAN								
DATE OF BIRTH (mm/dd/yyyy)		06/27/1999		16. CITIZENSHIP		☑ Filipino □	Dual Citizenship		
4. PLACE OF BIRTH		BAYBAY CITY		If holder of dual citize	nobin			by natural	ization
				please indicate the de			Pls. indicate o	ounuy.	
5. SEX	☐ Male		Female					OUEZON OTDE	Y
6 CIVIL STATUS	✓ Single Widowed		Married Separated	17. RESIDENTIAL ADDRESS	Ho	use/Block/Lot No.	M.L.	QUEZON STREE Street	21
	Other/s:				Su	ubdivision/Village		ZONE 18 Barangay	
7. HEIGHT (m)	NECES TO A STATE OF THE PARTY O	1.50		F. D. Y. & SA. 1914 (1919)		BAYBAY CITY City/Municipality		LEYTE Province	MANUAL TO SERVICE STATE OF THE PARTY OF THE
8. WEIGHT (kg)	Tilbane a	65		ZIP CODE			6521		
9. BLOOD TYPE	AW	0	end Highway	18. PERMANENT ADDRESS	H	use/Block/Lot No.	M.L.	QUEZON STREE	er scoppe
10. GSIS ID NO.	AM	NONE	atus	brus (sun (* tanod)	No. 27	Smalled of Them wells	dark maket	ZONE 18	gencies
1' 74G-IBIG ID NO.		NONE			St	abdivision/Village BAYBAY		Barangay LEYTE	
12 PHILHEALTH NO.		13-252295305-	2	ZIP CODE	(City/Municipality	6521	Province	
			4						
13. SSS NO.		3511078421		19. TELEPHONE NO.			NONE		-
14. TIN NO.		360-639-570		20. MOBILE NO.		0	9518287117		
15. AGENCY EMPLOYEE NO.		O18K028		21. E-MAIL ADDRESS (if any)		rylahmarielu	ntayao@gma	il.com	
II. FAMILY BACKGROUNE					SO VIVE 40			DATE OF DID	T11 111
22. SPOUSE'S SURNAME FIRST NAME		NA	NA	NAME EXTENSION (JR., SR)	23, NAME OF CH	HILDREN (Write full name and	o list all)		TH (mm/dd/yyyy
MIDDLE NAME		NA	NA						WA .
OCCUPATION			NA						
EMPLOYER/BUSINESS NAME			NA						
RIJSINESS ADDRESS			NA						
EPHONE NO.			NA						
24. FATHER'S SURNAME	LUNTAYAO								
FIRST NAME	ROGELIO								
MIDDLE NAME	NICOS								
25. MOTHER'S MAIDEN NAME									
SURNAME	SANTILLAN								
FIRST NAME	CHONA								
MIDDLE NAME	HERNENDO					(Continue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND								
26. LEVEL		NAME OF SCHOO (Write in full)	L	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED
ELEMENTARY	GAA	S ELEMENTARY S	CHOOL	Primary 6d	vation		NA	2011	Salutatoria
SECONDARY	BAYBA	Y NATIONAL HIGH	SCHOOL	Primary & High School	ol		NA	2015	5th HONORABLE MENTION
VOCATIONAL / TRADE COURSE		NA		NA	1		NA	NA	NA
COLLEGE	VISA	YAS STATE UNIVE	RSITY	BACHELOR IN SECONDARY	EDUCATION		NA	2019	NONE
GRADUATE STUDIES									
SIGNATURE		-	C	(Continue on separate sheet if nec	ossary)	DATE	3/2	R/22	

CARE	ER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF	排門以 67性:	172		LICENSE (if a	opplicable)
BA	SPECIAL LAI RANGAY ELIGIBIL	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA		RMENT	NUMBER	Date
Li	cense Prefess	ional Teacher	76.8	01/30/2022	Teeleber		arti (4.90m) (5.5		Validi
		Total Todolioi	70.0	01/30/2022	Tacloban	uity, Leyte	IND OWN LING	Edine dayloy	THE AR
							DAYATHAL		1800
							THE REAL PROPERTY.		
-	-						RALETMAR		1000
4000	elendro vi 🗍		R D Labor		agrib at 1	10E1122/00			in (d)
	yittees	Pa yelona		CONTRACTOR OF SERVICE	No.	D YARYAS			R 31 35
				etis et te te unic	(ii) Poissin		aldri [T		
-			(C	ontinue on separate sheet if	necessary)				
	EXPERIENCE ste employme	nt. Start from your recei	nt work) Descript	tion of duties should h	a indicated in the attack	and Work E	vacriones che		
INCLU	JSIVE DATES						SALARY/ JOB/ PAY		000
	m/dd/yyyy)	(Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (# applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	То					-	NOREMENT		(310)
3/16/2020	present	Administrativ			c Works and Highways	10494.00	N/A	Job Order	Yes
/28/2019	09/05/2019	Sales Marketing and	Ticketing Clerk	Quest Tra	vel and Tours	6500,00	N/A	N/A	N/A
	pressA					-BION			COMME
		1536		18000	24	STREET, E			in seh
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NAME OF THE OWNER, OF THE OWNER, OF THE OWNER,	and the last	Commence and the	ON PERSONAL PROPERTY.		All			- 10-3	De tay
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				MOAUBHANE					
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SIGNA	ATURE	F	-)		DATE		3/	29/22	

VI. VOLUNTARY WORK OR INVOLVEMENT	N CIVIC / NON-GOVERNMENT / I	PEOPLE / VOL	UNTARY OR	GANIZATIONS	;		
29. NAME & ADDRESS OF O			/E DATES (d/yyyy) To	NUMBER OF HOURS	t-omegack	POSITION / N	ATURE OF WORK
N/A	av 🛮 🔝		Yasayol	- Camer Em	ini Inemney	oo kaa Jad	b. withirt the fourth disgress
	H YES, give details						
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ON IN	20V II						
	alistab evin ,83Y1i				and the ent	an nelligio i	lienimo need doy evan, d
	Date Fled						
VII. LEARNING AND DEVELOPMENT (L&D) I		tinue on separate s IGRAMS ATTL					
Start from the most recent L&B/training program and inclu				let/Executive Mana	gerial positions)	-	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	ATTEN	DATES OF DANCE (dyyyy)	NUMBER OF HOURS	Type of LD (Managenal/ Supervisory/	co	NDUCTED/ SPONSORED BY (Write in full)
90.00	9610	From	То		Technical/etc)		PUBLICATION SERVICES
Sign Language Interp	retation	03/08/2022				SALES ICAN	w Era University (Main)
ON 🖾	ASA 🔲 Nas	act year (exc	ext odly 8	eri molibella le	national ox for	s or alabiting	a. A Have you ever been a o deminay election?
	If YES, give detail						
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	If YES, please specify						
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And the second s	III YES, please special						
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		ntinue on separate	sheet if necessar	ń			Con Constitution and the Constitution of the C
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NOI	N-ACADEMIC DISTI (Write)	NCTIONS / RECOG te in full)	SNITION		33. MEMBEI	RSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	1 7-	N/	4			Olo	NA
	side the bas)	o (p/2) material					DANSEL SALE BRANCHES OF SKILL
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	SAMARI	20 1.81	STATE OF	19	N		BL XOR
	(Co	ntinue on separate	sheet if necessar	Name and Address of the Owner, where			
SIGNATURE	1 -	7	NA ANAGARA	D	ATE		3/29/92 CS FORM 212 (Revised 2017), Page 3 of 4
CHARLES AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER,							OUT OTHER ETE (HONGOO 2017), Page 3 OF

chief of bureau or office or to the person who has immediate	g or recommending authority, or to the		Harris Charles	
Bureau or Department where you will be apppointed,	e supervision over you in the Office,	HORAXA	400 TO TRACE	and the second
a. within the third degree?		☐ YES	✓ NO	
b. within the fourth degree (for Local Government Unit - Car	rear Employees\2	YES	☑ NO	
b. Within the local degree (for Local Government Offic - Car	eer Employees) !	If YES, give de		
5. a. Have you ever been found guilty of any administrative off	ense?		D 400	
x and the second		☐ YES If YES, give de	lails:	
b. Have you been criminally charged before any court?		YES	✓ NO	
		If YES, give del		
		Status of Case/		
6. Have you ever been convicted of any crime or violation of an any court or tribunal?	YES If YES, give de	☑ NO tails:	A CANONINA IN 197	
7. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er (abolition) in the public or private sector?		☐ YES If YES, give de	☑ NO tails:	Lingl8
a. Have you ever been a candidate in a national or local ele Barangay election)?	YES If YES, give do	☑ NO etails:		
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	YES If YES, give do	etails:		
Have you acquired the status of an immigrant or permanent	YES If YES, give de	NO tails (country):		
D. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).				
Are you a member of any indigenous group?		☐ YES If YES, please spe	ecify:	
Are you a person with disability?		YES If YES, please spe	☑ NO	
Are you a solo parent?		YES If YES, please spe	☑ NO	
REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
NAME	ADDRESS	TEL. NO.		
JASON LAGUNA	HIPUSNGO BAYBAY LEYTE	9069273509		
EMMALINDA MODINA	ZONE 18 BAYBAY LEYTE	9978738118		
EMMALINDA MODINA ROCHELYN BAGARINAO	ZONE 18 BAYBAY LEYTE HIPUSNGO BAYBAY LEYTE			
	HIPUSNGO BAYBAY LEYTE d this Personal Data Sheet which is a transfer laws, rules and regulations of the entative to verify/validate the contents state	2000 3 77027 rue, correct and Republic of the ad herein.	RY4	AH MARIE WUTAYAO
ROCHELYN BAGARINAO 2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized representation made in this documents.	HIPUSNGO BAYBAY LEYTE d this Personal Data Sheet which is a transfer laws, rules and regulations of the entative to verify/validate the contents state	2000 3 77027 rue, correct and Republic of the ad herein.	RY4	AH MARIE WUTAYAO
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ROCHELYN BAGARINAO 2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertire Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me. Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Employee ID ID/License/Passport No.: 018K028 Date/Place of Issuance: 03/16/2020 SUBSCRIBED AND SWORN to before me this	HIPUSNGO BAYBAY LEYTE d this Personal Data Sheet which is a transfer laws, rules and regulations of the centative to verify/validate the contents state arment and its attachments shall caus Signature (Sign inside the binary 2002) Date Accomplished AR 2 9 2022	rue, correct and Republic of the ad herein. I be the filling of ox)		PHOTO
ROCHELYN BAGARINAO 2. I declare under oath that I have personally accomplisher complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this doct administrative/criminal case/s against me. Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Employee ID ID/License/Passport No.: 018K028 Date/Place of Issuance: 03/16/2020	HIPUSNGO BAYBAY LEYTE d this Personal Data Sheet which is a tracent laws, rules and regulations of the entative to verify/validate the contents state arment and its attachments shall caus Signature (Sign inside the best Signature (Sign inside the best Signature) Date Accomplished	rue, correct and Republic of the ad herein. I be the filling of and and and and and and and an	ed government IC	PHOTO Right Thumbmerk