CS Form No. 212 Revised 2017	PERSO	ONAL DA	TA	SHEE	T				
PEAN THE ATTACHED GUIDE	etion made in the Personal Data S	L DATA SHEET (PDS) BEF	ORE ACCO	MPLISHING THE			(Do not fill up. F		
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	s [] ) and use separate sheet if neces	sary. Indicate N/A if not applic	able DO NO	ADDREVIATE.	T. COILDING		Non-Alleria		
PERSONAL INFORMATION	Today days and	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2. SURNAME	BOSOBOSO					NAME EXTEN	SION (JR., SR)		
FIRST NAME	ENA KATHLEEN								
MIDDLE NAME	MAGALLANES							_	
3 DATE OF BIRTH (mm/dd/yyyy)	10/16/1999	16 CITIZENSHIP	Filipino Dual Citize		☐ by birth	enship h 🔲 by naturalization			
4. PLACE OF BIRTH	MAASIN, SOUTHERN LEYTE			200			Pls. indicate country:		
5. SEX	☐ Male ☑ Female	please indicate the di	TUIIO.						
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		House/Block/Lot No Subdivision/Village			Street COMBADO Barangay SOUTHERN LE		
7. HEIGHT (m)	1.524	1		MAASIN CITY City/Municipality		S	Province	TIE	
8. WEIGHT (kg)	46	ZIP CODE		Culturanicana	66	00			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		House/Block/Lot No.			Street		
10. GSIS ID NO.	N/A	Ì		Subdivision/Village			Barangay		
11. PAG-IBIG ID NO	121301724392			MAASIN CITY City/Municipality			Province	YTE	
12. PHILHEALTH NO.	N/A	ZIP CODE			660				
13. SSS NO.	06-4422020-4	19. TELEPHONE NO.	(053) 802 5496						
14. TIN NO.	729-497-390	20. MOBILE NO.	0905-267-4355			description of the second			
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		enak	athleenb	@gmail.	com		
II. FAMILY BACKGROUN			14. (2)	and the second of	CALL TO		DATE OF BIRT	H (mm/dd/s	
2. SPOUSE'S SURNAME	N/A		23. NAME of	CHILDREN (Write full		ail)			
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N	/A	
MIDDLE NAME	N/A								
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A		The C						
TELEPHONE NO.	N/A	g 4 14 14 14 14 14 14 14 14 14 14 14 14 1		V 4	- 1			130	
24. FATHER'S SURNAME	BOSOBO	080	1 W W						
FIRST NAME	RAYNATO	NAME EXTENSION (JR., SR)					W		
MIDDLE NAME	GERON	NG							
25. MOTHER'S MAIDEN NAME				9 -307 21 1	4.5 =				
SURNAME	MAGALLA	MAGALLANES				1-5	4.	_	
FIRST NAME	DELM	A							
MIDDLE NAME	ORAG	3		(Continu	e on separate	sheet if nece	essary)		
III. EDUCATIONAL BACK	GROUND		<b>编作</b> 表示	Ay July and the	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			RE-FEE	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF ATTE	ENDANCE	HIGHEST LEVEL/ UNITS	YEAR GRADUATED	SCHOLARS ACADEM HONOR	

	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS RECEIVED
6. LEVEL	(Write in full)	(Write in full)	From		UNITS EARNED		
ELEMENTARY	SAINT JOSEPH COLLEGE	PRIMARY EDUCATION	2003	2012		2012	CLASS VALEDICTORM
SECONDARY	MAASIN CITY NATIONAL HIGH SCHOOL/SAINT JOSEPH COLLEGE	JUNIOR AND SENIOR HIGH SCHOOL	2012	2018		2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	1 1 504	(i					
COLLEGE	SAINT JOSEPH COLLEGE	BS ACCOUNTANCY	2018	2022	69	2022	CHED
GRADUATE STUDIES		(Continue on separate sheet if necessary)					

	SPECIAL LAV	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE	RATING (II Applicable)	DATE OF EXAMINATION I	PLACE OF EXAMINAT	ION / CONF	ERMENT	LICENSE (II a NUMBER	Date o
		TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				1137733.11	Validity
CARE	ER SERVICE	PROFESSIONAL	85.81	6/19/2022	NEW ORMOC CITY NAT	IONAL HIGH	II SCHOOL		
			Contin	ua on separate sheet if	nacassary)				
WORK I	EXPERIENCE ate employm	ent. Start from your re	<b>以上</b> 社会不完全		ld be indicated in the a	u opisali	loik Experi	ince sheet	
INCLU	SIVE DATES (MACHINEY)	POSITION (Write in full/Do not	TITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY (Do not abbreviate)	MONTHLY SALARY	SALARY/JOB/ PAY CRADE M application STEP (Format 100 0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
7/1/2018	6/1/2022	SANGGUNIANG KABATA	AN CHAIRPERSON	BARANGAY COM	MBADO, MAASIN CITY	8500.00		ELECTED	Y
//26/2022	10/26/2022	PRODUCTION SUPERVISOR		SNAPSNAX	SNAPSNAX VENTURES INC.			PERMANENT	N
	1								
79.0-7		1							
p. 12 - 12									
		-							
-									
	1								
		42.4.4							
e de la companya de l	~ ~ ~	2-3- p	Sec. 1.15	11 11 11 19				7 18 3	
		(Kind)		e e					
THE PARTY NAMED IN	v								
56	1	- April		enga ng amulz		4			
	Construct K		(Contin	nue on separate sheet if		of a state			
SIGNA	ATURE		13:		DATE			2/5/2022 FORM 212 (Revised 2	rd.

9.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS			
		From To					
_	NA	N/A	N/A	N/A		N/A	
		(Conti	nue on separate s	heet if necessary)	5005 UN OUT		
L	EARNING AND DEVELOPMENT (LSD)	INTERVENT	ONSTRAINI	IG PROGRAM	IS ATTENDED	out to call the Managarial positions)	
M	EARNING AND DEVELOPMENT (LSG) in the most recent LSG/melology program and Inclu	INCLUSIVE	DATES OF	(0, 10, 100 la 1 lv		CONDUCTED/ SPONSORED BY	
	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	(Managerial/ Supervisory/	(Write in full)	
	(Write in full)	From	To		Technical/etc)	CRISTILITO P. MARCOJOS, PME,	
	MANAGEMENT WORKSHOP FOR	7/19/2022	7/21/2022	24	MANAGERIAL / SUPERVISORY	MDP / KUTING REEF RESORT	
:NI	REPRENEURS AND KEY PERSONNEL						
===							
_							
_							
			_				
_							
				-			
	41.00					V Luc	
	1.7					1.00	
		STREET, STREET	e on separate she	<b>也不是是我们的国际</b>			
O)	HER INFORMATION	to the second	的一种特	100 P 100 P 100 P	TOUR BOOK	MEMBERSHIP IN	
	SPECIAL SKILLS and HOBBIES	NON-A	CADEMIC DISTING	CTIONS / RECOGN	ITION	<ol> <li>ASSOCIATION/ORGANIZATION</li> </ol>	
	, <del></del>		N/			(Write in full) SAINT JOSEPH COLLEGE, ALUMNI FOUNDAT	
	PEOPLE SKILLS		N/	<u> </u>		INC. NEW GUARDIANS FOR FREEDOM AND	
SINGING						DEMOCRACY INC.	
	1		1			7.15	
		2 7	to Body		1 3	Hard Control	
1	The state of the s		=4			ASSESSMENT OF THE PARTY OF THE	
1	The Raman Committee of the					The same of the sa	
	.2 12.4		Caraca and			三百万元 江	
	- 4	(Continue	on separate shee				
	SIGNATURE	18	1	DAT	E	12/5/2022	

34	A						
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has imposting	or recommending authority, or to					
18	chief of bureau or office or to the person who has immediate Bureau or Department where you will be appropriated	supervision over you in the					
	Bureau or Department where you will be approinted, a. within the third degree?	7== 111110					
		☐ YES ☑	NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑	NO				
	The same of the sa	If YES, give details:					
20		'					
35.	a. Have you ever been found guilty of any administrative office	ense?	YES 🗹	NO			
			If YES, give details:				
7			11 120, give domina				
	b. Have you been criminally about 4 by						
	b. Have you been criminally charged before any court?	☐ YES ☑ NO					
		If YES, give details:					
	CALL ST D	Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an		Status of Casers.				
	regulation by any court or tribunal?	ly law, decree, ordinance or		Z NO			
			If YES, give details:				
27							
37.	Have you ever been separated from the service in any of the	e following modes: resignation,		□ NO			
	retirement, dropped from the rolls, dismissal, termination, er phased out (abolition) in the public or private sector?	nd of term, finished contract or	If YES, give details:				
38	a Have you ever been a condition in private sector?						
<b>30</b> .	<ul> <li>a. Have you ever been a candidate in a national or local ele- (except Barangay election)?</li> </ul>	ction held within the last year	☐ YES ☑ NO				
			If YES, give details:				
I	b. Have you resigned from the government service during the	ne three (3)-month period before	☐ YES ☑ NO				
-	the last election to promote/actively campaign for a national		If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	□ YES □ NO					
		7	If YES, give details (country):				
			3				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons		# D			
1	(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88						
a.	Are you a member of any indigenous group?	☐ YES	☑ NO				
b.	Are your a name of the disability O	If YES, please specify:					
<b>.</b>	Are you a person with disability?		☐ YES If YES, please specify I	☑ NO			
C.	Are you a solo parent?		YES	ID NO			
	,		If YES, please specify				
41	REFERENCES (Person not related by consanguinity or affinity to applican	1 formalistus)					
71.				and the second s			
	NAME	ADDRESS	TEL. NO.				
	POCHOLO QUIDANGEN, CPA, MBA-EDP	TORIL, DAVAO CITY	0966-300-2314				
	ATTY, JEZZENE GAIL R. PALER-ACASIO	MAASIN CITY, SOUTHERN LEYTE	0915-147-4061				
			0313-147-4001				
-	TRISTAN JUN G. ESCLAMADO, CPA, MBA	MAASIN CITY, SOUTHERN LEYTE	0915-977-8636	6.4			
42.	The state of the s						
1	and complete statement pursuant to the provisions of pertin						
1	the Philippines. I authorize the agency head/authorized re herein. I agree that any misrepresentation made in t			ENA KATHILLEN M. BOSOBOSO			
	filing of administrative/criminal case/s against me.	nis document and its attachments	silaii cause ule	CRA HATTICEEN M. DOSOBOSO			
				· To service			
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
P	LEASE INDICATE ID Number and Date of Issuance	182					
G	overnment issued ID: BIR TIN ID						
ID	/License/Passport No.: 729-497-390	ne box)					
	AND THE STATE OF T	ile boxy	Name of the last o				
P	ate/Place of Issuance: 09/06/2018 / BIR - MAASIN CITY	ed	Right Thumbmark				
	SCRIBED AND SWORN to before me this DEC 0 5 202	MATTY AEMILDA B.M	ADREDIJO				
SUB	SCRIBED AND SYLORIV (D DEIOIB HIE GIIS	ATTY AEMILDA B. M. Northan exhibiting his/let / July Commission No.: 29/44/	ussued government ID as	indicated above.			
-	Doc No. 379	BM No.3795	5 1 1 1 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L	and the same of the same			
3.	Page No. 37	022	The same of the sa				
1	Series of 2122	TIN: 167-011-998	d002998	Salarate and the			
		Valid Until April 14, 2025 Macrohon and Massin City Southern erson Administering	Oath				
		Southern Herson Administering	Odu				