CS Form No. 212 Revised 2017 **PERSONAL DATA SHEET** WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME TRIPOLI NAME EXTENSION (JR., SR) FIRST NAME ENA GEN MIDDLE NAME TIGOL 3. DATE OF BIRTH 09/23/1998 16. CITIZENSHIP ✓ Filipino (mm/dd/yyyy) Dual Citizenship by birth by naturalization BAYBAY CITY, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male √ Female 5. SEX ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Widowed Separated House/Block/Lot No. MAKINHAS Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.53 City/Municipality Province 8. WEIGHT (kg) 58 ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No. MAKINHAS 10. GSIS ID NO. Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 121307992792 City/Municipality Province 12. PHILHEALTH NO. 1302-5611-5795 ZIP CODE 6521 13. SSS NO. 06-4477260-0 19. TELEPHONE NO. N/A 14. TIN NO. 09498711009 20. MOBILE NO. 614-685-384 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) enagentripoli@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. TRIPOLI 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) JR SAMUEL FIRST NAME MIDDLE NAME NUNEZ 25. MOTHER'S MAIDEN NAME TIGOL SURNAME AMORA FIRST NAME PAEL MIDDLE NAME (Continue on separate sheet if necessary)

MIDDEE TO THE	(
III. EDUCATIONAL BACKGROUND								
26. LEVEL	LEVEL NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		ATTENDANCE		YEAR GRADUATED	
				From	To	(if not graduated)		RECEIVED
ELEMENTARY	MAKINHAS ELEMENTARY SCHOOL	N/A		1/6/2004	03/31/2010	N/A	2010	VALEDICTORIAN
SECONDARY	EAST VISAYAN ADVENTIST ACADEMY	N/A		1/6/2010	03/31/2014	N/A	2014	VALEDICTORIAN
VOCATIONAL /								
COLLEGE	MOUNTAIN VIEW COLLEGE	BACHELOR OF SCIENCE IN AC	COUNTANCY	1/6/2014	03/28/2018		2018	N/A
GRADUATE STUDIES								
(Continue on separate sheet if necessary)								
SIGNATURE	√ t·			DATE		June 24, 2024		

	IV. CIVIL S	SERVICE ELIG	GIBILITY							
Children	27. CARE	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING					LICENSE (if a	pplicable)
Licensed Professional Toacher	SPECIAL LAWS/ CES/ CSEE					PLACE OF EXAMINATION / CONFERMENT			NUMBER	
Ceptified Public Accountant 76.0 May 26.27.26, 2004 Cebu City	CIVIL SERVICE ELIGIBILITY		82.0	March 26,2023	Севи	ı City				
	Licensed Professional Teacher		84.6	Sept. 24, 2023	Севи	Cebu City				
WORK PROPIERINGE Workship W	Certified Public Accountant			76.0	May 26,27,28, 2024	Севи	ı City			
WORK PROPIERINGE Workship W										
WORK PROPIERINGE Workship W										
WORK PROPIERINGE Workship W										
WORK PROPIERINGE Workship W										
19/2012 19/2										
Property Property			ent. Start from your recen	t work) Descriptio	n of duties should b	oe indicated in the attach	ed Work Exp	1	t.	GOV 1
PRODUCT 1031/10221 CREDIT AND COLLECTION SPECIALIST PERSONAL COLLECTION BAYBAY 2000.00 N/A PROBATIONARY N/A 1111/10221 0403/20222 ACCOUNTING STAFF ADVENTIST ACADEMY CEBU 1000.00 N/A REGULAR N/A 1111/10221 1231/2023 ACCOUNTING STAFF Bank Reconciliation ADVENTIST HOSPITAL CEBU 12000.00 N/A REGULAR N/A						(Write in		GRADE (if applicable)& STEP		SERVICE
111/12/22						·	0000 00	INCREMENT	DDOD ATION A DV	N/A
12312023 12312023 ACCOUNTING STAFF- Bank Reconciliation Officer										
United Services of Supervisible (Incessery)			ACCOUNTING STAFF- Ba	nk Reconciliation						
// .			Officer	•	-			1 1 1 1 1		1311
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SIGNATURE June 24, 2024				(Cor	ntinue on separate sheet	if necessary)				
	SIGN	IATURE		(ht.		DATE		June 24, 2024		

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY O	RGANIZATIOI	V/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		From	(mm/dd/vvvv) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A							
VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary)				
TITLE OF LEARNING AND DEVELOPMENT INTERVENT (Write in 1)	IONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
,	- ,	From	(dd/yyyy) To		Technical/etc)	(voite in ruii)	
Forex Transactions Derivative	es & Hedging	8/3/2024	8/3/2024	1.0		Real Excellence Online	
Partnership Dissolu		9/3/2024	9/3/2024	1.0		Real Excellence Online	
Partnership Liquida		10/3/2024	10/3/2024	1.0		Real Excellence Online	
Tax Updates and Tax Pr		7/3/2022	03/25/2022	30.0		Philippines Association of Certified Tax Technician	
Select Tax Issues Needing Academic o	r Practical Consensus	3/4/2022	3/4/2022	1.0		Real Excellence Online	
Receivables		04/30/2022	04/30/2022	1.0		Real Excellence Online	
VIII. OTHER INFORMATION	(Cor	ntinue on separate	sheet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION	(Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write i	
BOOKKEEPING		N/A				full) N/A	
SPORTS							
SIGNATURE	Continue on separate sheet if necessary)				ATE	June 24, 2024	

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 appointed,						
a. within the third degree?						
	☐ YES ☑ NO					
b. within the fourth degree (for Local Government Unit - C	☐ YES ☑ NO					
	If YES, give details:					
35. a. Have you ever been found guilty of any administrative of						
, , ,		If YES, give details:				
		, g				
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	any law, decree, ordinance or regulation	☐ YES ☑ NO				
by any court or tribunal?	, , , ,	If YES, give details:				
		, g				
37. Have you ever been separated from the service in any of	the following modes: resignation	☐ YES ☑ NO				
retirement, dropped from the rolls, dismissal, termination,		If YES, give details:				
out (abolition) in the public or private sector?						
38. a. Have you ever been a candidate in a national or local e	lection held within the last year (except	☐ YES ☑ NO				
Barangay election)?		If YES, give details:				
b. Have you resigned from the government service during		☐ YES ☑ NO				
election to promote/actively campaign for a national or loc	al candidate?	If YES, give details:				
39. Have you acquired the status of an immigrant or permane	nt resident of another country?	☐ YES ☑ NO				
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	2), please answer the following items:					
Are you a member of any indigenous group?		│				
b. Are you a person with disability?						
		If YES, please specify ID No:				
c. Are you a solo parent?		☐ YES ☑ NO				
		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)					
NAME	ADDRESS	TEL. NO.				
KEVIN CARL MONLOY	ADVENTIST HOSPITAL CEBU					
KETH ASAHEL ROSARIO	ADVENTIST HOSPITAL CEBU					
SHERWIN ABANTAO	EAST VISAYAN ADVENTIST ACADEMY					
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and						
complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the						
Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.						
I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.						
administrative/orininal ease/e against me.						
PLEASE INDICATE ID Number and Date of						
I LEAGE INDICATE ID Number and Date of						
Government Issued ID: PASSPORT						
ID/License/Passport No.: P3996696C	Signature (Sign inside the b	ox)				
Date/Place of Issuance: 04/28/2023- TACLOBAN CITY	Right Thumbmark					
	Ngiit munishark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
Г						
I ⊢	Person Administering Oat	ih.				