CS Form No. 212 Revised 2017	DEDOO	NAL DAT						
	PERSO	NAL DAT	A SI	1EE	Г			A TONING
concerned. READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and th	HEET (PDS) BEFORE ACCO	MPLISHING 1	THE PDS FO		ve/criminal case/	's against the	person
Print legibly. Tick appropriate boxes	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE		1. CS ID No		(Do not fill up.	For CSC use only)
I. PERSONAL INFORMATIO								
2. SURNAME	SANTILLAN					NAME EXTENSION (J	R., SR) N/A	A
FIRST NAME	MA. CRISELDA							
MIDDLE NAME	ABORQUE							
DATE OF BIRTH     (mm/dd/yyyy)	11/07/1999	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth			☐ by naturalization		
4. PLACE OF BIRTH	CARIGARA LEYTE	If holder of dual citize	enship,			Pls. indicate country:		
5. SEX	☐ Male ☐ Female	please indicate the d	etails.	Philippine	s	~		
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village			N/A Street SAN PEDRO Barangay		
7. HEIGHT (m)	1.52		TUNGA City/Municipality			LEYTE Province		
8. WEIGHT (kg)	47	ZIP CODE		мултинарон			Tiornico	1994 25-164
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		N/A			N/A	
10. GSIS ID NO.	N/A		Нос	ise/Block/Lot I N/A	lo.	Street SAN PEDRO		
			Su	bdivision/Villag	le .	Barangay LEYTE		
11. PAG-IBIG ID NO.	N/A		City/Municipality		Province			
12. PHILHEALTH NO.	N/A	ZIP CODE		6528				
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A		
14. TIN NO.	389-135-057-000	20. MOBILE NO.		09129903519				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		mariacriseldasantillan@gmail.com				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Wri	e full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A			N/A	N/A		
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	SANTILLAN	DATE EXTERIOR (ID. 6D)						
FIRST NAME	CEASAR	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	NARRIDO							
25. MOTHER'S MAIDEN NAME	ABORQUE GILDA CU	ESTA						
SURNAME	SANTILLAN							
FIRST NAME	GILDA							
MIDDLE NAME  III. EDUCATIONAL BACKG	ABORQUE			(C	ontinue on se	parate sheet if nece	ssary)	
	ROUND			Г		HIGHEST LEVEL/		SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	TUNGA CENTRAL SCHOOL	PRIMARY EDUCATION		2006	2012	GRADUATE	2012	N/A
SECONDARY	GREGORIO C. CATENZA NATIONAL HIGH SCHOOL	JUNIOR AND SENIOR HIGH SCHOOL		2012	2018	GRADUATE	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	MAJOR IN VALUES EDU		2018	2022	GRADUATE	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A ontinue on separate sheet if nece	issary)	N/A	N/A	N/A	N/A	N/A
SIGNATURE	Atach.	omande on separate sireet if field	July)	DA	TE	APRIL 1	9, 2013	

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	ONOR AR VECTORARIES REES SPECIAL LAWS VTLUMBELLE YAGRADA	CESF CREE	PUNTONG (If Application)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION (CONFERMENT MENT			LICENSE OF A	Claim of
	907 - Honor Gradu		N/A	JUNE 2022				M/A	MA
				7					
WORK	EXPERIENCE			ottinue on separate sheer i					
INCL.	USIVE DATES INTRIBUTY	POSITION T (Write in full/Do not	TILE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	BALARY/JOB/PAY GRADE (# spsicable)4 STEP (Tomat '00.0")/	STATUS OF APPOINTMENT	GOV'I SERVIC (Y/ N)
From /15/2022	To 02/15/2023	Elementary T		St. Anthony of Padua Tunga Leyte Learning Center Inc.		4000.00	N/A	Part time	N
SIGN	ATURE	Atm (Iw.		linue on separate sheet if	necessary)  DATE	APR	11 19,	2 D 2 3 ORM 212 (Revised 20	



VI. VOLUNTARY WORK OR INVOLVEMENT	'IN CIVIC / NON-GOVERNMEN			Y ORGANIZAT	ION/S			
29. NAME & ADDRESS OF O (Write in full		INCLUSIVE DATES (mm/dd/yyyy) HAMBER OF HOURS				POSITION / NATURE OF WORK		
ASSOCIATION OF VALUES EDUCATION	2018	2022	N/A	N/A				
					1777			
	(6.							
VII. LEARNING AND DEVELOPMENT (L&D (Start from the most recent L&D/training program and inclu	) INTERVENTIONS/TRAINING		ATTENDED		agerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (V/rite in full)		
THE GROUNDWORK OF FILIPINO PHILOSOPHY: TRI	BUTE TO THE FORERUNNERS OF	11/20/2020	To 11/20/2020	8	TECHINICAL	PHILIPPINE NORMAL UNIVERSITY		
FILIPINO PHILOSOPHICAL THOUGHTS  MICROSOFT INNOVATIVE	EDUCATOR	01/28/2022	01/28/2022	8	TECHINICAL	MICROSOFT PHILIPPINES		
CLASSROOM MANAGEMENT IN MICROSOFT T	EAMS COURSE FOR TEACHERS	01/28/2022	01/28/2022	8	MANEGERIAL	DEPERTMENT OF EDUCATION MICROSOFT TEAM		
ACING THE LICENSURE EXAMINATIONFOR TEAC AND LET ACHIEVE		06/26/2022	06/26/2022	8	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
PRACTICE TEACHING IN		08/27/2021	12/6/2021	360	TECHINICAL	LEYTE NORMAL UNIVERSITY		
			lu L					
	(Con	tinue on separate	sheet if nacessare	1				
VIII. OTHER INFORMATION	(Con	In asparate						
31. SPECIAL SKILLS and HOBBIES	32. NON	ACADEMIC DISTII	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
N/A	СОМРЕ	TENCE IN PRA	CTICUM AWA	N/A				
SIGNATURE	Ah. Chr	tinue on separate :	sheet if necessary		TE	APRIL 19, 2023		
	Phis			L		CS FORM 212 (Revised 2017), Page 3 of 4		



Are you related by consanguinity or affinity to the app chief of bureau or office or to the person who has imm Bureau or Department where you will be apppointed, a. within the third degree?      b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administration	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court	☐ YES ☑ NO  If YES, give details:  Date Filed:  Status of Case/s:				
36. Have you ever been convicted of any crime or violatio by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminati out (abolition) in the public or private sector?	☑ YES ☐ NO If YES, give details: END OF TERM				
38. a. Have you ever been a candidate in a national or loc Barangay election)?  b. Have you resigned from the government service du election to promote/actively campaign for a national or	☐ YES ☑ NO If YES, give details: ☐ NO If YES ☐ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perm	☐ YES ☑ NO If YES, give details (country):				
<ul> <li>40. Pursuant fo: (a) Indigenous People's Act (RA 8371); (I 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	If YES, please specify:  ☐ YES  If YES, please specify ID N	NO NO			
41. REFERENCES (Person not related by consanguinity or affinity to ap	plicant /appointee)				
NAME	ADDRESS	TEL. NO.			
MAUREEN N. BERNARDO	TACLOBAN CITY	09176228619	20		
RANDY CHAVEZ	JARO, LEYTE	09464691455	14		
ANA MAE ASTORGA	TUNGA, LEYTE	09164526192			
42. I declare under oath that I have personally accomplied complete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized I agree that any misrepresentation made in this administrative/criminal case/s against me.	ertinent laws, rules and regulations of the representative to verify/validate the contents	Republic of the stated herein.	MACRIGERDA A. SAKITILLAKI		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: Philippine Identification Card  ID/License/Passport No.: 5274-2836-1931-0248	ox)				
Date/Place of Issuance: Tunga, Leyte		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	ENGR. REINBERT C. COSTELLO Municipal Mayor Person Administering Oat	ing his/ber validly issued gover	rnment ID as indicated above.  CS FORM 212 (Revised 2017), Page 4 of 4		