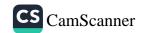
CS Form No. 212 Revised 2017									
	PERSON	NAL DAT	A SH	IEE1	Г				
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	Work Experience Sheet st	nall cause the	filing of adr	ministrative	/criminal case/s	against the p	erson	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	MPLISHING TH	IE PDS FOR	RM.				
Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	ALEJANDRIA					HILLS PUTPLICAL (ID	0.00		
FIRST NAME	ROMELA			NAME EXTENSION (JR., SR)					
MIDDLE NAME	REGACION								
DATE OF BIRTH (mm/dd/yyyy)	06/19/1996	16. CITIZENSHIP		√ Filipi	no 🗆	Dual Citizenship			
						by birth	by naturali	zation	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizer				Pls. indicate of	country:		
5. SEX	☐ Male ✓ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	☐ Single ✓ Married	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lat No	2		Street		
	☐ Widowed ☐ Separated ☐ Other/s:						POMPONAN		
7. HEIGHT (m)	1.57			xdivision/Village AYBAY CITY)		Barangay LEYTE	-	
		70.000	Ci	ty/Municipality			Province		
8. WEIGHT (kg)	50	ZIP CODE				6521	ADDID CTREET		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hous	se/Block/Lat No	0.		ADRID STREET Street		
10. GSIS ID NO.	N/A		Sub	odivision/Village)	DON	A FELIZA MEJIA Barangay		
11. PAG-IBIG ID NO.	1212-18710009			RMOC CITY ty/Municipality			LEYTE Province		
12. PHILHEALTH NO.	1325-0364297-6	ZIP CODE		6541					
13. SSS NO.	06-4009984-0	19. TELEPHONE NO.		N/A					
14. TIN NO.	711-946-323	20. MOBILE NO.		09078161850					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	regacionrgmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	ALEJANDRIA		23. NAME of CH				DATE OF BIRT	'H (mm/dd/yyyy)	
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR)	YU	YUSEF ADIEL R. ALEJANDRIA			01/30/2023		
MIDDLE NAME	COSTILLAS								
OCCUPATION	RECEIVING STAF	F							
EMPLOYER/BUSINESS NAME	RUFINO BRODETH & CO., INC./ BRO	DETH MARKETING							
BUSINESS ADDRESS	COR. JUAN LUNA & BURGOS STS., SABAN	IG, ORMOC CITY, LEYTE							
TELEPHONE NO.	(053) 561 8610								
24. FATHER'S SURNAME	REGACION								
FIRST NAME	ROSELITO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	PERTIMOS								
25. MOTHER'S MAIDEN NAME	BALERIO								
SURNAME	REGACION								
FIRST NAME	MARILYN								
MIDDLE NAME	AYSO			(Co	ntinue on sep	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	JAENA ELEMENTARY SCHOOL	NIA		06/02/2003	3/27/09		2009		
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	NIA		06/01/2009	3/16/13		2013		
VOCATIONAL / TRADE COURSE	N/A	NIA							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	GRIBUSINESS	06/03/2013	6/14/17		2017		
GRADUATE STUDIES	N/A	NIA							
	(C	ontinue on separate sheet if nece	essary)	DA					



IV. CIVIL S	ERVICE ELIG	GIBILITY							
	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if applicable)	
BA		AWS/ CES/ CSEE (# Applicable) EX		CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFER CONFERMENT			NUMBER	Date of Validity
	N/A	A							
				-					
			(Co	ntinue on separate sheet	if necessary)				
	EXPERIENCE	: ent. Start from your recei	nt work) Descriptio	on of duties should	he indicated in the attack	ned Work Fx	perience she	ot	
	USIVE DATES						SALARY/ JOB/ PAY		COURT
From	m/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (f applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
1/4/2013	5/31/13	SUMMER	JOB	LEGISLATIVE BU	JILDING, BAYBAY CITY	4500.00	N/A	TEMPORARY	Y
1/4/2014	5/31/14	SUMMER			JILDING, BAYBAY CITY	4500.00	N/A	TEMPORARY	Y
1/4/2015	5/31/15	SUMMER	JOB	LEGISLATIVE BU	JILDING, BAYBAY CITY	4500.00	N/A	TEMPORARY	Y
1/8/2017	present	Account Receiva	ble Officer		n & Co., Inc./ Brodeth arketing	16600.00	N/A	PERMANENT	N
					arketing				
				 					
				 					
	<u>'</u>	2 : 02/	(Co	ntinue on separate sheet	if necessary)			ı	
SIGN	ATURE	Shead			DATE		Februa	ary 9, 2025	

S FORM 212 (Revised 2017), Page 2 of



VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
THE FLOWER FARM CORPORATION		1/26/17	6/3/2017	300	ON-THE-JOB TRA	AINEE (OJT)
III. I STOLINIA THE DELECT ABUSE (LAN		tinue on separate :)		
VII. LEARNING AND DEVELOPMENT (L&D) 30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SEMINAR ON ENTERPRISE RESOURCE PLANNING (ERP)	4/3/2015	4/3/2015	8HRS	MANAGERIAL	COLLEGE OF MANAGEMENT AND ECONOMICS
THE WORLD IS FLAT: SEMINAR ON ONLINE BUSINE	SSES ANDINTERNET SCAMS	2/3/2016	2/3/2016	8HRS	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
AGRIBUSINESS APPRENTICESHIP ORIENTATION/SE	EMINAR	12/13/16	12/13/16	8HRS	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
JOB SEEKING SEMINAR		5/22/17	5/22/17	8HRS	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
CUSTOMER SERVICE 101: EXPANDING MY DEFINITION	ON OF CUSROMER SERVICE	7/21/19	7/21/19	8HRS	MANAGERIAL	BRODETH MARKKETING
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)		
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	ICTIONS / RECOG in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE		N/A				N/A
	Con (Con	tinue on separate :	sheet if necessary			
SIGNATURE	Suray				ATE	February 9, 2025 CS FORM 212 (Revised 2017), Page 3 of 4

b. within the fourth degree (for Local Government Unit - Career Employees)? vrs	34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO					
b. Have you been criminally charged before any court? YES, give details: YES NO YES, give details:	b. within the fourth degree (for Local Government Unit - Ca	YES NO					
### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Have you acquired the status of an immigrant or permanent resident of another country? ### Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 277); and (c) Solo Parents Welders Act of 2000 (RA 8972), please answer the following items: ### Ace you a member of any indigenous group? ### Ace you a person with disability? ### Ace you a person with disabil	35. a. Have you ever been found guilty of any administrative of						
## Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased on the disolition) in the public or private sector? ## Jan Have you resigned from the government service during the three (3-month period before the last election to promotelectively campagn for a national or local election held within the last year (except Barangay election)? ## Jan Have you resigned from the government service during the three (3-month period before the last election to promotelectively campagn for a national or local candidate? ## Jan Have you acquired the status of an immigrant or permanent resident of another country? ## Pursuant to: (a) indigenous People's Act (RA 8371); (b) Magna Catta for Disabled Persons (RA 7277); and (c) Solo Parents Welfers Act of 2000 (RA 8972), please answer the following items: ## Are you a person with disability? ## Are you a solo parent? ## NAME ## Are you a solo parent? ## REFERENCES (Pesson not related by consequinty or effinity to applicant appointen) ## ARELITO BORNEO ## ALMERA DAROLA ## ALMERA DAROLA ## ALMERA DAROLA ## ALMERA DAROLA ## ROOKESS ## ALMERA DAROLA ## ALMERA DAROLA ## ALMERA DAROLA ## ALMERA DAROLA ## ROOKESS ## Pursuand to the Republic of the Republic of the Perpublic of the Perpub	b. Have you been criminally charged before any court?		If YES, give details: Date Filed:				
retirement, dropped from the rolls, dismissal, termination, end of term, finished confract or phased out (abolition) in the public or private sector? 32. a. Have you ever been a candidate in a national or local election held within the last year (except Banapay election)? 33. b. Have you resigned from the government service during the three (3)-month period before the last election to promotel-actively campaign for a national or local candidate? 33. Have you acquired the status of an immigrant or permanent resident of another country? 44. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welter Act of 2000 (RA 8972), please answer the following items: 45. Are you a member of any indigenous group? 46. Are you a person with disability? 47. Are you a person with disability? 48. Are you a person with disability? 49. Are you a solo parent? 40. Are you a solo parent? 41. REFERENCES (Person not related by consequently or affinity to applicant lapporter) AME AMELITO BORNED 41. REFERENCES (Person not related by consequently or affinity to applicant lapporter) AME AMELITO BORNED 42. I declare under coath that I have personally accompleted the Philippines I. authorize the agency headfuluthorized representative to verifyivalidate the contents stated herein. 42. I declare under coath that I have personally accompleted the Philippines I. authorize the agency headfuluthorized representative to verifyivalidate the contents stated herein. 43. If YES, give details: 44. If YES, give details: 45. NO 46. YES, give details (country): 46. Pursuant to: (a) Indigenous group? 47. If YES, give details: 47. YES 48. If YES, give details: 48. If YES, give details: 49. NO 49. If YES, give details: 49. NO 49. If YES, give details: 49. NO 49. If YES, give details: 40. NO 41. YES 41. YES 42. If YES 43. NO 44. REFERENCES (Person out related by consequently out affinity to applicant lapporter) 45. If YES, give details: 46. If YES, give		any law, decree, ordinance or regulation					
Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? 39. Have you acquired the status of an immigrant or permanent resident of another country? 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? b. Are you a person with disability? c. Are you a solo parent? c. Are you a solo parent? c. Are you a solo parent? d. REFERENCES (Peson not related by consumptinty or efficitly to applicant importate) AMELITO BORNEO G. H. DEL PILLAR ST. BAYBAY CITY G. J. G. H. DEL PILLAR ST. BAYBAY CITY G. H. DEL PILLAR ST. BAYBAY G. H. DEL PILLAR ST. BAYBAY G. H. DEL PILLAR ST. BAYBAY G. H. DEL PILLAR ST.	retirement, dropped from the rolls, dismissal, termination, e		If YES, give details:				
election to promote/actively campaign for a national or local candidate? ##YES, give details: ##YES, give give give give give give give give		ection held within the last year (except					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 11. REFERENCES (Person not related by consenguinty or affinity to applicant (appointee)) 12. MARE 13. ADDRESS 14. NO 14. REFERENCES (Person not related by consenguinty or affinity to applicant (appointee)) 14. REFERENCES (Person not related by consenguinty or affinity to applicant (appointee)) 15. AME 16. ADDRESS 17. NO 16. YES, please specify ID No: 16. YES, please specify ID No: 16. YES, please specify ID No: 17. YES 18. NO 18. YES, please specify ID No: 18. ATR YES, please specify ID No: 18. ATR YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 18. YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 19. YES 19. NO 18. YES, please specify ID No: 19. YES 19. NO 19	election to promote/actively campaign for a national or loca	I candidate?					
7277; and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: Are you a member of any indigenous group? Are you a person with disability? Let YES, please specify: NO If YES If Y	39. Have you acquired the status of an immigrant or permanen						
Are you a person with disability? Let Are you a person with disability? Let Are you a solo parent? Let YES, please specify: No If YES, ple							
Are you a solo parent? YES NO YES, please specify ID No: YES, p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ YES ☑ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee) NAME ADDRESS TEL. ND. AMELITO BORNEO G.H DEL PILAR ST. BAYBAY CITY Description MAE CLAIRE LABADO COGON, ORMOC CITY, LEYTE 99173074394 42. I declare under outh 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 verifylvalidate 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. Government Issued ID (in Passport, GSIS, SSS, PRC, Diver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDLicense(Passport No: 1325-0364297-6 Dete/Place of Issuance: ORMOC CITY Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	b. Are you a person with disability?		☐ YES ☑ NO				
AMELITO BORNEO G.H DEL PILAR ST. BAYBAY CITY O9852993221 MAE CLAIRE LABADO COGON, ORMOC CITY, LEYTE O9173074394 ALMERA DAÑOLA BRGY. ZACARITO, BAYBAY CITY, O9503089174 LEYTE LEYTE O91803089174 LEYTE LEYTE Dilippines. I authorize the agency head/authorized representative to verifylvalidate 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. Government Issued ID (is Passport, OSIS, SSS, PRC, Driver License, etc.) PILEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDILicense/Passport No: 1325-0364287-6 Date Piace of Issuance: ORMOC CITY Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.	c. Are you a solo parent?		☐ YES ☑ NO				
AMELITO BORNEO G.H DEL PILAR ST. BAYBAY CITY O9852993221 MAE CLAIRE LABADO COGON, ORMOC CITY, LEYTE O9173074394 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. Government Issued ID: PHILHEALTH ID IDIL cense/Passport No.: 1325-0364297-6 Date/Place of Issuance: ORMOC CITY Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
ALMERA DAÑOLA BRGY. ZACARITO, BAYBAY CITY, LEYTE 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 verifylvalidate 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. Government Issued ID: PHILHEALTH ID IDILicense/Passport No.: 1325-0364297-6 Date/Place of Issuance: ORMOC CITY Date Place of Issuance: ORMOC CITY SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	NAME	ADDRESS	TEL. NO.				
ALMERA DAÑOLA BRGY. ZACARITO, BAYBAY CITY, LEYTE 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. Government Issued ID (in Passport, Gist, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDILicense/Passport No.: 1325-0364297-6 Dete/Place of Issuance: ORMOC CITY SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	AMELITO BORNEO	G.H DEL PILAR ST. BAYBAY CITY	09852993221				
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. Government Issued ID (ia-Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDLicense/Passport No.: 1325-0364297-6 Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	MAE CLAIRE LABADO		09173074394				
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. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDILicense/Passport No.: 1325-0364297-6 Date/Place of Issuance: ORMOC CITY Date Accomplished SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.		LEYTE					
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID IDILicense/Passport No.: 1325-0364297-6 Date/Place of Issuance: ORMOC CITY Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc	ent laws, rules and regulations of the resentative to verify/validate the content	Republic of the is stated herein.				
Government Issued ID: PHILHEALTH ID IDILicense/Passport No.: 1325-0364297-6 Date/Place of Issuance: ORMOC CITY Signature (Sign inside the box) FEBRUARY 9, 2025 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
Date/Place of Issuance: ORMOC CITY Date Accomplished PEBRUARY 9, 2025							
Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	ID/License/Passport No.: 1325-0364297-6						
	Date/Place of Issuance: ORMOC CITY						
Person Administering Oath	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.				
Person Administering Oath							
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CS CamScanner