CS Form No. 212 Revised 2017 WARNING: Any misropresen person concerned.	PERS		TA SHEET	dministrative/	criminal case/s against the		
	es \(\subseteq \) and use separate sheet if nece				(Do not fill up. For CSC use on		
I. PERSONAL INFORMAT		PARTITION OF THE PARTY					
2. SURNAME	NIÑEZ						
FIRST NAME	MINETTE		TENSION (JR., SR)				
MIDDLE NAME	MACASUHOT						
3. DATE OF BIRTH (mm/dd/yyyy)	1/10/1997	16. CITIZENSHIP	☑ Filipino	A CONTRACTOR OF THE PARTY OF TH	Dual Citizenship by birth by naturalization Pls. indicate country:		
4. PLACE OF BIRTH	SLPH, MAASIN SO. LEYTE	If holder of dual citizensh	ip,				
5. SEX	☐ Male ☑ Female	please indicate the detail					
6 CML STATUS		17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village		Ramon Vaño Street Street Taliwa Barangay		
7. HEIGHT (m)	5'0		Malithog		Southern Leyte		
8. WEIGHT (kg)	58KG	ZIP CODE	Gity/Municipality	6603	Province		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS			Ramon Vaño Street		
10. GSIS ID NO.	N/A		House/Block/Lot No.		Street Taliwa		
		-	Subdivision/Village Malitbog		Barangay Southern Leyte		
11. PAG-IBIG ID NO.	1212 2799 5695		City/Municipality		Province		
12. PHILHEALTH NO.	132516930148	ZIP CODE	6603				
13. SSS NO.	0641384075	19. TELEPHONE NO. N/A					
14. TIN NO.	702-386-659	20. MOBILE NO.	09814456324		Loom		
15. AGENCY EMPLOYEE NO. II. FAMILY BACKGROUN	N/A	21. E-MAIL ADDRESS (if any)	ninezminette1@gma		ail.com		
22. SPOUSE'S SURNAME	T N/A		23, NAME of CHILDREN (Write full name a	and list all)	DATE OF BIRTH (mm/dd/yyy		
FIRSTNAME	N/A	NAME EXTENSION (JR., SR)	N/A				
MIDDLE NAME	N/A						
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME	N/A						
BUSINESS ADDRESS	N/A						
TELEPHONE NO.	N/A			1000			
24. FATHER'S SURNAME	NIÑE	Z			7/13/1967		
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)					
MIDDLE NAME	SANO	RIA					
25. MOTHER'S MAIDEN NAME							
SURNAME	MACAS	инот			8/11/1965		
FIRST NAME	LILL	A					
	ESCLAMADO		(Continue on separate sheet if necessary)				

(Write in full) To RECEIVED MALITBOG CENTRAL SCHOOL 2003 2009 N/A 2009 N/A ELEMENTARY SANTO NIÑO ACADEMY 2009 N/A 2013 N/A 2013 SECONDARY N/A N/A N/A N/A N/A N/A SOUTHERN LEYTE STATE UNIVERSITY BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MANAGEMENT CUM 2013 2017 2017 N/A COLLEGE LAUDE GRADUATE STUDIES N/A N/A N/A N/A N/A SIGNATURE DATE April 12, 2023

7. CARE	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	pplicable)
SPECIA	LLAWS/ CES/ CS		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFI	ERMENT	NUMBER	Date of Validit
CIVIL SE	RVICE PD 90	7-HONOR GRADUATE	N/A	N/A	REGIONAL OFFICE	NO.8 - PAL	O, LEYTE	10010817038	
			(Continu	ie on separate sheet if	necessary)				
	EXPERIENC	CE ment. Start from your rec	ent work) Descrip	tion of duties sho	uld be indicated in the	attached V	Vork Experi	ence sheet	
	USIVE DATES nm/dd/yyyy)	POSITION TITLE not abbrevia	(Write in full/Do		CY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If acolicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE
/29/2018	5/29/2019	Customer Service As	sociate/ Server	Max's	Restaurant	7800.00	INCREMENT	Regular	
/30/2019	12/4/2019	Branch Administrt	ative Officer	Max's Restaurant		10000.00		Promoted	
/2/2020	4/30/2022	Job Order-assistant in health care related services.		RHU-LGU Malitbog		6000.00		Job Order	
/1/2022	Present	Freelance Social Me	dia Strategist	On	line Jobs	20000.00		Freelancing	
	1					1			

SIGNATURE Paril 12, 2023
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29. (Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То				
A	N/A	N/A	N/A	N/A		
			-			
	-					
	1					
			1			
II. LEARNING AND DEVELOPMENT (L&C	(Co	ntinue on separate s	heet if necessary)	S ATTENDED		
tart from the most recent LSD/training program and incl						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE			Type of LD		
INTERVENTIONS/TRAINING PROGRAMS (Write in full)	(mm/dpthnani)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	From	To		Technical/etc)		
/A	N/A	N/A	N/A	N/A	N/A	
		75.5	12			
			-			
				to the		
	-					
W. STUED INFORMATION	(Co	ntinue on separale s	theet if necessary)			
III. OTHER INFORMATION					WEMOENSHIP IN	
31. SPECIAL SKILLS and HOBBIES	NON-ACADEM	IC DISTINCTIONS / R	RECOGNITION	(Write in full)	33. ASSOCIATION/ORGANIZATION (W	
BAKING	T		N/A	0.000.000.000	N/A	
	-				140	
GRAPHIC DESIGNING	-					
DRAWING/ ART						
					30	
	/6 s	ntinue on separate s	sheet if necessary)			
SIGNATURE	10	ull	D	ATE	April 12, 2023	

☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:		
YES VO		
☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:		
☐ YES ☑ NO If YES, give details:		
Tyes Volume NO If YES, give details:		
☐ YES ☑ NO If YES, give details:		
☐ YES ☑ NO If YES, give details:		
☐ YES ☑ NO If YES, give details (country):		
ns ving		
If YES, please specify: YES VOID NO If YES, please specify ID No:		
☐ YES ☑ NO If YES, please specify ID No:		
TEL: NO:		
PYTE 9568352518		
TE 9175253817		
9216527590		
is a true, correct and of the Republic of the ontents stated herein. Hall cause the filing of		
p		
1		
inside the box)		
2, 2023 Right Thumbmark		