CS Form No. 212 Revised 2017	DEDC	ONAL DAT	A CUE	III. Market excellent for s	AND STREET			
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READ THE ATTACHED GUID	E TO FILLING OUT THE PERSON.	Sheet and the Work Experience S AL DATA SHEET (PDS) BEFORE A	ACCOMPLISHING THE	filing of adi	ministrative/			
Print legibly. Tick appropriate box	es [_]) and use separate sheet if nece	essary. Indicate N/A if not applicable. D	O NOT ABBREVIATE.	1. CS ID No		(Do not fill up. F	For CSC use on	
I. PERSONAL INFORMAT								
2. SURNAME	Morales							
FIRST NAME	Jeffry				NAME EXTEN	SION (JR., SR)		
MIDDLE NAME	Modina						Section 2 in an in the	
3. DATE OF BIRTH (mm/dd/yyyy)	8/18/1985	16. CITIZENSHIP	☑ Filipino ☐ Dual Citize ☐ by birth			nship		
4. PLACE OF BIRTH	Tacloban City	If holder of dual citizenship,	NOTE THE SHOP IN THE PARTY OF THE			Pls. indicate country:		
5. SEX	☑ Male ☐ Female	please indicate the details.						
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS	204			Zone 1	L	
frequency for anything	☐ Widowed ☐ Separated ☐ Other/s:	3 FTIO A YORKICAN ERSELTRIARE 1		Sto. Nino Village Marcelo Subdivision/Village B			Street Marcelo H. Galengoza Barangay	
	194.83	Hide Ion offshir ni stolfs	Subdivision/Village Baybay					
7. HEIGHT (m)	1.60m	ZIP CODE S	City/Municipality			Leyte Province	HIGH HELE	
8. WEIGHT (kg)	ookg	18. PERMANENT ADDRESS	alleroeq? ∈	onpliano	3521	Zone 1	7(0	
9. BLOOD TYPE	B+ ₁ 00.0008	Pagales Fasily	House/Block/Lot N	Personal.		Street		
10. GSIS ID NO.	N/A		Sto. Nino Village Subdivision/Village)	1	Marcelo H. Galeng Barangay	goza .	
11. PAG-IBIG ID NO.	1212-4231-7939		Baybay City/Municipality			Leyte		
12. PHILHEALTH NO.	N/A	ZIP CODE	6521			Province		
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A		***************************************	
14. TIN NO.	285794892	20. MOBILE NO.		0935	3422955			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	moral	esjeffry0	613@gma	ail.com		
II. FAMILY BACKGROUNI								
22. SPOUSE'S SURNAME	Morales		AME of CHILDREN (Write for	ull name and li	st all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	Ma. Zoda	NAME EXTENSION (JR., SR)	Jef Zyruz Morales			10/1/2011		
MIDDLE NAME	Gloria		Ma. Zita l	Vorales		12/25	5/2018	
OCCUPATION	Student							
EMPLOYER/BUSINESS NAME	N/A						***************************************	
BUSINESS ADDRESS	N/A			PARTITION OF THE PARTIT				
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	Morales							
FIRST NAME	Diosdado	NAME EXTENSION (JR., SR)						
MIDDLE NAME	Hipona				Vanoro de la companya del companya de la companya del companya de la companya de			
25. MOTHER'S MAIDEN NAME	Braga							
SURNAME	Morales							
FIRST NAME	Ester							
MIDDLE NAME	Modina		(Contin	ue on separa	te sheet if nece	essary)		
III. EDUCATIONAL BACKO	GROUND				HIGHEST			
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COUR (Write in full)	RSE PERIOD OF AT	TO	LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	V&G Dela Cruz Mem. School	Primary Education	1992	1998	N/A	1998	N/A	
SECONDARY	Leyte National High School	High School				2002		
VOCATIONAL /	Uha Caregiving School	Caregiver	2013	2002		2014		
TRADE COURSE COLLEGE	Franciscan College of the Immaculate Conception	Associate in Computer Technology		2017		2014		
GRADUATE STUDIES	N/A	N/A	N/A	N/A	a common de	N/A	CT-Way-Personal is	
		(Continue on separate sheet if neces	sary)			2.417.0	MAI2	
SIGNATURE	L A	7	DAT	E	7	-4-23	de accidente de	

	SERVICE ELIGI			DATE OF				LICENSE (#	annlicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF				LICENSE (if applicable) NUMBER Date of		
0/	N/A	AMAGE AND	CCOMPLISHINGT	1EET (PDS) BEFORE N	E PERSONAL DATA S			bastes UB UBHDATTA	Validity
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			(Contin	nue on separate sheet if ne	cessary)				
	K EXPERIENCE	t Start from your ro	oné work! Dogorí	ption of duties should	lha indicated in the		V- 1 E		
28. INC	LUSIVE DATES (mm/dd/yyyy)		ITLE PAR OR	DEPARTMENT / AGENC	CY / OFFICE / COMPANY on ot abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То		Baynay				(Format "00-0")/ INCREMENT	19	(Y/N)
2017	2022	Compliance S	pecialist		althcare Managent vices	25000.00	N/A	Permanent	110 N 3
2007	2012	Personal Car		Napole	s Family	8000.00	N/A	Permanent	N
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SIGN	IATURE		S	Coan to read attended no in	DATE		7-4-	23 FORM 212 (Revised 2)	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		ON INCLUS	INCLUSIVE DATES (mm/dd/yyyy)		E / VOLUNTARY ORGANIZATION/S Definion of the unit of		
		From					
The Philippine Red Cross		2/24/2014	2/24/2015	8,760 hrs (1yr)	First Aider	meworz lebela tony sergen moust ene commercia	
•		ratision the least to	12/21/2010	10,700 1113 (191)	I list Alder		
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	69 5	207.5			Children and	avelore framewood Mantagara and a state	
		if yES, give details				**************************************	
		DSR State A					
				rate sheet if necessa			
	RNING AND DEVELOPMENT						
	he most recent L&D/training program a	INCLUSIV	ant L&D/training to /E DATES OF	ken for the last five		Chief/Executive/Managerial positions)	
30,	FITLE OF LEARNING AND DEVELOPME INTERVENTIONS/TRAINING PROGRAM	ATTE	NDANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in full)	From From	To To	shaled mails	Supervisory/ Technical/etc)	see not most belons (Write in full) 9 104 by 5d seeins it effor soft most become insmedien	
	Ramon Durano Foundation Inc.	1/21/2014	1/24/2014	18hrs	Proteet	Uha Caregiver Training Corporation	
	Hayag Charitable Foundation	2/8/2014	2/11/2014	18hrs	thela lecotro ism	Uha Caregiver Training Corporation	
D-1-00	Ospa - Farmers Medical Center	2/23/2014	2/27/2014	18hrs		Challeng considered from a	
	The Philippine Red Cross	2/24/2014	2/28/2014	50hrs	e des during the	Uha Caregiver Training Corporation	
					n for a Hallanai n	Uha Caregiver Training Corporation	
	GR (VI	IT YES, and details	Yytintioo	raident of another	n finemaneag to th	Have you acquired the status of an arangra	
THE PERSON	Problem of the Control of the Contro		1				
			RIKE199 tie	g Carta for Disa	meM (d) (FYER)	Furguera to 181 Indicencing Purgle's Act (8	
			gravellot extr	2), please auswer		(RA 7377); and (a) Solo Parents Weltare Ac	
	QA (2)	yicena eacad 23Y t				droib son efinal fair to resultant a por me	
	OJ ST	TO YES				Are you a person with disability?	
	GS %	FILE ARE					
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				Participal	LILLENDE OF VINES	REFERENCES (Felerica) status of superingulary of	
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			Continue on separ	rate sheet if necessa	ny)	Signato Selecto Asia	
III. OTH	ER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	beigis steet NO	N-ACADEMIC DIST (Wr	INCTIONS / RECOGI ite in full)	NITION AND ADDRESS OF THE STREET	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Reading		1 10000 1000		N/A		manus de administrativos de la composição de la composiçã	
1	Cooking	<u> </u>			1 [Newson and learned high enesses can assure nachowed	
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1	Computer Literacy				Name and Application of the	Corporation because the college of automorphisms of automorphisms of the college	
	Computer Eliteracy	(200)	व प्रवेद्धात्र सङ्ग्रहा भागा	age -		ADE AFTER THE AUTHORIST CONTROL OF	
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	SIGNATURE	/ 1/	1 11 4 11		TE	7-4-23	

34	A very valeted by concensuinity or offinity to the appoint	ding authority on to	per use of the city secondary.			
UT.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediately					
2000	Bureau or Department where you will be apppointed,	Nautovi l	NAMES ADDRESS OF ORCANIZATION			
	a. within the third degree?	YES NO				
	b. within the fourth degree (for Local Government Unit - Ca	From	NO NO			
b. within the fourth degree (for Local Government Offic - Career Employees)?			If YES, give details			
			, 25, 3	2		
35.	a. Have you ever been found guilty of any administrative of	offense?	☐ YES 👨	▼I NO		
			If YES, give details			
			ii i mo, giro cottani	3,		
	b. Have you been criminally charged before any court?		A CONTRACTOR OF THE PARTY OF TH	☑ NO		
			If YES, give details	3.		
			Date Filed: Status of Case/s:			
•	Have you give been convicted of any orime or violation of	Carry James ordinance or	PC WAR to sharp you and p			
6.	Have you ever been convicted of any crime or violation of regulation by any court or tribunal?	any law, decree, ordinance or		☑ NO		
		70.00	If YES, give details	S:		
	(Ubed)	To REPLACE TO SET AND THE SET	N186 578	THE CLEEN BURNESS OF THE		
17.	Have you ever been separated from the service in any of t		✓ YES	NO NO SAME SAME		
	retirement, dropped from the rolls, dismissal, termination, or phased out (abolition) in the public or private sector?	The property of the property of the second	If YES, give details	s: due to time conflict		
E	sone incline Sustaint resubation etro.	1/24/2014 18tus	Manar	due to time conflict		
38.	a. Have you ever been a candidate in a national or local el	lection held within the last year	☐ YES	NO obnuc Foldminer Diggs ell		
	(except Barangay election)?	SHOOMER TRIME	If YES, give detail			
	b. Have you resigned from the government service during		☐ YES	NO		
	the last election to promote/actively campaign for a national	al or local candidate?	If YES, give detail	ls: Philippine Red Cross :al		
39.	Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES	▼ NO		
			If YES, give details (country):			
10.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	lagna Carta for Disabled Persons				
	(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8					
	Are you a member of any indigenous group?		☐ YES	☑ NO		
			If YES, please specify			
	Are you a person with disability?		☐ YES	✓ NO		
	A-1		If YES, please specify	ID No:		
	Are you a solo parent?		TYFI	W NO		
			If YES, please specify			
1.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)				
	NAME		751 110			
	NAIVIL	ADDRESS	TEL. NO.			
	Myra Lutchie C. Loreto	Brgy. San Isidro Baybay City Leyte	09612406695			
	Flordeliz A. Castro	Brgy. Hipusngo Baybay City Leyte	09087591175	And the same of th		
	Marc Louise Sampilo	D. His D. L. Cital at	22222 4222			
	Market State of the Control of the C	Brgy. Hipusngo Baybay City Leyte	09357349235	A services		
2.	I declare under oath that I have personally accomplished	I this Personal Data Sheet which is	s a true, correct	AL .		
OH	and complete statement pursuant to the provisions of pert the Philippines. I authorize the agency head/authorized re	inent laws, rules and regulations of	the Republic of	JEFTRY M. MORALES		
	herein. I agree that any misrepresentation made in	this document and its attachments	shall cause the	ESILGOFI ONE EXPLINE MAIDEMES PHOTO		
	filing of administrative/criminal case/s against me.	AW		miheaR		
GC	Programment Inquired ID c. p			palitas?		
PL	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	1				
777	overnment Issued ID: Drivers License	(In)				
_	/License/Passport No.: H12-22-302308		735131 Miles			
ייטו	JCelise/Fassport No — F1Z-ZZ-3UZ3U0	Signature (Sign inside the	The state of the s			
Dal	te/Place of Issuance: Baybay City, Leyte	7-4-23 Date Accomplished		Right Thumbmark		
-	1111 00					
BS	SCRIBED AND SWORN to before me this	2023 affiant exhibiting his/her validly i	issued government ID as	indicated above.		
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