CS Form No. 212 Revised 2017  PERSONAL DATA SHEET										
WARNING: Any misrepresentati	ion made in the Personal Data S	Sheet and the	Work Experience Sheet sh	nall cause the	filing of adı	ministrative	/criminal case/s	against the p	erson	
concerned. READ THE ATTACHED GUIDE 1 Print legibly. Tick appropriate							(Do r	not fill up. For	CC use only)	
I. PERSONAL INFORMA		311001111101	Social y. Indiodio 1.,	арриоце.е.	DO 1401 7	1. 60 15 1	150.	10t IIII up. 1 0.		
2. SURNAME	JUANILLO									
FIRST NAME	KAY						NAME EXTENSION	(JR., SR)	NA	
MIDDLE NAME	TEPAIT									
3. DATE OF BIRTH			16. CITIZENSHIP							
(mm/dd/yyyy)	1/3/1998		16. CITIZENSHIP	☐ Filipino ☐ Dual Citizenship☐ ☐ by birth ☐				Thu mak walinakian		
4. PLACE OF BIRTH	BOGO CITY. CEE	3U	If holder of dual citizenship,			Pls. indicate	∃by naturaliza e country:	iuon		
5. SEX	☐ Male ☑ F	Female	please indicate the o	please indicate the details.					•	
6 CIVIL STATUS		Married	17. RESIDENTIAL ADDRES					N/A		
	☐ Widowed ☐ Separated ☐ Other/s:			House/Block/Lot No. N/A		Street GUADALUPE				
				Subdivision/Village BAYBAY			<i>Barangay</i> LEYTE			
7. HEIGHT (m)	1.47			Cit	Municipality			Province		
8. WEIGHT (kg)	58		ZIP CODE		6521			LEYTE		
9. BLOOD TYPE	0		18. PERMANENT ADDRES	Hous	N/A e/Block/Lot l	Vo.	N/A Street			
10. GSIS ID NO.	N/A			Subo	N/A division/Villag	ge	GAIRAN Barangay			
11. PAG-IBIG ID NO.	121237438191			City	BOGO y/Municipality	y		CEBU Province		
12. PHILHEALTH NO.	12-250730327-5		ZIP CODE		6010					
13. SSS NO.	N/A		19. TELEPHONE NO.		NA					
14. TIN NO.	729-543-397	20. MOBILE NO.								
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if ar		<u> </u>	ay.juanil	lo@vsu.edu.j	<u>oh</u>		
II. FAMILY BACKGROU	טאט							DATE C	E DIDTH	
22 SDOLISE'S SLIDNIAME I		NIA		22 NIAME of	CHII DDEN	/\//rito full n	ama and list all)	DAIL	IF BIK I H	
	NA	NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME	NA		NAME EXTENSION (JR., SR)	23. NAME of		(Write full n	ame and list all)	(mm/d		
FIRST NAME MIDDLE NAME	NA	NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION	NA	NA NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM	NA	NA NA NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS	NA NA	NA NA NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO.		NA NA NA NA	NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24.:ATHER'S SURNAME	JI	NA NA NA		23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24.:'ATHER'S SURNAME FIRST NAME	JI JONATHAN	NA NA NA NA NA UANILLO	NAME EXTENSION (JR., SR)  NAME EXTENSION (JR., SR)	23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24.:ATHER'S SURNAME FIRST NAME MIDDLE NAME	JI JONATHAN	NA NA NA NA		23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24.:ATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	JU JONATHAN	NA NA NA NA NA UANILLO		23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION  EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO.  24.:ATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME	JU JONATHAN	NA NA NA NA UANILLO TUDIO		23. NAME of		`	ame and list all)	(mm/d	d/yyyy)	
FIRST NAME MIDDLE NAME OCCUPATION  EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24.:ATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME SURNAME FIRST NAME FIRST NAME	JONATHAN	NA NA NA NA UANILLO TUDIO TEPAIT IDA		23. NAME of		NA .		(mm/d	d/yyyy)	
MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAM  BUSINESS ADDRESS  TELEPHONE NO.  24.: ATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  SURNAME  SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  FIRST NAME  MIDDLE NAME	JONATHAN B	NA NA NA NA UANILLO TUDIO		23. NAME of		NA .	arate sheet if nec	(mm/d	d/yyyy)	
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FIRST NAME MIDDLE NAME OCCUPATION  EMPLOYER/BUSINESS NAM BUSINESS ADDRESS TELEPHONE NO. 24. ATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME LEVEL	JONATHAN  JONATHAN  B  CKGROUND  NAME OF SCHOOL (Write in full)	NA NA NA NA NA UANILLO TUDIO TEPAIT IDA ATERNA	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR (Write in full)	REE/COURSE	(Conti	nue on sep  DD OF DANCE To SY 2009-	arate sheet if nec	(mm/d N	SCHOLARSHIP / ACADEMIC HONORS RECEIVED	
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FIRST NAME MIDDLE NAME  OCCUPATION  EMPLOYER/BUSINESS NAM BUSINESS ADDRESS  TELEPHONE NO.  24. ATHER'S SURNAME FIRST NAME MIDDLE NAME  SURNAME FIRST NAME MIDDLE NAME  MIDDLE NAME  LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	JONATHAN  JONATHAN  BCKGROUND  NAME OF SCHOOL (Write in full)  BOGO CENTRAL SCHO ST. LOUISE DEMARILLAC CO BOGO  N/A  VISAYAS STATE UNIVERSI	NA NA NA NA NA UANILLO TUDIO TEPAIT IDA ATERNA  OLL II OLLEGE OF	BASIC EDUCATION/DEGR (Write in full)  PRIMARY EDUCAT  HIGH SCHOOL	REE/COURSE TION	(Conti PERIC ATTEN From SY 2004- 2005 SY 2010- 2011 N/A SY 2014-	nue on sep  DD OF DANCE  To  SY 2009- 2010  SY 2013- 2014  N/A  SY 2017-	HIGHEST LEVEL/ UNIT'S EARNED (if not graduated)  NA  NA  NA	(mm/d N N N YEAR GRADUATED 2010 2014 N/A	SCHOLARSHIP / ACADEMIC HONORS RECEIVED N/A N/A CUM	

SIGNATURE

APRIL 16, 2021

DATE

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR)		RATING	DATE OF				LICENSE (if applicable)		
UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	PLACE OF EXAMINATION / CONFERMENT			Date of Validity	
	P.D. NO	D. 907							
			(Contin	ue on separate shee	et if necessary)				
	( EXPERIE rivate emplo	NCE ovment. Start from ve	our recent work	k) Description of	duties should be in	dicated in		d Work Expe	rience sh
	SIVE DATES	500,500		DEPARTMENT	/ AGENCY / OFFICE /		SALARY/ JOB/ PAY GRADE (if		GOV'T
	n/dd/yyyy) To	POSITION 1 (Write in full/Do not		CC	OMPANY /Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/ N)
3/18/2021	present	PART-TIME INS	TRUCTOR		OF LIBERAL ARTS AND ENCES, VISAYAS STATE	7000.00	INCREMENT	JOB	Υ
8/1/2020	3/28/2021	PART-TIME INS		DEPARTMENT ( BEHAVIORAL SCI	DF LIBERAL ARTS AND ENCES, VISAYAS STATE	7001.00		JOB OPPER	Υ
1/13/2020	5/23/2020	PART-TIME INS	TRUCTOR	DEPARTMENT ( BEHAVIORAL SCI	DF LIBERAL ARTS AND ENCES, VISAYAS STATE	7000.00		ORDER JOB ORDER	Υ
8/1/2019	12/13/2010	PART-TIME NS	TRUCTOR	DEPARTMENT ( BEHAVIORAL SCI	DF LIBERAL ARTS AND ENCES, VISAYAS STATE	7000.00		JOB ORDER	Υ
1/8/2019	5/11/2019	PART-TIME NS	TRUCTOR	DEPARTMENT ( BEHAVIORAL SCI	OF LIBERAL ARTS AND ENCES, VISAYAS STATE	7000.00		JOB ORDER	Y
8/1/2019	12/11/2019	PART-TIME NS	TRUCTOR	BEHAVIORAL SCI	DF LIBERAL ARTS AND ENCES, VISAYAS STATE	9000.00		JOB ORDER	Υ
1/7/2020	5/22/2020	PART-TIME NS	TRUCTOR	BEHAVIORAL SCI	OF LIBERAL ARTS AND ENCES, VISAYAS STATE	9000.00		JOB ORDER	Υ
			<i>(</i> 0 <i>(</i> 1		4 16				
SIGNA	TURE		(Contin	nue on separate shee	et if necessary)  DΔTF		April 16 20	21	

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					RGANIZATION/S		
29. NAME & ADDRESS OF ORGAN (Write in full)		/E DATES d/yyyy) To	NUMBER OF HOURS	PO	SITION / NATURE OF WORK		
LT 217 Masterands, Visaya	January	June			Community Outreach		
LT 212 Masterands, Visaya	August	December			Community Outreach		
Tau Omega Mu		12/13/2018	12/13/2018	12		Medical Mission	
Farmers and Fisherfolks		5/28/2018	5/28/2018	6		Service	
College of Arts and Science-Su Council	preme Student	12/7/2017	12/7/2017	12		Community Outreach	
Council							
VII. LEARNING AND DEVELOPMEN (Start from the most recent L&D/training program		ENTIONS/T		ROGRAMS		ef/Executive/Managerial positions)	
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)		
2nd International Conference on Philippine	and Asian Studies	3/5/2018	5/5/2018	24.0	Curriculum	De La Salle University and Visayas State University	
Gender Sensitivity Training and nti-Sex Orientation	ual Harassment	9/4/2018	9/4/2018	8.0	Curriculum	Visayas State University	
- Chomaion							
		(0. ::					
(Continue on separate sheet if necessary)  VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32.	NON-ACADE	MIC DISTINCTIO		ITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION	
COMPUTER LITERATE	(Write in Tulli) (Wr  RESEARCH PUBICATION IN E-STRUCTURAL: ENGLISH STUDIES ON VISAYAS STATE UI					(Write in full) VISAYAS STATE UNIVERSITY ALUMNI	
PHOTOGRAPHY	SECRETA	TON, CULTURE, LITERATURE, AND LINGUISTICS RIAT, WORKSHOP FOR THE TEACHING OF THE				ASSOCIATION	
WRITING		UBICATION IN NOBEL: JOURNAL FOR LANGUAGE					
COOKING	TEACHING AND LITERATURE EAKER, CAS-SSC LEADERSHIP TRAINING						
PAINTING		FINALIST, VSU LEADERSHIP AWARD					
		FACILI	TATOR, PAS	SUC 2020			
CIONATURE	(Continue or	separate shee	t if necessary)	Anail 40, 0004			
SIGNATURE					DATE	April 16, 2021  CS FORM 212 (Revised 2017), Page 3 of 4	

Are you a person with disability?    Are you a solo parent?   YES, please specify:   YES, please specify   D No:   YES, please specify:   YES, please specify:   YES, please specify   D No:   YES, please specify   D No:   YES, please specify:   YES, pl	34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be apppoint	immediate supervision over you					
If YES, give details:     vrs	a. within the third degree?	☐ YES ☑ NO					
No   If YES, give details:     No   If YES, give details:     No   If YES, give details:   Date Fibro:   Status of Case/s:     No   If YES, give details:   Date Fibro:   Status of Case/s:     No   If YES, give details:   Date Fibro:   Status of Case/s:     No   If YES, give details:   Date Fibro:   Status of Case/s:     No   If YES, give details:   Date Fibro:   No   If YES, give details:	b. within the fourth degree (for Local Government	☐ YES ☑ NO					
b. Have you been criminally charged before any court?    If YES, give details:		If YES, give detail	s:				
b. Have you been criminally charged before any court?    If YES, give details:	25 a Have you ever been found quilty of any adminis						
b. Have you been criminally charged before any court?    YES_give details:   Date Filed:   Status of Caseris:     YES_give details:   Date Filed:   Status of Caseris:     YES_give details:   Other Filed: Status of Caseris:     YES_give details:   YES_give details:     YES_give details:   YES_give details:     YES_give details:	35. d. Have you ever been found guilty of any durining						
If YES, give details:			<b>.</b>				
If YES, give details:	h. Have you been criminally charged before any o	□ YES ☑ N	NO.				
Date Filed:   Status of Case/s:	b. Have you been chillinally charged belore ally c						
Are you a content of the last election to promote/actively campaign for a national or local persons (RA 7277); and (c) Solo Parents Wolfare Act of 2000 (RA 8972), please   Are you a solo parent?   YES, give details:   YES, give give   YE							
ordinance or regulation by any court or tribunal?  77. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of farm, finished contract or phased out (abolition) in the public or private sector?  88. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  9. 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 process of the control of the status of an immigrant or permanent resident of another control?  9. Have you acquired the status of an immigrant or permanent resident of another control?  9. 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 a Are you a member of any indigenous group?  9. Are you a solo parent?  9. Are you a solo parent?  1. REFERENCES (Person not related by consanguintly or affinity to applicant /appointsee)  NAME			Status of Case/s:				
TES, give details.		☐ YES 🔽	NO				
resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased vul (abolition) in the public or private sector?  38. a. Have you ever been a candidate in a national or local election held within the last year (except 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 country?  b. 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 a Are you a member of any indigenous group?  41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)  NAME  ADDRESS  TEL. NO.  JETT QUEBEC  TAGLOBAN, LEYTE  9082713404  42. I declare under cath 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/visidate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart N 729-44-397  Date/Place of Issuano  9/07/2018, ORMOC CITY  ATTY, RYSAN C. GUINOCOR	ordinance of regulation by any court of tribunar:		If YES, give detail	S:			
resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased vul (abolition) in the public or private sector?  38. a. Have you ever been a candidate in a national or local election held within the last year (except 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 country?  b. 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 a Are you a member of any indigenous group?  41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)  NAME  ADDRESS  TEL. NO.  JETT QUEBEC  TAGLOBAN, LEYTE  9082713404  42. I declare under cath 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/visidate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart. Cast. SSS, PRC, Decent Lesses, etc.) PLEASE MIDICATE ID Covernment Issued ID p.e. Passpart N 729-44-397  Date/Place of Issuano  9/07/2018, ORMOC CITY  ATTY, RYSAN C. GUINOCOR	07. 11		-				
### SEREGENA RUTH L. MARTINEZ  **SEREGENA RUTH L. MARTINEZ  **SUBCASSION OF TACHER OF TACHER OF THE PROVISIONS OF THE PRIMED RUSHED FROM THE PROVISIONS OF THE PRIMED RUSHED							
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 country?  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 a Are you a member of any indigenous group?  41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)  NAME  ADDRESS  TEL. NO.  11 YES, please specify ID No:							
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 acandatator.  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 Are you a member of any indigenous group?  41. Representative to verify the status of any indigenous group?  42. Are you a person with disability?  43. 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 are you a member of any indigenous group?  44. Representative to verify to applicant / appointee)  45. Representative to verify to applicant / appointee)  46. ADDRESS TEL. NO.  47. JURIAN BALOTOL JR. VISCA, BAYBAY CITY NIA  47. RUBEN BALOTOL JR. VISCA, BAYBAY CITY 9153646119  48. 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 Government Issued ID TIN  47. Government Issued ID TIN  48. Signature (Sign inside the box)  48. Option of the Republic of the Philippines. I authorize the agency head/authorized representation made in this document and its attachments shall cause the filing of Right Thumbmark  48. Philippines I authorize the agency head/authorized representation made in this document and its attachments shall cause the filing of Right Thumbmark  49. Philippines I authorize the agency head/authorized representation made in this document and its attachments shall cause the filing of Right Thumbmar		r local election held within the last		☑ NO			
period before the last election to promote/actively campaign for a national or local candidatory.  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 Are you a member of any indigenous group?  41. Respective to the status of any indigenous group?  42. Are you a solo parent?  43. Party ou a solo parent?  44. Respective to the status of any indigenous group?  45. Are you a solo parent?  46. Are you a person with disability?  47. Respective to the status of any indigenous group?  48. Respective to the status of any indigenous group?  49. Are you a person with disability?  40. Are you a person with disability?  41. Respective to the status of any indigenous group?  42. It 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 filling of Respective of the Republic of the Philippines. I authorize the agency head/authorized Right Thumbmark  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 personal person	year (except barangay election)?		If YES, give details:_				
All			☐ YES ☑ NO				
## 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 a Are you a member of any indigenous group?  ## Are you a person with disability?  ## Are you a solo parent?  ## Are you a solo parent?  ## ADDRESS  ## TEL NO.  ## JETT QUEBEC  ## ADDRESS  ## TEL NO.  ## JETT QUEBEC  ## TACLOBAN, LEYTE  ## 9082713404  ## SEREGENA RUTH L. MARTINEZ  ## WISCA, BAYBAY CITY  ## PISSA66119  ## 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.  ## Government Issued ID (in. Parapport, CSIS, SSS. PRC, Driver)  ## Lookers Passport N 728-543-397  ## Date Place of Issuanc  ## PLEASE MIDICATE ID Covernment Issued ID (in. Parapport, CSIS, SSS. PRC, Driver)  ## Date Accomplished  ## ATTY, RYSAN C. GUINOCOR  ## ATTY, RYSAN C. GUINOCOR	candidate?		If YES, give details:				
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 a Are you a member of any indigenous group?    YES   NO     YES   NO     YES   Please specify:   YES   NO     YES   Please specify:   YES   Please specify:   YES   NO     YES   Please specify:   YES   NO     YES   Please specify:   NO     Please specify:   NO   Please spe		or permanent resident of another					
Persons (RA 7277), and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group?	,		If YES, give details (country):				
Are you a member of any indigenous group?    YES   NO     YES   PkS, please specify   D No:     PkS, please specify   D No:							
Are you a person with disability?  Are you a solo parent?  And  ADDRESS  TEL. NO.  JETT QUEBEC  TACLOBAN, LEYTE  9082713404  SEREGENA RUTH L. MARTINEZ  VISCA, BAYBAY CITY  N/A  RUBEN BALOTOL JR.  VISCA, BAYBAY CITY  9153646119  At 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  Government Issued ID (its Passport, CSIS, SSS, PRC. Driver's License, etc.)  PLEASE INDICATE ID  Government Issued ID  TIN  IDICLicense/Passport N  729-543-397  Date/Place of Issuanc  9/07/2018, ORMOC CITY  Date Accomplished  ATTY. RYSAN C. GUINOCOR		7 (ct of 2000 (10 ( 0072), ploase	□ vec 5	ZI NO			
If YES, please specify ID No:	, , , , , , , , , , , , , , , , , , , ,						
A1. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)    NAME	<sup>b</sup> Are you a person with disability?						
ALTY. RYSAN C. GUINOCOR  ADDRESS TEL. NO.  NAME ADDRESS TEL. NO.  JETT QUEBEC TACLOBAN, LEYTE 9082713404  SEREGENA RUTH L. MARTINEZ VISCA, BAYBAY CITY N/A  RUBEN BALOTOL JR. VISCA, BAYBAY CITY 9153646119  VISCA, BAYBAY CITY 9153646119  VISCA, BAYBAY CITY 9153646119  VISCA, BAYBAY CITY 9153646119  The last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name tag and signature over printed name tag and signature over printed name 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 filling of  Government Issued ID (i.e. Passport, Cisis, SSS, PRC, Driver's PLEASE INDICATE ID Government Issued ID TIN 10/License, Passport N 729-543-397  Date/Place of Issuanci 9/07/2018, ORMOC CITY  Date Accomplished  ATTY. RYSAN C. GUINOCOR	c Are you a solo parent?						
NAME ADDRESS TEL. NO.  JETT QUEBEC TACLOBAN, LEYTE 9082713404  SEREGENA RUTH L. MARTINEZ VISCA, BAYBAY CITY N/A  RUBEN BALOTOL JR. VISCA, BAYBAY CITY 9153646119  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  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID  Government Issued ID TIN  Date/Place of Issuance 9/07/2018, ORMOC CITY Date Accomplished  ATTY. RYSAN C. GUINOCOR	41. REFERENCES (Person not related by consanguinity or affini	ty to applicant /appointee)	ii 125, piedes spesii	, 15 No			
SEREGENA RUTH L. MARTINEZ  VISCA, BAYBAY CITY  N/A  RUBEN BALOTOL JR.  VISCA, BAYBAY CITY  9153646119  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  Government Issued ID (i.e.Passport, GSIS, SSS. PRC, Driver's License, etc.)  PLEASE INDICATE ID  Government Issued ID TIN  ID/License/Passport N  729-543-397  Date/Place of Issuanc:  9/07/2018, ORMOC CITY  Date Accomplished  ATTY. RYSAN C. GUINOCOR	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,	TEL NO				
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CRIBED AND SWORN to before me this   PLEASE INDICATE ID	'						
Government Issued ID TIN  ID/License/Passport N 729-543-397 Date/Place of Issuanci 9/07/2018, ORMOC CITY  CRIBED AND SWORN to before me this	` i _ i						
Date/Place of Issuance 9/07/2018, ORMOC CITY  Signature (Sign inside the box) 04/16/2021 Date Accomplished  Right Thumbmark  CRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated  ATTY. RYSAN C. GUINOCOR							
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