CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SI	IEE	T				
WARNING: Any misrepresent	ation made in the Personal Data Sheet and the	Work Experience Sheet shall	cause the fil	ing of admi	nistrative/cr	iminal case/s aga	inst the perso	n concerned.	
	E TO FILLING OUT THE PERSONAL DATA SHE					-	•		
Print legibly. Tick appropriate boxe	es (and use separate sheet if necessary. Indicate to	N/A if not applicable. DO NOT AB	BREVIATE.		1, CS ID No),	(Do not fill up	. For CSC use o	
I PERSONAL INFORMATI	ON								
2. SURNAME	DAJAO								
FIRST NAME	FRANCES LOUISE			NAME EXTENSION (JR., SR)					
MIDDLE NAME	BASALO		1			And the second second second			
DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	16. CITIZENSHIP		√ F	lliping	Dual Citizensh	in		
(minousyyy)					прию [buar citizensii	by natura	alization	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship,		Pls. indicate country:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5. SEX	☐ Male	please indicate the details.							
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS	ESIDENTIAL ADDRESS 586 House/Block/L		ot No.		DE DECIEMBRE Street DBLACION ZONE		
7. HEIGHT (m)	1.65m			BAYBAY CIT	odivision/Village		Barangay LEYTE		
			City/Municit		nicipality		Province		
WEIGHT (kg) BLOOD TYPE	70kg	18. PERMANENT ADDRESS	586		6524 30 DE DECIEMBRE		DE DECIEMBRE	ST.	
10. GSIS ID NO.	<u> </u>	PUCD CONCEPTS INCA	Но	ouse/Block/Lot	No.	PO	Street BLACION ZONE	18	
v spasa sc		TAS STATE DARKERSS. OF ANTS YES SCIENCE	Subdivision/Village		ge Barangay				
11. PAG-IBIG ID NO.	121259775485		BAYBAY CITY City/Municipality						
12. PHILHEALTH NO.	132503384799	ZIP CODE		6521					
13. SSS NO.		19. TELEPHONE NO.							
1 1. Tire 110.	300-000-070-0000	ZU. MUBILE NU.		0933-524-0629			1		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)			louise	ebasalo4gmail.com			
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME			23. NAME of CI	HILDREN (W	ite full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR., SR)	10.10.01	THE STATE OF THE S	ito ion namo un	u not uny	DATE OF BIR	(TT (IIII) Cur yyy)	
MIDDLE NAME							1		
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.	DAMAG								
24. FATHER'S SURNAME	DAJAO	LUME EXTENSION (12 OF)						-	
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	POLO	5 E							
25. MOTHER'S MAIDEN NAME			1					***************************************	
SURNAME	BASALO			*************					
FIRST NAME	MARIA LUISA								
MIDDLE NAME	LELIS			(Continue on se	parate sheet if nece	ssary)	4	
II. EDUCATIONAL BACKG									
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGREE	E/COLIDSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP ACADEMIC	
LEVEL	(Write in full)	(Write in full)	_ JOUNGE	From	То	UNITS EARNED (if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION		6/6/2005	3/19/2011		2011		
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION		6/6/2011	3/21/2015	-	2015		
VOCATIONAL /						-			

	SERVICE ELIG				l			LICENSE (if a	nnlianhla)
ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of	
		(1.47)	CONFERMENT	20000 20 TA DE ON THE TOTAL OF THE	NUMBER	Validity			
	CSE-PPT PROFESSIONAL		80.21%	3/17/2019	UNIVERSITY OF CEB	BU-BANILAD	CAMPUS		
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			(Co	ontinue on separate sheet i	f necessary)				
Total months and	EXPERIENCE								
faceroni me	CLUSIVE DATES	t. Start from your recent wo		or annies snonia de l	ndicaled in the attached v	Volkse voens	SALARY/JOB/PAY		00117
<u></u>	(mm/dd/yyyy)	POSITION TITE (Write in full/Do not ab		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) VISAYAS STATE UNIVERSITY-CASH		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То		Jegan Walding			STANDARD HAVE	INCREMENT		
8/6/2019	9/30/2019	CLERK		DI	9,539.00	2 2 - 2 3	JOB ORDER	Y	
12/6/2019	7/6/2020	PAYROLL CLI	ERK		EPTS INC-ACCOUNTING UNIVERSITY-COLLEGE	11,000.00		PROBITIONARY	N
3/15/2021	PRESENT	CLERK		OF ARTS	12,174.80		JOB ORDER	Υ	
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5101		Louis Agas			DATE	ATKIL (18,2021		

VI. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNMEN			ORGANIZATIO	N/S		
29. NAME & ADDRESS (Write		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK ON-THE-JOB TRAINEE-ASSISTANT OF ASSESSMENT IN- CHARGE		
ASSESSMENT-UNIVERSITY OF SAN CARLOS		5/2/2018	8/4/2018	450.0			
						A THE RESERVE OF THE PARTY OF T	
	Starte II (1987)						
	0	Continue on separa	ite sheet If necess	ary)			
VI. LEARNING AND DEVELOPMENT (L	&D) INTERVENTIONS/TRAINING				The state of the s	Menuch Pa hook as a Menuch Pa hoos v	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
SAP Basic (Logistics and Financials)	La Salin La L	5/7/2018	10/30/2018	600.0	53.4	FASTTRACK IT ACADEMY-UNIVERSITY OF SAN CARLOS	
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VIII. OTHER INFORMATION	o gran de co	ontinue on separati	sheet if necessal	(y)			
31. SPECIAL SKILLS and HOBBIES	32. NC	ON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			yes wince wear appear Just belong of mod	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SAP BUSINESS ONE		(NO III IOII)			JUNIOR PHILIPPINE INSTITUTE OF	
50 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			-			ACCOUNTANTS- CEBU FEDERATION	
25.1							
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SIGNATURE	Nountedayas		. 71 711	DA	ATE	Xpril 08,2021	
				and become made over many or the		CS FORM 212 (Revised 2017), Page 3 of	

34. Are you related by consanguinity or affinity to the appointin 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? b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	fense?	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 a any court or tribunal?	ny law, decree, ordinance or regulation by	☐ 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, in the public or private sector?	finished contract or phased out (abolition)	If YES, give details: END OF TERM -> PANDENIC				
a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	YES NO If YES, give details:				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	candidate?	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 and (c) Solo Parents Welfare Act of 2000 (RA 8972), please						
Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?		YES NO 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 applican	it /appointee)					
NAME	ADDRESS	TEL. NO.				
MRS. LOUELLA C. AMPAC	J.P Lawel St. Baybay City Leyte	0917 - 342-3297				
MRS. RAQUEL H. DOHILING	1 n = -	0917310-8067				
MRS. ABRILYN M. SAROMINES	LAHUG, CEBU CITY, CEBU	0939-374-4944				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin 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 Fentative to verify/validate the contents stated	Republic of the distribution of the distributi				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	1 2 4 5 6					
PLEASE INDICATE ID Number and Date of Issuance	dointedans					
Government Issued ID: PhilHealth	The state of the					
ID/License/Passport No.: 13 = 250 338 479 = 9	Signature (Sign inside the bo	x)				
Date/Place of Issuance: BAYBAY CITY LEYTE	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above.				
AT.	Person Administering Oath					