CS Form No. 212 Revised 2017	PER	SO	NAL DAT	A SI	IEE'	т			
concerned.	tation made in the Personal Data Sh		1 to				e/criminal case/s	against the	person
	es (1) and use separate sheet if necess					1 CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATI	ON								
2. SURNAME	OQUIAS								
FIRST NAME	JHEZEL						NAME EXTENSION (J	R, SR) N/A	
MIDDLE NAME	BACALSO								
DATE OF BIRTH (mm/dd/yyyy)	9/13/1999		16. CITIZENSHIP		☑ Filip	oino [Dual Citizenship	by natura	lization
4. PLACE OF BIRTH	ORMOC CITY		If holder of dual citize	enship,			Pls. indicate		
5. SEX	☐ Male ☑ F	Female	please indicate the d	letails.					~
6 CIVIL STATUS	☑ Single □ N	Married	17. RESIDENTIAL ADDRESS		800004583536	:		MACATOL	
O GIVIL STATUS	Titles	Separated		Ho	use/Block/Lot N N/A	lo.		Street PUERTO BELLO	
	Other/s:			St	ebdivision/Villag	0		Barangay	
7. HEIGHT (m)	149m				MERIDA City/Municipality			LEYTE Province	
8. WEIGHT (kg)	37kg		ZIP CODE				6540		
9. BLOOD TYPE	UNKNOWN		18. PERMANENT ADDRESS		1800004583536 use/Block/Lat N			MACATOL Street	
10. GSIS ID NO.	N/A				N/A ibdivision/Villag		F	PUERTO BELLO Barangay	
11. PAG-IBIG ID NO.	1213-1125-2248	1213-1125-2248			MERIDA City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-025615780-3		ZIP CODE		6540				
13. SSS NO.	06-4508643-4	06-4508643-4			NONE				
14. TIN NO.	778-569-218-00000		20. MOBILE NO.		0948 097 8821 / 0935 952 9334				
15. AGENCY EMPLOYEE NO.	24622	24622 21. E-MAIL ADDRESS		oquiasjhezel808@gmail.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		N/A		23. NAME of Ch	HILDREN (Writ	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
MIDDLE NAME		NA						18- S.	
OCCUPATION		NA							
EMPLOYER/BUSINESS NAME		NA							
BUSINESS ADDRESS		NA							
TELEPHONE NO.		NA	= 40 =						
24. FATHER'S SURNAME	0	QUIAS							
FIRST NAME	BENJAMIN		JR.						
MIDDLE NAME	E	BAÑO)				
25, MOTHER'S MAIDEN NAME									
SURNAME	BA	ACALSO							
FIRST NAME	P/	ABLITA							
MIDDLE NAME	SA	AMPON			5				
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF /	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	
					From	То	ar (ex. gravatico)		RECEIVED
ELEMENTARY	PUERTO BELLO ELEMENTARY SO	CHOOL	ELEMENTARY		2006	2012	N/A	2012	HONOR

WITH HONOR PUERTO BELLO NATIONAL HIGH SCHOOL SENIOR HIGH SCHOOL SECONDARY 2012 2018 N/A 2018 VOCATIONAL / TRADE COURSE N/A N/A N/A N/A N/A N/A N/A VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN AGRIBUSINESS COLLEGE 2018 N/A 2022 CUM LAUDE 2022 N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A SIGNATURE DATE 10/23/2024

CS FORM 212 (Revised 2017), Page 1 of 4

7. CAF	REER SERVICE/ RA 1	1080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date o	
CAREER SERVICE PROFESSIONAL PD 907 - HONOR GRADUATE		N/A			MMISSION REGIIONAL FICE VIII		100108241088	N/A	
-									
		*							
						-0			
			i		9				
	EXPERIENCE			- 1000		No.			Q OIL
	vate employmen	nt. Start from your recen	t work) Descriptio	n of duties should t	e indicated in the attac	hed Work E	salaryi Jobi Pay	t,	
	mm/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (ff applicable)& STEP (Formet "00-0")/	STATUS OF APPOINTMENT	GOV SERVI
2024	PRESENT	ACTING CUSTOMER			IN BANK INC	10400.00	INCREMENT 00-0	REGULAR	NO
19/2022	9/6/2024	TELLER		CANTILA	N BANK INC	10200.00	00-0	REGULAR	NO
					3				
							3	li, es	
								-	
	1								
L									
					45				
7									
							-		
					1 15 T				
			Α .						

29. NAME & ADDRESS OF			SIVE DATES n/dd/yyyy)	NUMBER OF HOURS		DOCTOR WITHOUT OF MODIF
(Write in	100)	From To			POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A
7						
					_	
				1		
VII. LEARNING AND DEVELOPMENT (L&I	D) INTERVENTIONS/TRAINING I	1	and the same of th			
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in 1		ATTE	VE DATES OF ENDANCE Vdd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY
(Mine n)	un)	From	To		Technical/etc)	(Write in full)
INFORMATION SECURITY AWARENESS CAMPAIG		9/9/2024	9/9/2024	3 HOURS	FOUNDATION	CANTILAN BANK INC
ANTI-MONEY LAUNDERING/COUNTER-TERRORISM FOR COVERED PERSON	FINANCING (AML/CTF) WEBINAR	7/22/2024	7/22/2024	3 HOURS	FOUNDATION	ANTI-MONEY LAUNDERING COUNCIL
REFRESHER COURSE OF BASIC TELLERING & CU	STOMER SERVICE	5/25/2023	5/26/2023	16 HOURS	TECHNICAL	CANTILAN BANK INC
GENERAL ORIENTATION TRAINING		12/5/2022	12/10/2022	48 HOURS	FOUNDATION	CANTILAN BANK INC
COMMUNITY FINANCE TRAINING		11/10/2022	11/11/2022	16 HOURS	FOUNDATION	DSWD- KALAHI CIDSS
						200
			•		-1	
	#					
					F	
I,						
VIII. OTHER INFORMATION						
	Nor	N-ACADEMIC DIST	INCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.		ite in full)			33. (Write in full)
Accurate Cash Handling		N/	A			N/A
Basic Financial Knowledge						
Strong Customer Service Abilities						
MS Word & Excel Literate						
Reading Books	MITTELY.					11.
Watching Movies						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Abstract art & lines						115
The state of the s	T And All	1		1 04	TE	10/23/2024
SIGNATURE						

		ng or recommending authority, or to the ate supervision over you in the Office,			
Bureau or Department who	ere you will be apppointed,	.V	_		
a. within the third degree?		AMINET .	✓ NO		
b. within the fourth degree	(for Local Government Unit - Ca	YES NO			
32			If YES, give detail	0.	
a. Have you ever been fou	and guilty of any administrative of	offense?	☐ YES	✓ NO	
			If YES, give detail		
			×		
h. Unua unu bana adminali	hi abarrand hafarn anu aquet?		☐ YES	☑ NO	
b. Have you been chiminal	ly charged before any court?		If YES, give detail		
			Date Filed:	2	
			Status of Case/s:		
	cted of any crime or violation of	any law, decree, ordinance or regulation	☐ YES	✓ NO	
by any court or tribunal?			If YES, give detail	S:	
			-		
		the following modes: resignation, end of term, finished contract or phased	YES If YES, give detail	. ☑ NO	
out (abolition) in the public		cha or term, imprica contract or phases	ii 125, give detail	3.	
		lection held within the last year (except	☐ YES	☑ NO	
Barangay election)?	£		If YES, give deta		
b. Have you resigned from	the government service during	the three (3)-month period before the last	☐ YES	✓ NO	
	y campaign for a national or loc		If YES, give deta	ils:	
39. Have you acquired the sta	tus of an immigrant or permane	nt resident of another country?	☐ YES	☑ NO	
			If YES, give detail	s (country):	
40 Dumination (a) to dis-	a Danielo Ast (DA 0074), (1) 14	Jame Code for Dischlad Domese /DA			
7277): and (c) Solo Parent	s People's Act (RA 8371); (b) M ts Welfare Act of 2000 (RA 8972	lagna Carta for Disabled Persons (RA 2), please answer the following items:			
Are you a member of any		W.C.	□ YES	☑ NO	
ACHERIC CONSTRUCTOR VICTOR V			If YES, please specif	y:	
Are you a person with disa	ability?		YES	✓ NO	
Are you a solo parent?			If YES, please specif	y ID NO.	
Ale you a solo parone.			If YES, please specif		
41. REFERENCES (Person not relat	ted by consanguinity or affinity to applic	ant /appointee)			
N.	AME	ADDRESS	TEL NO.		
JASON S	S. ZABALA	TOMAS OPPUS, SOUTHERN LEYTE	09317285107		
	M. YCONG	SOGOD, SOUTHERN LEYTE	09125822028	(a a	
98/9-39			- V	CA STATE	
	AN P. JAPUS	BATO LEYTE	09154382831		
		ed this Personal Data Sheet which is a inent laws, rules and regulations of the			
		presentative to verify/validate the content		/2.0X	
		ocument and its attachments shall cau	se the filing of	UHE ZEL B. COMAS	
administrative/criminal cas	ье/ь ауанты те.		3		
Government Issued ID (i.e. Passport					
PLEASE INDICATE ID Number		A COM	1		
Government Issued ID: PHILSY		(),OH			
ID/License/Passport No.: 3290-24	62-3042-0521	Signature (Sign inside the	box)		
Date/Place of Issuance: 07/21/20	022/MERIDA LEYTE	10 / 25 / 2024 Date Accomplished		Right Thumbmark	
	NA/OPN to hofore me this	T 2 2 2024		7	
SUBSCRIBED AND S	AACUAN TO DEIOLE LIE THIS	, affiant exhibit	ing his/fier validly issued	government ID as indicated above. RNOLD JUDD P. SALAZ	
DOC. No. 247	ADDUDD A			tan Public for the City of Ormoc	
Book No. 3	700	E.	Municipalities of	Kananga, Matag-ob, Merida and Isab	
Page No. 5	ROLL No.	[2]		Until December 31, 2024	
Series of 20 2	67477	Person Administering Oa	th Nota	ial Commission No. ORM-22-12-033 Roll of Attorney No. 67477	
0011000120	MOTARY		PIR No	Roll of Attorney 8 No. 5/4// /8/2865, Cospon/2/07/8/38/2017/9-66-66-66-02	
	19 PUBLIC/		IBP O.R. No. 3744	76, dated. 12/26/2023 (for 2024), Leyt	
	1000		1275	TIN: 451-867-649	
	PUBLIC PHILLIPS		2/E,	Villar Bldg., War Veterans Avenue, Alegria, Ormoc City	
				t/Oath/Attestation Only	
				ADVICE SOUGHT OR GIV	