CS Form No. 212 Revised 2017	P	ERSO	NAL DATA	A SH	EET				,
WARNING: Any misrepresenta	tion made in the Personal	Data Sheet and the	Work Experience Sheet shall	cause the fill	ing of admini	strative/cris	minal case/s aga	inst the perso	on
concerned. READ THE ATTACHED GUIDE									
Print legibly. Tick appropriate boxes	THE RESERVE OF THE PARTY OF THE	if necessary. Indicate N/	A if not applicable. DO NOT ABE	BREVIATE.		CS ID No.		(Do not fill up. Fo	or CSC use only
2 SURNAME	ALPECHE							THE PERSON NAMED IN	
FIRST NAME	ANGELICA JOYCE			NAME EXTENSION (JR., SR)					
MIDDLE NAME	PIAMONTE				note the said				
3. DATE OF BIRTH	02/14/2	2002	16. CITIZENSHIP	111111111111111111111111111111111111111			73 9980 30C		
(mm/dd/yyyy)	Q2 1412	.002	16. CHIZENSHIP	☐ Filipino ☐ Dual Citizenship ☐ by birth ☐		by naturalization			
4. PLACE OF BIRTH	HILONGOS	S, LEYTE	If holder of dual chizens	ship,	Pls. Indicate country:			Zauon	
5. SEX	☐ Male	☑ Female	please indicate the del	letails.					_
6 CIVIL STATUS	☑ Single	☐ Married	17. RESIDENTIAL ADDRESS		N/A NORT		RTH DISTRICT	-	
	Widowed	☐ Separated		Hou	se/Block/Lot No.			Street	
	Other/s:				divisionVillage			Barangay	
7. HEIGHT (m)	1.5 m				ILONGOS Ity/Municipality			Province Province	-
8. WEIGHT (kg)	45 kg		ZIP CODE				6524		
9. BLOOD TYPE	N/A		18, PERMANENT ADDRESS	Hor	N/A se/Block/Lot No.		MO	RTH DISTRICT Street	
10. GSIS ID NO.	NA				NA			MATAPAY	
11. PAG-IBIG ID NO.	N/A			Sut	HILONGC	S		Barangay LEYTE	
12. PHILHEALTH NO.	N/A		700000	C	ty/Municipality			Arovince	
			ZIP CODE	6524					
13. SSS NO.	N/A		19. TELEPHONE NO.	N/A					
14. TIN NO.	N/A		20. MOBILE NO.	09107754099			1414000		
15. AGENCY EMPLOYEE NO.	NA		21. E-MAIL ADDRESS (if any)		aa	ngelicajo	ycea@mail.c	om	
II. FAMILY BACKGROUND	0				10128				
22. SPOUSE'S SURNAME		N/A		23. NAME of CH			st all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N.	'A	NAME EXTENSION (JR., SR)			I/A		N	IA .
MIDDLE NAME		N/A							
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.	4	N/A							
24. FATHER'S SURNAME		ALPECHE	NAME EXTENSION (JR., SR)						
FIRST NAME	ANGE	ELITO							
MIDDLE NAME	1	VNCULADO							
25. MOTHER'S MAIDEN NAME									
SURNAME	PIAMONTE								
FIRST NAME	JASMIN				10 - 1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			eribar -	
MIDDLE NAME III. EDUCATIONAL BACK	GROUND	ANTALAN		202000	(C	antinue on se	parate sheet if neces	tsary)	
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26. LEVEL	72-7467V-28186	SCHOOL In full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	To	HIGHEST LEVELY UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC
ELEMENTARY	MATAPAY ELEM		ELEMENTARY		10/8/2007	3/30/2013		2013	мтн

CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING		RATING	DATE OF			LICENSE (if applicable)		
SPECIAL LAWS! CES! CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE N/A		(If Applicable)	CVALANIATION I DI ACE OF EVALA		ATION / CONFERMENT		NUMBER	Date of Valida
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ORK EXPERIENCE	Constitution of		munue on separate sireer in		(2000)	V. VETICE		1000
de private employment	Start from your recen	t work) Descriptio	n of duties should be	Indicated in the attached	Work Expe			
INCLUSIVE DATES (mm/dd/yyyy)	POSITION 1	TITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARYI JOSI PAY GRADE (II acpicatio) A STEP	STATUS OF	GOV
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VI. VOLUNTARY WORK OR INVOLVEMENT 29. NAME & ADDRESS O	FORGANIZATION	INCLUSIVE.	E DATES	DIVES!	TO AS THE SAME	POSITION (MATINE CO. MATINE	
29. (Write in	4	(minkd) From	To To	MANUFACE HOURS		POSITION / NATURE OF WORK	
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II. LEARNING AND DEVELOPMENT (L&		ROGRAMS AT	TENDED				
		INCLUSIVE ATTEN		10,000	Type of LD (Managerial	CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT I		(mm/dd	(מינינט	MUNEER OF HOURS	(Nampriel Supervisory Technicalists)	(Arth in LE)	
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/III. OTHER INFORMATION	I. NO	N-ACADEMIC DISTI	NCTIONS / RECO	OGNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
31. SPECIAL SKILLS and HOBBIES	22						
WRITING POEMS		NIA	4			N/A	
COMPUTER LITERATE							
STRONG WORK ETHIC							
EXCELLENT COMMUNICATION SKILLS							
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SIGNATURE		"W				CS FORM 212 (Revised 2017), Page	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	or recommending authority, or to the supervision over you in the Office,				
a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Care	YES NO				
	If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	☐ 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 violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	YES NO				
38. a. Have you ever been a candidate in a national or local election Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except				
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or 	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	If YES, please specify: YES If YES, please specify ID No: YES If YES, please specify ID No:	10			
41. REFERENCES (Person not related by consanguintly or affinity to applicant.)	(appointee)				
NAME	ADDRESS	TEL. NO.			
42 I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu- administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents stat	Republic of the ed herein.	GELICA JOYCE P. ALPECHE		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Diver's License, etc.) PLEASE INDICATE ID Number and Date of Issuence	Yhens				
Government Issued ID:					
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SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ing his/her validly issued governmen	nt ID as indicated above.		
1967					
	Person Administering Oa	th			