CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

Print legibly. Tick appropriately (e) (e) (e) (f) (e) (e) (f) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		sheet if necessary. I	III LISHING IN	L PUS PUR	uri,			
[E]====(0)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The state of the s		ndicate N/A	if not app	1. CS ID No.		(Do not fill up. F	or CSC use only)
2. SURNAME					Daniel Control of the			
	ADVINCULA						C SR)	
FIRST NAME	JENNILLE				NAME EXTENSION (JR	, on)		
MIDDLE NAME	MANILAG							
3. DATE OF BIRTH (mm/dd/yyyy)	10-14-2000	16. CITIZENSHIP		☑ Filip	ino	Dual Citizenship		
4. PLACE OF BIRTH	ORMOC CITY HOSPITAL	If holder of dual citizenship,		Pls. indicate co			ountry:	
5. SEX	☐ Male ☑ Female	please indicate the details.						
6 CIVIL STATUS	☑ Single☐ Widowed☐ Separated☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village			Street DEL CARMEN Barangay		
7. HEIGHT (m)	1.50			DULAG			LEYTE Province	
8. WEIGHT (kg)	53	ZIP CODE		htty/Municipality		6505	110111100	
9. BLOOD TYPE		18. PERMANENT ADDRESS						
10. GSIS ID NO.	N/A		House/Block/Lot No.			DEL CARMEN		
		•	Sut	bdivision/Village DULAG			LEYTE	
11. PAG-IBIG ID NO.	N/A		Ci	ty/Municipality		Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		6505				
13. SSS NO.	N/A	19. TELEPHONE NO.		NONE				
14. TIN NO.	658-834-698	20. MOBILE NO.		09103952829				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			jennillead	dvi@gmail.co	<u>m</u>	
IL FAMILY BACKGROUND		The Partie of the State of the	DO NAME OF CHI	LDDCN ANd	- full name and	liet oll)	DATE OF BIDT	(voorddhoord)
22. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME OF CHI	HILDREN (Write full name and list all) N/A		ust an)	DATE OF BIRTH (mm/dd/yyyy) N/A	
FIRST NAME	N/A		N/A		N/A N/A			
MIDDLE NAME	N/A		N/A					
OCCUPATION	N/A		N/A		N/A N/A			
EMPLOYER/BUSINESS NAME	N/A		N/A				N/A	
BUSINESS ADDRESS	N/A		N/A				N/A	
TELEPHONE NO.	N/A		N/A				NA	
24. FATHER'S SURNAME	ADVINCULA	JR		N/A			N/A	
FIRST NAME	TOMAS			N/A		N/A		
MIDDLE NAME	KIVAO			N/A			N/A N/A	
5. MOTHER'S MAIDEN NAME	MANILAG			N/A			N/A	
SURNAME	VICTORINA		N/A		N/A N/A		Ave to a	
FIRST NAME	CAINDOY					parate sheet if necessary)		
MIDDLE NAME		THE RESIDENCE OF THE PARTY OF T	m hamby per per please			Parate Sheet in neces	MANAGE AND	A Committee of the second
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR ACADEMIC HONORS RECEIVED	
ELEMENTARY	CABACUNGAN ELEMENTARY SCHOOL	PRIMARY EDUCATION		2007	2013	GRADUATED	2013	WITH
SECONDARY	CABACUNGAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION		2013	2017	GRADUATED	2017	WITH
SENIOR HIGH SCHOOL	CABACUNGAN SENIOR HIGH SCHOOL SENIOR HIGH SCHOOL		L GRADE	2017	2019	GRADUATED	2019	WITH
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY- TANAUAN CAMPUS	BACHELOR OF SECONDARY EDUCATION (SCIENCE)		2019	2023	GRADUATED	2023	ACHIEVER
GRADUATE STUDIES	N/A	N/A				N/A	N/A	
SIGNATURE	SIGNATURE (Continue on separate sheet if nece			DATE 10-17-2124			2017), Page 1 of 4	

IV. CIVIES	HENDINE SERVICE	SIEILITY			The second second	eterytony)		LIGENOE	-
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Application)			RATING (If Applicable) DATE OF EXAMINATION / CONFERMENT DATE OF EXAMINATION / CONFERMENT					NUMBER 2145922	Date of Validity
			84.0	09/24/2023 LEYTE NATION			HOOL		
•									
			(Con	tinue on separate sheet if	necessary)				
	Xश्चरामाल=			and a surprise of the contract of the	THE PROPERTY OF THE PARTY OF TH			ety-menaphy mineral	A PARTIES
8. INCLU	SIVE DATES	The Site Individual of the State of the Stat				35 # 1/07/d=37	SALARY/ JOB/ PAY		
From (mr	n/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (II applicable)& STEP (Formal "CO-O")	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
11/23/2023	To 12/19/2023	DOCUMENT	TFR	DIII AG	LGU-DSWD	6500.00	JOB	CONTRUCTUAL	YES
		TEAM SUPERVISOR: THIRD LEVEL CENSUS OF		DOLAG		6500.00	ORDER	CONTRUCTUAL	123
07/15/2024	09/30/2024	MONITORING SYSTEM (POPC GEOTAGGING ENUI	EN-CBMS) HPQ AND	PSA	LEYTE		JOB ORDER	CONTRUCTUAL	YES
	-								
									A. A.
									Mary a com
				inue on separate sheet if	necessary)				Pr
SIGNA	TURE	advinanta	Toom	*	DATE		10-17-3	24	

The state of the s

NAME & ADDRESS OF (Write in f	ORGANIZATION	INCLUSI	VE DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK	
(VVIRO III I		From	To	NOMBER OF HOURS			
N/A		N/A	N/A	N/A		N/A	
	(Co	ontinue on separate	sheet if necessary				
LUNARNING AND DEVELOPMENT (LE	DWINDSERVENTEDNESTER JUNIO	1:(0)c):/4\/\6\/.	173/11/2		and the same		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD / Managerial/	CONDUCTED/ SPONSORED BY (Write in full)	
10 DAYS BASIC COMPUTER L	ITERACY TRAINING	02/12/2024	02/23/2024	80.0	PARTICIPANT	JE MONDEJAR COMPUTER COLLEGE, TA	
THIRD LEVEL TRAINING CENSUS OF POPUL MONITORING SYSTEM (P	ATION AND COMMUNITY BASED	07/08/2024	07/13/2024	48.0	PARTICIPANT	DULAG LEYTE	
CARLES IN COLUMN CONTRACTOR		ntinue on separate s					
SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTIN	CTIONS / RECOG			MEMBERSHIP IN ASSOCIATION/ORGANI	
TECHNOLOGY INTEGRATION	(Write in full) N/A					(Write in full) N/A	
STRONG COMMUNICATION SKILLS							
COOKING							
		- (5					
	1.11						
SIGNATURE	(Continue on separate sheet if necessary) DATE				TE	10-17-2004	

			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	THE REAL PROPERTY.
	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,	or recommending authority, or to the supervision over you in the Office,		
	a. within the third degree?	☐ YES ☑ NO		
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO		
-			If YES, give details:	
				_
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO		
		If YES, give details:		
				_
	b. Have you been criminally charged before any court?	☐ YES ☑ NO		
	D. Have you been community charged below any count.		If YES, give details:	
			Date Filed:	Thy :
			Status of Case/s:	_
	Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation	☐ YES ☑ NO	
	by any court or tribunal?		If YES, give details:	
				_
	Have you ever been separated from the service in any of the		☐ YES ☑ NO	
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	d of term, finished contract or phased	If YES, give details:	
	a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	☐ YES ☑ NO	
	Barangay election)?		If YES, give details:	
	b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES ☑ NO	
	election to promote/actively campaign for a national or local	If YES, give details:	_	
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	TI VEC . TI NO	
33.	That's you do quite and all all mining and or politically	, and an another dearning.	☐ YES ☑ NO If YES, give details (country):	
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag			
	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?		☐ 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?		If YES INO If YES, please specify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	(/appointee)		7
122	NAME	ADDRESS	TEL. NO.	
-	DR. REX C. BRIONES	BRGY. SERRANO DULAG, LEYTE	N/A	
			N/A	,
	JAMES R. PEDRERA, MAIS	ALANG-ALANG, LEYTE		
	DR. EGBERT G. DEL PILAR	BURAUEN, LEYTE	N/A	
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a to	rue, correct and	
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representations of pertine Philippines.	ent laws, rules and regulations of the sentative to verify/validate the contents	s stated herein. ADVINCULA, JENNILLE M	
	I agree that any misrepresentation made in this doct	ument and its attachments shall caus	se the filing of	
	administrative/criminal case/s against me.			_
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	applinala		
	EASE INDICATE ID Number and Date of Issuance			
Go	overnment Issued ID: PASSPORT			
ID	License/Passport No.: P1974075C	ox)		
Da	te/Place of Issuance: 10/10/2022 TACLOBAN CITY	Date Accomplished	Right Thumbmark	1.7
_			Togic monor	
	SUBSCRIBED AND SWORN to before me this	T 1 7 2024 , affiant exhibit	ing his/her validly issued government ID as indicated above.	
		Mulling th		Alexander III
		MUNICIPAL MAYOR - DULAG,	LEYTE	
-		PURSUANT TO SEC. 41, CHAPTER 10, BOOK		eon Act
		/WILHDLD D1 1010/00.	OUT OTHER PROPERTY AND A PARTY	Wall Control

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