WARNING: Any misrepresenta	ONAL DAT ation made in the Personal Data TO FILLING OUT THE PERSON	a Sheet and the V	ork Experience Sheet shall				riminal case/s a	gainst the per	rson concerned	
	te boxes ( ) and use sepa	arate sheet if ne	cessary. Indicate N/A if n	ot applicat	ble. <b>DO</b>	1. CS ID No.	(D	o not fill up. Fo	or CSC use only)	
NOT ABBREVIATE.  I. PERSONAL INFORM	IATION									
2. SURNAME	LECCIONES									
FIRST NAME	ELSON						JR			
MIDDLE NAME	ITABLE									
3. DATE OF BIRTH			16. CITIZENSHIP							
(mm/dd/yyyy)	8/17/1994		16. 61.121.16.111	Filipino Dual Citizenshi			p  D by naturalization			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE		If holder of dual citizer	nship,			Pls. indicate	e country:		
5. SEX	✓ Male	Female	please indicate the de	etails.					•	
6 CIVIL STATUS	Single	Married	17. RESIDENTIAL ADDRESS		424					
	Widowed	Separated	7.55.12.00	Н	ouse/Block/L	ot No.		Street		
	Other/s:				RIVERSID	Ε		GA-AS		
	1.65			S	Subdivision/V BAYBAY			Barangay LEYTE		
7. HEIGHT (m)					City/Municipa	ality		Province		
8. WEIGHT (kg)	56.9		ZIP CODE							
9. BLOOD TYPE	0		18. PERMANENT ADDRESS		424					
10. GSIS ID NO.	N/A						Street GA-AS			
11. PAG-IBIG ID NO.	N/A			Subdivision/Village BAYBAY City/Municipality			Barangay LEYTE Province			
12. PHILHEALTH NO.	13-202526429- 4		ZID CODE		6521					
13. SSS NO.	N/A		ZIP CODE 19. TELEPHONE NO.	563-0834						
14. TIN NO.	N/A		20. MOBILE NO.	09066371621						
15. AGENCY	N/A 21. E-MAIL ADDRESS (if			elsonlecc@gmail.com						
II. FAMILY BACKGRO	DUND		any)							
22. SPOUSE'S SURNAME		N/A		23. NAME (	of CHILDREI	N (Write full i	name and list all)	DATE OF BI		
FIRST NAME	N/A		NAME EXTENSION (JR., SR)	N/A (mm/dd/)			(mm/dd/yyyy	v) N/A		
MIDDLE NAME		N/A								
OCCUPATION		N/A								
EMPLOYER/BUSINESS NAME										
		N/A								
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24.FATHER'S SURNAME		LECCIONES								
FIRST NAME	ELSON		SR							
MIDDLE NAME		TULOD								
25. MOTHER'S MAIDEN NAME										
SURNAME		ITABLE								
FIRST NAME		PABLITA								
MIDDLE NAME	TALATAYOD		1	(Continue on separate sl			parate sheet if r	et if necessary)		
III. EDUCATIONAL BA	ACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)		EDUCATION/DEGREE/CO		PERIOD C ATTENDA		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY ADVENTIST ELEME	NTARY SCHOOL			6/1/2001	3/1/2007		2007		
SECONDARY	EAST VISAYAN ADVENTIS	ST ACADEMY			6/1/2007	4/1/20011		2011		
VOCATIONAL / TRADE COURSE										
COLLEGE	SOUTHERN LEYTE STATE U TOMAS OPPUS	INIVERSITY -			6/1/2014	4/5/2018		2018		
GRADUATE STUDIES	3.1.00									
		(Conti	l nue on separate sheet if ned	essary)		L		<u> </u>		
SIGNATURE					D4	\TE				

IV. CIVIL	. SERVICE	ELIGIBILITY							
27. CARE	ER SERVICE	/ RA 1080 (BOARD/ BAR)	UNDER RATING	DATE OF EXAMINATION A	DI ACE OF EVAL	AINIATION / C	ONEEDMEN	LICENSE (i	
ВА	RANGAY ELIG	BIBILITY / DRIVER'S LICE	NSE <sup>(If Applicat)</sup> le	CONFERMENT	PLACE OF EXAM	IIINATION / C	ONFERMEN	NUMBER	Date of Validity
LET (LICE	NSURE EX	AMINATION FOR T	ACH <b>BR.S</b> )	9/30/2018	CE	EBU		1722899	1/14/2019
			(Car	tinue on separate s	i <b>heec</b> ess <b>à</b> ry				
	K EXPERI			LVCDI di di di					
28. INCL	USIVE DATES	ovment Start from					SALARY/ JOB/ P GRADE (if	AY	GOV'T
From	m/dd/yy)yy To	POSITION (Write in full/Do			ENGY / OFFICE / COMPA (Do not abbrev)iate	NYMONTHLY SALAR	applicable)& STE (Format "00-0"). INCREMENT	STATUS OF APPOINTMEN	SERVICE (Y/ N)
110111	10						HOREMENT		
			(Co)	ntinue on separate	<b>ilhaet</b> essärv				
SIGN	IATURE		įCO	an un severale	DATE				
						<u> </u>		CS FORM 212	(Revised 201

7), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK			
		From	То	NUMBER OF HOURS				
Baybay Adventist Youth Organization		7/12/2020	7/13/1905		Vice President			
Voice of Hope Baybay Media Ministry					Vice Chairman			

VII. LEARNING AND DEVELOPMEN	·		heet if necessary	<b>'</b> )		
PROGRAMS A	(203) 111121112111311	INCLUSIVE			Type of LD	
		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(	
30. TITLE OF LEARNING AND DEVELOPMENT INTI (Write in full)		From	То		Managerial/	CONDUCTED/ SPONSORED BY (Write in full)
					Supervisory/ Technical/etc)	
BASIC OPERATIONS OF MICROSOFT OFFICE 2018	(WORD,EXCEL,POWERPOINT)	1/4/2021	1/22/2021		reclinical/etc/	ENGR. JOSE A. MORA, JR.
MULTIMEDIA TRAINING - W		8/21/2019	8/23/2019			·
						MR. BERDANDINO C. MANIEGO
VIII. OTHER INFORMATION		(Continue on se	parate sheet if ne	ecessary)		
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION 32.			1	MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33.	
Singing	(Write in full)			(Write in full)  SLSU-CTE Culture Performing Arts Guild - Singing Minstrels		
Songwriting	TEENGOG Version 1 Songwriting- SLSU Banner Song 2018, Champion				SLSU-CTE Euphonix Band	
Photography	PASUC Region VIII Culture and Arts Festival - Choral Singing Competition 2017, 3rd placer					
Videography	PASUC Region VIII Culture and Arts Festival - Band Competition 2017, 4th placer					
Hosting	ture and Arts Festival - Choral Singing Competition 2016,					
Voice overs/ Dubbing S		SCUAA 2016 - Lawn Tennis Qualifier				
Play Basketball, Lawn Tennis, Table Tennis,						
Badminton, Volleyball		(Continue on se	parate sheet if ne	ecessary)		
SIGNATURE					DATE	

34. Are you related by consanguinity or affinity to the appoin the chief of bureau or office or to the person who has im Office, Bureau or Department where you will be apppoin b. within the fourth degree (for Local Government Unit -	mediate supervision over you in the ted, a. within the third degree?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:		
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?	☐ YES ☑ NO If YES, give details: Date Filed:			
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	any law, decree, ordinance or regulation	Status of Case/s:  YES NO  If YES, give details:		_
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, terminatio out (abolition) in the public or private sector?		YES NO If YES, give details:		
38. a. Have you ever been a candidate in a national or loca Barangay election)?	l election held within the last year (except		✓ NO	
b. Have you resigned from the government service during last election to promote/actively campaign for a national		☐ YES ☐ YES If YES, g  If YES, give details:	ive details: NO	
39. Have you acquired the status of an immigrant or permane	ent resident of another country?	YES NO If YES, give details (country):		
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma</li> <li>7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), plane Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>		☐ YES If YES, please  If YES, please  If YES, please  ✓ NO  If YES, please ✓ NO	spe	ecify: ecify ID No: YES ecify ID No: YES
11.REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
NAME	ADDRESS	TEL. NO.	ID picture taken within	
Dr. Pritzel Lee Guasa Yepes	Southern Leyte, Tomas-Oppus	9208014021	the last 6	
Dr. Criselyn Saure Sescon	Southern Leyte, Tomas-Oppus	9501525763	months 4.5 cm. X 3.5	
Pstr. Emmanuel Barrientos	Isabel Leyte	9175690229	cm	
<sup>42.</sup> I declare under oath that I have personally accomplished the pursuant to the provisions of pertinent laws, rules and re Philippines. I authorize the agency head/authorized representation made in this document and its arrangement and its arrangement.	gulations of the Republic of the esentative to verify/validate the contents sta	ated herein. I agree that	(passport size)  Computer generated or	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 1722899			photocopied picture is not acceptable	
ID/License/Passport No.:	Signature (Sign inside the box)			
Date/Place of Issuance:1/4/2019 PRC, Robinson Ormoc	Date Accomplished			
		'_	Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this			, affiant exhibiting
	Person Administering Oath			