| concerned. READ THE ATTACHED GUIDE TO FI Print legibly. Tick appropriate boxes (1) SURNAME NU FIRST NAME JER MIDDLE NAME BA 3 DATE OF BIRTH (mm/sdfyyy) 4 PLACE OF BIRTH 5 SEX 6 CML STATUS | made in the Personal Data Sheet and the FILLING OUT THE PERSONAL DATA SHE and use separate sheet if necessary, Indicate in the part of the | 16 CITIZENSHIP If holder of dual citizen please indicate the de ZIP CODE 18 PERMANENT ADDRESS | PLISHING THE BBREVIATE. Inship, Inship | FPDS FORM. If CS ID No. If C | JR. Dual Citizenship D by birth Pls. indicate of | Do not fill up Fo by naturalizat country: REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | or CSC use only | |
|--|--|---|--|--|--|--|--|--|
| 2 SURNAME NU FIRST NAME JER MIDDLE NAME BA 3 DATE OF BIRTH (mm/ksdyyyy) 4 PLACE OF BIRTH 5 SEX B 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (m) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO | ALANGALANGLEYTE ALANGALANGLEYTE Alange Female Alange Separated Colorer/s: 1.7m 59kg A+ N/A N/A | 16 CITIZENSHIP If holder of dual crizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub | [2] Filipino ser@lockt.of No. ser@lockt.of No. ser@lockt.of No. ser@lockt.of No. | Dual Citizenship Diby birth Pls. indicate of | D by naturalizatiountry: REAL Street BINCNGTOAN Barangay LEYTE Province REAL Street | | |
| 2 SURNAME NU FIRST NAME JEF MIDDLE NAME BAI 3 DATE OF BIRTH (mm/sdyyyy) 4 PLACE OF BIRTH 5 SEX G 6 CAVIL STATUS 7 HEIGHT (m) 8 WEIGHT (Ng) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO | ALANGALANG LEYTE ALANGALANG LEYTE Alange | If holder of dual otizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | se/BlockLot No odvision/Village LANGALANG ty/Municipality se/Blockt of No | Dual Citizenship Diby birth Pls. indicate of | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | tion • | |
| FIRST NAME MIDDLE NAME BA 3 DATE OF BIRTH (mm/ASHYYY) 4 PLACE OF BIRTH 5 SEX 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIGID NO 12 PHILHEALTH NO. 13 SSS NO. | ALANGALANG LEYTE 3 Male | If holder of dual otizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | se/BlockLot No odvision/Village LANGALANG ty/Municipality se/Blockt of No | Dual Citizenship Diby birth Pls. indicate of | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | tion 🔻 | |
| MIDOLE NAME BAN 3 DATE OF BIRTH (mm/ksdryyy) 4 PLACE OF BIRTH 5 SEX 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIGID NO 12 PHILHEALTH NO. 13 SSS NO. | ALANGALANG LEYTE 3 Male | If holder of dual otizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | se/BlockLot No odvision/Village LANGALANG ty/Municipality se/Blockt of No | Pls. indicate o | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | ₩ | |
| 3 DATE OF BIRTH (mm/ds/byyy) 4 PLACE OF BIRTH 5 SEX 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | 04/02/1993 ALANGALANGLEYTE B Male | If holder of dual otizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | se/BlockLot No odvision/Village LANGALANG ty/Municipality se/Blockt of No | Pls. indicate o | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | ₩ | |
| 4 PLACE OF BIRTH 5 SEX 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | ALANGALANGLEYTE 3 Male | If holder of dual otizen please indicate the de 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | se/BlockLot No odvision/Village LANGALANG ty/Municipality se/Blockt of No | Pls. indicate o | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | ▼ | |
| 5 SEX 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | Male | please indicate the de | Hou Sub A Ci Hou Sub | ichvisionVillage LANGALANG tyrMunicipality ser/BlockLof No | 6517 | REAL Street BINONGTOAN Barangay LEYTE Province REAL Street | • | |
| 6 CIVIL STATUS 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | 3 Single | 17. RESIDENTIAL ADDRESS ZIP CODE 18. PERMANENT ADDRESS | Hou Sub A Ci Hou Sub | ichvisionVillage LANGALANG tyrMunicipality ser/BlockLof No | 6517 | Street BINCNGTOAN Barangay LEYTE Province REAL Street | _ | |
| 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | 1 Widowed | ZIP CODE 18 PERMANENT ADDRESS | Sub A Ci Hour Sub | ichvisionVillage LANGALANG tyrMunicipality ser/BlockLof No | 6517 | Street BINCNGTOAN Barangay LEYTE Province REAL Street | | |
| 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | 1.7m 59kg A+ N/A | 18 PERMANENT ADDRESS | Sub A Ci Hour Sub | ichvisionVillage LANGALANG tyrMunicipality ser/BlockLof No | 6517 | BINCNGTOAN Barangay LEYTE Province REAL Street | | |
| 7 HEIGHT (m) 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO. 11 PAG-IBIG ID NO. 12 PHILHEALTH NO. 13 SSS NO. | 1.7m 59kg A+ N/A | 18 PERMANENT ADDRESS | A Ci Hou | LANGALANG ty/Municipality se/Blockt of No whysion/Village | | LEYTE Province REAL Street | | |
| 8 WEIGHT (kg) 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | 59kg A+ N/A N/A | 18 PERMANENT ADDRESS | Hou: Sub | se/Block/Lof No hdivision/Village | | REAL Street | | |
| 9 BLOOD TYPE 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | A+ N/A N/A | 18 PERMANENT ADDRESS | Sub | division/Village | | Street | | |
| 10 GSIS ID NO 11 PAG-IBIG ID NO 12 PHILHEALTH NO. 13 SSS NO. | N/A N/A | | Sub | division/Village | E | Street | | |
| 11 PAG-IBIGID NO 12 PHILHEALTH NO. 13 SSS NO. | N/A | | | | E | PROPERTY AND THE PARTY AND THE | | |
| 12 PHILHEALTH NO. 13 SSS NO. | | | | | ALANG LEYTE | | | |
| 13 SSS NO. | N/A | | CI | ALANGALANG ty/Municipality | | | | |
| | | ZIP CODE | | 6517 | | | | |
| 14 TINNO | N/A | 19. TELEPHONE NO. | | N/A | | | | |
| | 736-627-230 20 MOBILE NO. | | 09682601287 | | | | | |
| 15 AGENCY EMPLOYEE NO | N/A 21. E-MAIL ADDRESS (if any) | | nunezjeromejr@gmail.com | | | | | |
| IL FAMILY BACKGROUND | The second second | | | | | | 1131 | |
| 22 SPOUSE'S SURNAME | N/A | | 23. NAME of CHI | NAME of CHILDREN (Write full name and list all) DATE OF 8 | | | H (mm/dd/yyy) | |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) | N/A | | | N/A | | |
| MIDDLE NAME | N/A | | N/A | | N/A | | | |
| OCCUPATION | N/A | | | N/A | | N/A | | |
| EMPLOYER/BUSINESS NAME | N/A | | | N/A | NA | | | |
| BUSINESS ADDRESS | N/A | | N/A | | | N/A | | |
| TELEPHONE NO | N/A | | N/A | | | N/A | | |
| 24 FATHER'S SURNAME | NUNEZ | | N/A | | | N/A N/A | | |
| FIRST NAME | JEROME | SR. | N/A | | | | | |
| MIDDLE NAME | NASTOR | | NA | | | N/A | | |
| 25 MOTHERS MAIDEN NAME | | | N/A | | | N/A | | |
| SURNAME | BALDOS | | N/A | | | N/A | | |
| FIRST NAME | BELLA | | N/A | | | NA | | |
| MIDDLE NAME | MAGALLANES | | (Continue on separate sheet if necessary) | | | | | |
| III. EDUCATIONAL BACKGROU | UND | | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | | a to the same of the same of | | 0.000 | |
| 26 LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | ECOURSE | PERIOD OF ATTENDANCE From To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHI ACADEMIC HONORS RECEIVED | |
| ELEMENTARY | BINONGTOAN CENTRAL SCHOOL | NIA | | | N/A | N/A | N/A | |
| SECONDARY | ALANGALANG AGRO INDUSTRIAL SCHOOL | NIA | | | N/A | N/A | N/A | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | | | N/A | N/A | N/A | |
| COLLEGE | VISAYAS STATE UNIVERSITY (AC) | BACHELOR IN ELEMENTARY | EDUCATION | | N/A | N/A | N/A | |
| GRADUATE STUDIES | TUDIES N/A N/A | | | | N/A | N/A | N/A | |

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DATE

May 30, 2025

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SIGNATURE

| CAREE | | 080 (BOARD/ BAR) UNDER | DATING | DATE OF | | | | LICENSE (if ac | plicable) |
|---|------------|--------------------------------------|--------------|---|---|-------------------|--|--------------------------|--------------------------|
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (# Architectus) | | EXAMINATION / CONFERMENT | | ATION / CONFERMENT RAL SCHOOL TACLOBAN ITY | | NUMBER | Date o | | |
| LICENSURE EXAMINATION FOR TEACHER 75.8 | | | 19/03/2023 | | | | 2067224 | | |
| N/A N/A | | N/A | N | | | N/A | N/A | | |
| | | | • | **Nothing Fol | lows*** | | | | |
| | XPERIENCE | | Table Mark | inus on separate she of duties should l | at if necessary) on indicated in the attached | l Work Expe | rience sheet | | |
| | SNE DATES | POSITION TO (Write in full/Do not | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | MONTHLY SALARY | SALARYI JOAYPAY GRADE III IRORENINA STEP (Farmat 196-07) INCPEMENT | STATUS OF APPOINTMENT | GOVT SERVICE (VIN) |
| 109/2021 | 10/05/2021 | BILLING SPEC | CIALIST | GENESIS HEA | ALTHCARE SOLUTION | 35000.00 | N/A | CONTRACTUAL | N/A |
| 101/2024 | 12/31/2024 | GOVERNMENT INTERN | SHIP PROGRAM | | DOLE | 7000.00 | N/A | CONTRACTUAL | N/A |
| 02/04/2025 | 07/31/2025 | GOVERNMENT INTERN | SHIP PROGRAM | | DOLE | 7000.00 | N/A | CONTRACTUAL | N/A |
| | | | | ***Nothing F | ollows*** | | | | |
| | | | | | | | | | |
| SIGN | ATURE | | qi | | DATE | | May 30, 2025 | S FORM 212 (Revised 20 | |

| 29 NAME & ADDRESS OF | | INCLUSE | IVE DATES | | | Charles to the last of the same of the |
|--|--|--------------------|----------------------|-----------------|---|---|
| 29 NAME & ADDITESS OF (Write in | itul) | (mm/c | To | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| N/A | | N/A | N/A | N/A | | NIA |
| NIA | | N/A | N/A | N/A | | N/A |
| | - | ***Not | hing Follo |)WS*** | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| VIL LEARNING AND DEVELOPMENT (L& | OVINTEDVENTIONS/TRAINING PRO | OGRAMS AT | TENDED | | Contract of the | |
| | | INCLUSIVE | E DATES OF NDANCE | - | Type of LD | |
| 30 TITLE OF LEARNING AND DEVELOPMENT I (Write in | | (mm) | (אוזאקאט | MARKER OF HOURS | (Managerial/ Supervisory/ Tachescol/etc) | CONDUCTED/ SPONSORED BY (Witte in full) |
| N/A | | From N/A | N/A | N/A | N/A | N/A |
| N/A | | N/A | N/A | NA | N/A | NA . |
| | | | | | | 110 |
| | F-2 1 | ***Nothi | ng Follo | ws*** | | |
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| | Thomas I | | | | | |
| | Leading 1 | V_ 18_ | | +- | | = |
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| VIII. OTHER INFORMATION | (Continue of the Continue of t | inue on separate s | sheet if necessar | nyl | 2020/(01/0 | |
| The second distance when the con- | NOH/ | ACADEMIC DISTIN | | XINITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
| 31. SPECIAL SKILLS and HOBBIES | 32 | (Write | le in full) | | | (Write in full) |
| Table Tennis Badmenton | | N/A N/A | | | | N/A N/A |
| Badmenton | | N/A | | | | N/A |
| Volleyball | | N/A N/A | | | | N/A |
| | | **Nothing F | | | | the state of the state of |
| | 1 | Heaming. | Oligina Vis | 101 | | 51 73 4 |
| | | | | | | 1 11 4 |
| | (Conti | nue on separate s | sheat if necessar | | | 37 7 3 1 1 V V V V V V V V V V V V V V V V V |
| SIGNATURE | 98 | | | DAT | IE | May 30, 2025 CS FORM 212 (Revised 2017), Page 3 of 4 |

| - | | | The state of the s | | | | |
|-----|--|--|--|--|--|--|--|
| 34. | Are you related by consanguinity or affinity to the appointing or r | | | | | | |
| | chief of bureau or office or to the person who has immediate sup | pervision over you in the Office, | | | | | |
| | Bureau or Department where you will be apppointed, | | | | | | |
| | within the third degree? | | ☐ YES | NO | | | |
| | b. within the fourth degree (for Local Government Unit - Career | □ YES ☑ | NO | | | | |
| | | If YES, give details: | | | | | |
| | | | | | | | |
| 200 | II | -2 | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offense | ☐ YES ☑ | NO | | | | |
| | | If YES, give details: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b. Have you been criminally charged before any court? | The state of the s | I NO | | | | |
| | | | If YES, give details: | | | | |
| | | | Date Filed: | | | | |
| | | | Status of Case/s: | - | | | |
| 36 | Have you ever been convicted of any crime or violation of any la | FI VICE F | 3 110 | | | | |
| 00 | any court or tribunal? | | If YES, give details: | ZI NO | | | |
| | | | ii 123, give details. | | | | |
| | | | | | | | |
| 37. | Have you ever been separated from the service in any of the fol | llowing modes: resignation, retirement, | □ YES □ | Z NO | | | |
| | dropped from the rolls, dismissal, termination, end of term, finish | ned contract or phased out (abolition) in | If YES, give details: | | | | |
| | the public or private sector? | | | | | | |
| 38. | a. Have you ever been a candidate in a national or local election | n held within the last year (except | □ YES | ☑ NO | | | |
| | Barangay election)? | 8-8-8 | If YES, give details: | | | | |
| | | | ii 120, givo dotailo. | | | | |
| | b. Have you resigned from the government service during the the | | ☐ YES | ☑ NO | | | |
| | election to promote/actively campaign for a national or local can | didate? | If YES, give details: | | | | |
| 39. | Have you acquired the status of an immigrant or permanent res | ident of another country? | □ YES | ☑ NO | | | |
| | | | If YES, give details (c | | | | |
| | | | ii 120, givo dotaiis (o | outing). | | | |
| | | | - | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna | Carta for Disabled Persons (RA 7277); | į | | | | |
| | and (c) Solo Parents Welfare Act of 2000 (RA 8972), please and | swer the following items: | | | | | |
| 8. | Are you a member of any indigenous group? | | □ YES | ☑ NO | | | |
| | | | If YES, please specify: | 7 | | | |
| b. | Are you a person with disability? | | ☐ YES | ☑ NO | | | |
| | | | If YES, please specify ID |) No: | | | |
| С. | Are you a solo parent? | | ☐ YES | ☑ NO | | | |
| | | | If YES, please specify ID | No: | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant /app | pointee) | | A CONTROL OF THE PARTY OF THE P | | | |
| (1) | | | T | | | | |
| | NAME | ADDRESS | TEL. NO. | | | | |
| | DANICA ALCOBER | ALANGALANG LEYTE | 9614408865 | | | | |
| _ | | | | | | | |
| | Mr. NESTOR E. RIPALDDA | STAFE LEYTE | 9176242027 | 6. | | | |
| | Mr. GERRY RANES | ALANGALANG LEYTE | 9667433299 | | | | |
| | Maria Harris Maria | | | | | | |
| 42. | I declare under oath that I have personally accomplished this F | | | | | | |
| | statement pursuant to the provisions of pertinent laws, rules and | | 보호하다(1.00mm) 1 (1.00mm) 1 (1.00m | 9: 1 | | | |
| | the agency head/authorized representative to verify/validate | | agree that any | Literate B. Nuise O | | | |
| | misrepresentation made in this document and its attachment | is strail cause the litting of authinistrative | e/criminal case/s | M1010 | | | |
| | against me. | | | | | | |
| _ | | | | | | | |
| | Overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Onver's License, etc.) | | | | | | |
| P | EASE INDICATE ID Number and Date of Issuance | | | | | | |
| G | overnment Issued ID: PRC | Q. | | | | | |
| ID | License/Passport No.: 2067224 | Signature (≸ign joside the | | Sharper C | | | |
| F | | | | | | | |
| D | ste/Piace of Issuance: 7/11/2023 | J - 30 - 40 3 Date Accomplished | 1 | Right Thumbmerk | | | |
| - | 200000 | - 1111 0005 | | | | | |
| | SUBSCRIBED AND SWORN to before and this PICE 0 | g JUN 2025 / affiant exhit | iting his/her validly issued go | overnment ID as indicated above. | | | |
| | ARY P | ATTY KENNETH SPICE MEDALLA | DE VEYRA | | | | |
| | 10C. NO. 524 | eyte Lagge | | | | | |
| | PAGE NO. 100 | 1, 2025 | | | | | |
| | BOOK NO. XXXX | Chapter | | | | | |
| | | PIR No. 351/500: 0702-025; Alenanti MCIF Corp. Zonce Vo. MV 0022 MS 1193 | ILUAN THE | | | | |
| | SERIES OF ADA NO. 613 | AVII A Person Administering Oa | th-19-25 | | | | |
| _ | WCE OF IE | Cor. P. Purpos on China Lung Street Record | Lat City | | | | |
| | 10 mg | | A CONTRACTOR OF THE PARTY OF TH | CS FORM 212 (Revised 2017). Page 4 of | | | |

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: October 1, 2024 December 31, 2024
- · Position: GIP Intern Administrative Support
- · Name of Office/Unit: Sta.fe Leyte
- · Immediate Supervisor: Nestor E. Ripalda
- Name of Agency/Organization and Location: Department of Labor and Employment-Government Internship Program/ Sta.fe National High School.
 - Summary of Actual Duties
 - Provide Administrative support to staff, acting as office aides and assisting with various projects and programs.

Assisting walk-in clients with inquires.

- Providing general administrative support such as filing, photocopying and other clerical duties.
- Duration: February 4, 2025 May 31, 2025
- · Position: GIP Intern Administrative Support
- · Name of Office/Unit: Sta.fe Leyte
- · Immediate Supervisor: Nestor E. Ripalda
- Name of Agency/Organization and Location: Department of Labor and Employment-Government Internship Program/ Sta.fe National High School.
 - Summary of Actual Duties
 - o Acting as office aides and assisting with various projects and programs.
 - Providing general administrative support such as filing, photocopying and other clerical duties.
 - o Answering basic inquiries or directing them to appropriate staff.

JEROME B.NUŇEZ JR.
(Signature over Printed Name of Employee/Applicant)

Date: June 6, 2025