| CS Form No. 212<br>Revised 2017                | PERSO  | NAL DAT                                 | A SH         | IEET                      | Γ               |                                  |                          |  |
|--|--|---|--------------|---------------------------|-----------------|----------------------------------|--------------------------|--|
| WARNING: Any misrepresent                      | ation made in the Personal Data Sheet a  | and the Work Experience:                | Sheet shall  | cause the                 | filing of a     | lministrative/cn                 | iminal case/s            | sagainst the                                   |
| person concerned.<br>READTHE ATTACHED GUIDE TO | OFILLINGOUT THE PERSONAL DATASHEE  | T (PDS) BEFORE ACCOMP                   | LISHINGTHE   | PDS FORM                  | 1               |                                  |                          |  |
| Printlegibly.Tickapprop  I. PERSONAL INFOR     | ate boxes ( ) and use separate she   | et if necessary.Indicate                | e N/A if not | applicat                  | 1.CS IDN        | (Do not fi                       | ill up. For CS           | C use only)                                    |
| 2. SURNAME                                     | BADILLA  |   |              |                           |                 |                                  |                          |  |
|  |  |   | -            |                           |                 | NAME EXTENSION                   | (UR, SR)                 |  |
| FIRST NAME                                     | FEBIEALLYSSA   | -                                       |              |                           |                 |                                  |                          |  |
| MIDDLE NAME                                    | CAMPANERO  |   |              |                           |                 |                                  |                          |  |
| 5. DATE OF BIRTH<br>(mm/dd/yyyy)               | 2 (2 (4007)  | 16. CITIZENSHP                          |              |                           |                 |                                  |                          |  |
| 4. PLACE OF BIRTH                              | 2/8/1997<br>GIPORLOS EASTERNSAMAR  | If holder of dual citi                  | zenship,     |                           |                 | Pls.indi                         | cate count               | ry:  |
| 5. SEX   |  | please indicate the                     | details.     |                           |                 |                                  |                          |  |
| 6 CIVIL STATUS                                 |  | 17. RESIDENTIAL ADDRE                   | ŀ            | louse #15                 | -               | -                                | Purok 4                  |  |
| O CIVIL STATES                                 |  |   | House        | /Block/Loi                | No.             | Ba                               | Street<br>gong Buhay     | ,  |
| -  |  |   |              | ivision/Vill<br>Ormoccity | age             |                                  | <i>Barangay</i><br>Levte |  |
| 7. HEIGHT (m)                                  | 149CM  |   |              | Municinal.                | tv              |                                  | Province .               |  |
| 8. WEIGHT (kg)                                 | 64KG   | ZIP CODE                                |              |                           |                 | 6541                             |                          |  |
| 9. BLOODTYPE                                   | "AB"   | 18. PERMANENT ADDRE                     |              | buse #15<br>/Block/Lo     | t No.           |                                  | Purok 4<br>Street        |  |
| 10. GSIS IDNO.                                 | none   |   |              | Bliss<br>ivision/Vill     |                 |                                  | gong Buhay<br>Barangay   |  |
| 11. PAG-IBIG ID NO.                            | 121259617799   |   |              | Отос с                    | ity             |                                  | Leyte                    |  |
|  |  |   | City/        | <u>Municipal</u>          | ty              |                                  | Province                 |  |
| PHILHEALTHNO.     SSS NO.                      | 13-252951159-4   | ZIP CODE<br>19. TELEPHONE NO.           |              | 6541                      |                 | 3-5607661                        |                          |  |
| 14. TIN NO.                                    | 754-974-181-000  | 20. MOBILE NO.                          |              |                           |                 | 63642308                         |                          |  |
| 15. AGENCY EMPLOYEE NO.                        | none   | 21. E-MAIL ADDRESS (if                  |              | fe                        |                 | ssa@gmail.                       | com                      |  |
| II. FAMILY BACKGRO                             |  |   |              |                           | Dicutty:        | od C gridit                      | <u></u>                  |  |
| 22 SPOUSE'S SURNAME                            | none   |   |              | f CHILDRE                 | N (Write f      | ull name and                     |                          | RTH(mm/dd/                                     |
| FIRST NAME                                     | n/a  | NAME EXTENSION (JR, SR)                 | list all)    | -                         | none            | -                                |                          | yy)<br>one                                     |
| MIDDLE NAME                                    | n/a  |   |              |                           | n/a             | -                                | $\vdash$                 | one .  |
| OCCUPATION                                     |  | -                                       |              |                           | n/a             | -                                | _                        |  |
|  | n/a  | -                                       |              |                           | n/a             | -                                | _                        | ne   |
| EMPLOYER/BUSINESS NA                           | n/a  |   |              |                           | n/a             | -                                | _                        | one  |
| BUSINESS ADDRESS                               | n/a  |   |              |                           | n/a             | -                                | _                        | one  |
| TELEPHONE NO.                                  | n/a  |   |              |                           |                 | -                                | nc                       | one  |
| 24:ATHER'S SURNAME                             | BADILLA  | NAME EXTENSION (JR, SR)                 |              |                           |                 | -                                |                          |  |
| FIRST NAME                                     | RUSTICO  |   |              |                           |                 | -                                |                          |  |
| MIDDLE NAME                                    | BAGULAYA   |   |              |                           |                 | -                                |                          |  |
| 25 MOTHER'S MAIDEN NAME                        | · · · · · · · · · · · · · · · · · · ·  |   |              |                           |                 | -                                |                          |  |
| SURNAME  | CAMPANERO  |   |              |                           |                 |                                  |                          |  |
| FIRST NAME                                     | LOLITA   |   |              |                           |                 |                                  |                          |  |
| MIDDLE NAME                                    | BUENAFE  |   |              | (Contin                   | ue on sepa      | arate sheet if n                 | ecessary)                |  |
| III EDUCATIONAL E                              | ACKGROUND  | 1                                       |              |                           |                 | HIGHEST LEVEL/                   |                          | COLOL A POLICA                                 |
| 26. LEVEL                                      | NAME OF SCHOOL<br>(Write in full)  | BASIC EDUCATION/DEGR<br>(Write in full) | EE/COURSE    |                           | ATTENDANG<br>To | UNITS EARNED  (if not graduated) | YEAR<br>SRADUATED        | Scholarship/<br>Academic<br>Honors<br>Received |
| ELEMENTARY                                     | ORMOCCITY CENTRAL SCHOOL   |   |              | From <b>2002-</b>         | 2009-           | GRADUATE                         | 2009                     |  |
| SECONDARY                                      | NEWORMOCCITY NATIONAL HIGH<br>SCHOOL   |   |              | 2009-                     | 2013-           | GRADUATED                        | 2013                     |  |
| VOCATIONAL /<br>TRADE COURSE                   | Juliu  |   |              | $\vdash$                  |                 |                                  |                          |  |
| COLLEGE  | VISAYAS STATE UNIVERSITY-MAIN<br>CAPUS   | BACHELOR OF ANIMAL                      | SCIENCE      | 2014-                     | 2019-           | GRADUATE                         | 2019                     |  |
| GRADUATE STUDIES                               | SAINT PETER'S COLLEGE OF ORMOC   | TEACHERCERTIFICATE                      |              | 2020-                     | PRESEN          | 18UNITS                          |                          |  |
|  |  | ue on separate sheet if n               |              | <u> </u>                  | ĮΤ              |                                  |                          |  |
| SIGNATURE                                      | C1: A  | : 10.                                   |              | DA                        | ΤE              | Oct                              | ober 1, 202              | )  |
|  | The state of the s | WU/                                     |              |                           |                 | CS FORM                          | 1212 (Revised 20         | 117), Page 1 of 4                              |

| IV. CIVIL S | SERVICE EL  | LIGIBILITY                                |                 |                          |                               |                   |  |                          |                     |
|-------------|-------------|---|-----------------|--------------------------|-------------------------------|-------------------|--|--------------------------|---------------------|
|             |             | RA 1080 (BOARD/ BAR)<br>L LAWS/ CES/ CSEE | RATING          | DATE OF<br>EXAMINATION / | PLACE OF EXAMINA              | TION / CON        | FERMENT                                  | LICENSE (if a            |                     |
|             |             | ITY / DRIVER'S LICENSE                    | (If Applicable) | CONFERMENT               | TEACE OF EXAMINA              |                   | LINFLIN                                  | NUMBER                   | Date of<br>Validity |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 | -                        |                               |                   | -  |                          |                     |
| -           | •           |   |                 | -                        |                               | -                 | -  |                          |                     |
| -           |             |   |                 | -                        |                               | -                 | -  |                          |                     |
|             |             |   |                 | -                        |                               | -                 | -  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               | -                 | -  |                          |                     |
|             |             |   | (Continu        | ie on separate shee      | t if necessary)               |                   |  |                          |                     |
|             | EXPERIEN    | CE<br>loyment. Start from                 | Vour recent w   | ork) Doccrintion         | of duties should be           | indicato          | d in the at                              | tached Work              | Evporion            |
| 28. INCLU   | JSIVE DATES |   |                 |                          | / AGENCY / OFFICE /           |                   | SALARY/ JOB/<br>PAYGRADE(if              |                          | GOVT                |
| (mm         | n/dd/yyyy)  | POSITION 1<br>(Write in full/Do no        |                 | CC                       | OMPANY<br>/Do not abbreviate) | MONTHLY<br>SALARY | applicable)&<br>STEP (Format"<br>00-0")/ | STATUS OF<br>APPOINTMENT | SERVICE<br>(Y/ N)   |
| From        | To          | MEDICAL CALECTE                           | DDECENITATIVE   | LAB COLLITIO             | N TECHNOLOGIES,               | 40.000            | INCREMENT                                | TEMPORAR                 | NI.                 |
| 7/24/2020   | 7/31/2020   | MEDICAL SALES RE                          | PRESENTATIVE    |                          | INC.                          | 10, 000           | 10,000                                   | Y                        | N                   |
| -           |             |   | -               | -                        | -                             |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             | ,   | -               | -                        | -                             |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             | ,   |                 |                          |                               |                   |  |                          |                     |
|             |             |   | -               |                          | -                             |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 | -                        |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
| ,           |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   | -               | -                        |                               |                   |  |                          |                     |
|             |             | ,   | _               | -                        |                               |                   |  |                          |                     |
| -           |             |   |                 | -                        |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   | -               |                          |                               |                   |  |                          |                     |
| -           |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   | -               |                          |                               |                   |  |                          |                     |
|             |             |   | -               | -                        |                               |                   |  |                          |                     |
|             |             |   | -               | -                        | -                             |                   |  |                          |                     |
| -           |             |   |                 | -                        |                               |                   |  |                          |                     |
|             |             |   |                 |                          |                               |                   |  |                          |                     |
|             |             |   | (Continu        | ie on separate shee      | t if necessary)               |                   |  |                          |                     |
| SIGNA       | ATURE       | Lister                                    | Jelille         |                          | DATE                          |                   | 10/01/2020                               |                          |                     |
|             |             | (5)                                       | W               | Edit wit                 | h WPS Office                  |                   | CS FORM 21.                              | 2 (Revised 2017),        | Page 2 of 4         |

| VI. VOLUNTARY WORK OR INVOLVEME                           | NT IN CIVIC / NON-GOVERN      | IMENT/PEC                | OPLE / VOLU                   | INTARY ORG      | GANIZATION/   | S  |
|---|-------------------------------|--------------------------|-------------------------------|-----------------|---|--|
| 29. NAME & ADDRESS OF C<br>(Write In fu                   |                               |                          | VE DATES<br>d/yyyy)<br>To     | NUMBER OF HOURS |   | POSITION / NATURE OF WORK                                  |
| N/A   |                               | N/A                      | N/A                           | N/A             | N/A   |  |
|   |                               |                          |                               |                 |   |  |
|   | -                             |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               | ue on separate           |                               |                 |   |  |
| VII. LEARNING AND DEVELOPMENT (L                          | .&D) INTERVENTIONS/TRAIN      | I                        |                               | IDED            |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INT<br>(Write in fu | TERVENTIONS/TRAINING PROGRAMS | ATTEN                    | DATES OF<br>IDANCE<br>d/yyyy) | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                 |
| PRODUCT TRAINING  |                               | 7/25/2019                | 7/30/2019                     | 42.0            | TECHNICAL   | 3/F ALP TOWER 609 TRES DE ABRIL ST.,                       |
| FIELD TRAINING ON PRODUCT SELLING                         |                               | 8/1/2019                 | 8/30/2019                     | 240.0           | TECHNICAL   | LABANGON, CEBU CITY, LEYTE/ LAB SOLUTION                   |
| PRODUCT TRAINING  |                               |                          |                               |                 | TECHNICAL   | TACLOBAN CITY  |
|   |                               | 12/16/2019               | 12/18/2019                    | 32.0            |   | ALP TOWER/ CEBU CITY                                       |
| FRUIT GROWER CERTIFICATE IN TESDA                         |                               | 6/18//2020               | 6/18/2020                     | 5.0             | TECHNICAL   | ONLINE COURSE BY TESDA                                     |
| ,   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
| ,   |                               |                          |                               |                 |   | , ,  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
| ,   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 |   |  |
| AND OTHER DESCRIPTION                                     | (Contin                       | ue on separate           | sheet if necessa              | ry)             |   |  |
| VIII. OTHER INFORMATION                                   |                               | 018                      |                               |                 |   |  |
| 31. SPECIAL SKILLS and HOBBIES                            | 32. NON-A                     | CADEMIC DISTII<br>(Write | NCTIONS / RECC<br>in full)    | GNI FION        |   | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| N/A   |                               | N/A                      | A                             |                 |   | N/A  |
|   |                               |                          |                               |                 |   |  |
|   |                               | -                        | -                             | -               | -   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               |                          |                               |                 | -   |  |
|   |                               |                          |                               |                 |   |  |
|   |                               | -                        |                               |                 |   |  |
|   | (Contin                       | ue on separate .         | sheet if necessa              | ry)             |   |  |
| SIGNATURE   |                               | Witwit                   |                               |                 | ATE   | 10/01/2020   |
|   | ()                            | WIL                      | II WPS C                      | шсе             |   | CSFORM 212 (Revised 2017), Page 3 of 4                     |
|   | <b>–</b> (                    |                          |                               |                 |   |  |

| 34.                      | Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be apppoint.  |  |  |                               |
|--------------------------|--|--|--|-------------------------------|
|                          | a. within the third degree?  | ,  |  |                               |
|                          | b. within the fourth degree (for Local Governme  | nt Unit - Career Employees)?   |  |                               |
|                          | <b>3</b>   | ' '  | If YES, give details:  |                               |
|                          |  |  | , ,  | N/A                           |
| 35                       | a. Have you ever been found guilty of any admir  | nistrative offense?  |  |                               |
| 55.                      | , , ,  |  | If YES, give details:  |                               |
|                          |  |  | -, 5   | N/A                           |
|                          |  |  |  | -                             |
|                          | b. Have you been criminally charged before any   | court?   | 167,420  |                               |
|                          |  |  | If YES, give details:  |                               |
|                          |  |  | Date Filed:<br>Status of Case/s:   | N/A<br>N/A                    |
|                          |  | Status of Case/s:  | IN/A   |                               |
| 36.                      | Have you ever been convicted of any crime or viordinance or regulation by any court or tribunal?   |  |  |                               |
|                          | ordinance of regulation by any court of tribunat.  | If YES, give details:  |  |                               |
|                          |  |  | <del> </del>   | N/A                           |
| 37.                      | Have you ever been separated from the service  |  |  |                               |
|                          | resignation, retirement, dropped from the rolls, finished contract or phased out (abolition) in the  |  | If YES, give details:  | IGNATION                      |
| 38.                      | a. Have you ever been a candidate in a national  | or local election held within the last   |  |                               |
|                          | year (except Barangay election)?   |  | If YES, give details:  | N/A                           |
|                          | b. Have you resigned from the government serv  | rice during the three (3)-month  |  |                               |
|                          | period before the last election to promote/activ   | ely campaign for a national or local   | If YES, give details:  | N/A                           |
| 39                       | candidate?<br>Have you acquired the status of an immigrant o   | r permanent resident of another  | <del>-</del> <del>-</del>  |                               |
| 57.                      | country?   |  | If YES, give details (countr   | v):                           |
|                          |  |  |  | N/A                           |
| 40.                      | Pursuant to: (a) Indigenous People's Act (RA 837   | 1): (b) Magna Carta for Disabled   |  |                               |
|                          | Persons (RA 7277); and (c) Solo Parents Welfare  |  |  |                               |
|                          | a manual a tha fall anni ma tha ma   |  |  |                               |
| a.                       | Are you a member of any indigenous group?  |  |  |                               |
| a.                       | Are you a member of any indigenous group?  |  | If YES, please specify:  | N/A                           |
| a.<br>o.                 | Are you a member of any indigenous group?  Are you a person with disability?   |  |  | N/A                           |
| a.<br>b.                 | Are you a person with disability?  |  | If YES, please specify: If YES, please specify ID No:  | N/A<br>N/A                    |
| a.<br>b.<br>c.           |  |  | If YES, please specify ID No:  | N/A                           |
| a.<br>D.                 | Are you a person with disability?  |  |  | N/A                           |
| c.                       | Are you a person with disability?  |  | If YES, please specify ID No:  | N/A                           |
| c.                       | Are you a person with disability?  Are you a solo parent?  |  | If YES, please specify ID No:  | N/A                           |
| c.<br>41.                | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB  | p applicant /appointee)  ADDRESS   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  | N/A                           |
| c.<br>41.                | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  | p applicant /appointee)  ADDRESS   | If YES, please specify ID No:  | N/A                           |
| c.<br>41.                | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC  | p applicant /appointee)  ADDRESS   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS COGELIO BASA (FACULTY PRESIDENT/ EASTERN  | ADDRESS TACLOBAN CITY BAYBAY CITY  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)   | ADDRESS TACLOBAN CITY BAYBAY CITY ORMOC CITY   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally accor  | ADDRESS TACLOBAN CITY BAYBAY CITY ORMOC CITY mplished this Personal Data Sheet w   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true,   | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)   | ADDRESS  TACLOBANCITY  BAYBAYCITY  ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and   | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according contents and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents statement pursuant to the representative to verify/validate the contents statement pursuant.  | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A                           |
| 41.                      | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according the complete statement pursuant to the regulations of the Republic of the Philippines. I a   | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| 41. M                    | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS COGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according contents and complete statement pursuant to the regulations of the Republic of the Philippines. The representative to verify/validate the contents of the presentation made in this document and in administrative (criminal case (s against mo  | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| 41. M 42.                | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of the Republic of the Philippines. I are presentative for important in this document and in administrative for important in this document and in administrative for important in this document and in administrative for important in this document and in this document and in administrative for important in this document and in this docu | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| 41. M                    | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of the misrepresentation made in this document and in administrative (criminal case (s against motor) overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number in Date of Issuance   | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| 41. M                    | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of the Republic of the Philippines. I are presentative for important in this document and in administrative for important in this document and in administrative for important in this document and in administrative for important in this document and in this document and in administrative for important in this document and in this docu | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| G Li aaa G               | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of the misrepresentation made in this document and in administrative (criminal case (s against motor) overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number in Date of Issuance   | ADDRESS TACLOBANCITY BAYBAYCITY ORMOCCITY  mplished this Personal Data Sheet we provisions of pertinent laws, rules a puthorize the agency head/authorize tated herein. I agree that any   | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A<br>N/A                    |
| 41. M 42. G Li aa G III  | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS COGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents significant in this document and in administrative (criminal costs) (2.00 pinet model) (1.00 pinet in this document and in th | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  mplished this Personal Data Sheet we exprovisions of pertinent laws, rules and the rule of the personal part of the agency head/authorize that any test attachments shall cause the filing state of the personal part of the provisions of pertinent laws, rules and the provisions of pertinent laws, rules are provisions o | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  thich is a true, and ed   | N/A N/A PHOTO                 |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. It are representative to verify/validate the contents of misrepresentation made in this document and it administrative (criminal cases (a passinet moderness) and provernment issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number in Date of Issuance overnment Issued ID: PHILHEALTH/TIN   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  mplished this Personal Data Sheet were provisions of pertinent laws, rules and the personal person | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  thich is a true, and ed   | N/A<br>N/A                    |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of misrepresentation made in this document and in administrative (criminal case) (S. 2023 inst. The covernment Issued ID (I.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number (I.D. PHILHEALTH/TIN)  Viciense/Passport No. 132529511594/754974181000  ate/Place of Issuance: 10/15/2019/ORMOC CITY   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A N/A PHOTO Right Thumbmark |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS COGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents significant in this document and in administrative (criminal costs) (2.00 pinet model) (1.00 pinet in this document and in th | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  thich is a true, and ed   | N/A N/A PHOTO Right Thumbmark |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of misrepresentation made in this document and in administrative (criminal case) (S. 2023 inst. The covernment Issued ID (I.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number (I.D. PHILHEALTH/TIN)  Viciense/Passport No. 132529511594/754974181000  ate/Place of Issuance: 10/15/2019/ORMOC CITY   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A N/A PHOTO Right Thumbmark |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of misrepresentation made in this document and in administrative (criminal case) (S. 2023 inst. The covernment Issued ID (I.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number (I.D. PHILHEALTH/TIN)  Viciense/Passport No. 132529511594/754974181000  ate/Place of Issuance: 10/15/2019/ORMOC CITY   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A N/A PHOTO Right Thumbmark |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of misrepresentation made in this document and in administrative (criminal case) (S. 2023 inst. The covernment Issued ID (I.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number (I.D. PHILHEALTH/TIN)  Viciense/Passport No. 132529511594/754974181000  ate/Place of Issuance: 10/15/2019/ORMOC CITY   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  | N/A N/A PHOTO Right Thumbmark |
| 41. M 42. G Li naa G III | Are you a person with disability?  Are you a solo parent?  REFERENCES (Person not related by consanguinity or affinity to NAME  IRAFLOR C. ECHAGUE (FIELD SUPERVISOR/ LAB SOLUTION TECHNOLOGIES NC.,)  JADE DHAPNEE Z. COMPENDION (ACADEMIC ADVISER/ VISAYAS STATE UNIVERSITY/ BAS ROGELIO BASA (FACULTY PRESIDENT/ EASTERN VISAYAS STATE UNIVERSITY-ORMOC CAMPUS)  I declare under oath that I have personally according correct and complete statement pursuant to the regulations of the Republic of the Philippines. I a representative to verify/validate the contents of misrepresentation made in this document and in administrative (criminal case) (S. 2023 inst. The covernment Issued ID (I.e. Passport, GSIS, SSS, PRC, Driver's PLEASE INDICATE ID Number (I.D. PHILHEALTH/TIN)  Viciense/Passport No. 132529511594/754974181000  ate/Place of Issuance: 10/15/2019/ORMOC CITY   | ADDRESS  TACLOBAN CITY  BAYBAY CITY  ORMOC CITY  Implished this Personal Data Sheet were provisions of pertinent laws, rules a puthorize the agency head/authorize that any its attachments shall cause the filing strated herein. I agree that any its attachments shall cause the filing signature (Sign inside the 10/01/2020  Date Accomplished  | If YES, please specify ID No:  If YES, please specify ID No:  TEL NO.  9367352758  9079963827  9213871387  hich is a true, and ed  of  box)  his/her validly issued government | N/A N/A PHOTO Right Thumbmark |

Yes/No Cstat Gender
Yes Single Male
No Married Female
Separated

Separated