CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SF	IEE1	г				
	ation made in the Personal Data Sheet and	the Work Experience Sheet a	hall cause the	filing of ad	ministrativ	vcriminal case/s	against the p	erson	
	TO FILLING OUT THE PERSONAL DATA S								
Print legibly. Tick appropriate boxe I. PERSONAL INFORMATION	s () and use separate sheet if necessary, Indica	ite N/A if not applicable. DO NOT	ABBREVIATE	20022000	1 C3 (G Na		(Do not fit up	For CSC use or	
2 SURNAME	MEJORAS								
FIRST NAME	JUDE MATTHEW					NOT APPLICABLE			
MIDDLE NAME	MONDARES			-				-	
3. DATE OF BIRTH		The state of the s	of the Persons		-	-	-		
(mm/dd/yyy/)	6/16/1999	16 CITIZENSHIP		☑ Filipir	» (I	Dual Citizenship	The extends	***	
4 PLACE OF BIRTH	BRGY. MONTEVERDE, BAYBAY CITY	If holder of dual citize				D by birth D by naturalization Pls indicate country			
5. SEX	☑ Male ☐ Female	please indicate the d	Hails.					•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		OT APPLICABL			OT APPLICABLE		
	☐ Widowed ☐ Separated ☐ Other/s:		House/Blockf.ot No. NOT APPLICABLE				Street MONTEVERDE		
7. HEIGHT (m)	155m	1.000 (0.000)	Subdivision/Village BAYBAY		Barangay LEYTE				
8. WEIGHT (kg)		_	BAYBAY City/Municipality		Province 6521				
	60kg	ZIP CODE 18. PERMANENT ADDRESS	NO	T APPLICABLE	1000		T APPLICABLE		
9. BLOOD TYPE		16. PERMANENT ADDRESS	Нос	ISA/Block/Lot No	2		Street		
10. GSIS ID NO.	NOT APPLICABLE			bdivision/Village	,		Barangay		
11. PAG-IBIG ID NO.	NOT APPLICABLE		BAYBAY City/Municipality			LEYTE Province			
12 PHILHEALTH NO.		ZIP CODE		6521				-	
13. SSS NO.		19. TELEPHONE NO.			NOT	APPLICABLE			
14. TIN NO.	723-357-919-000	20. MOBILE NO.			0	9201044549		-	
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE	21. E-MAIL ADDRESS (if any)		ju	deeymej	oras@gmail.c	om		
II. FAMILY BACKGROUND	Bernard Commence		A TANK DESIGNATION OF THE PARTY		6867		A STATE OF THE PARTY OF THE PAR		
22. SPOUSE'S SURNAME	NOT APPLICAL	BLE	23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	1	NA					
MIDDLE NAME			ļ	and the same					
OCCUPATION	NOT APPLICA	BLE							
EMPLOYER/BUSINESS NAME	NOT APPLICAT	BLE	1						
BUSINESS ADDRESS	NOT APPLICA	BLE							
TELEPHONE NO.	NOT APPLICA	BLE							
24. FATHER'S SURNAME	MEJORAS	participation of the second of	1			7.67			
FIRST NAME	MARIO	not applicable							
MIDDLE NAME	LAPOJA		kalenagridi	potential telephone	continues in	a company			
25. MOTHER'S MAIDEN NAME									
SURNAME	MONDARES	3							
FIRST NAME	MA. TERES			1	C IV.				
MIDDLE NAME	DAGANDANA	/N		(0	ontinue on se	paruta sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND						100000	-	
26. LEVEL	NAME OF \$CHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	The state of the s		To	(if not graduated)	CRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	MAASIN CENTRAL SCHOOL	PRIMARY EDW	CATION	6/5/2011	4/26/2012	a comment	2012	NOT APPLICABLE	
	Managarith And Company		+	-			-	NOT	

					STATE OF THE PARTY	16-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC
			From	To	(in not & assured)		RECENED
ELEMENTARY	MAASIN CENTRAL SCHOOL	PRIMARY EDUCATION	6/5/2011	4/26/2012		2012	NOT APPLICABLE
SECONDARY	MAKINHAS NATIONAL HIGHSCHOOL	AIGH SCHOOL	6/3/2015	4/29/2016		2016	NOT APPLICABLE
VOCATIONAL / TRADE COURSE	UY INTEGRATED FARM	ORGANIC AGRICULTURE PRODUCITON	10/10/2022	11/10/2022		2022	TESDA SCHOLAR
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, INC	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	6/10/2019	5/28/2022		2022	LGU AND TO SCHOLAR
GRADUATE STUDIES	NOT APPLICABLE	and the supplier of the state of the supplier of					
	and the second second	Continue on separate sheet if necessary)	THE PARTY				
SIGNATURE	At s	11) DATE 03-13			- 2029		

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	SPECIAL LAWS/ O ARANGAY ELIGIBILITY /	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	031	
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s. INC	LUSIVE DATES	Start from your recent w	ork) Descriptio	n of duties should l	oe indicated in the attached	Work Expe	SALARY/ JOB/ PAY		300	
From	(mm/dd/yyyy)	POSITION TITE (Write in full/Do not ab		DEPARTMENT / Av (Write in t	GENCY / OFFICE / COMPANY /ul/Do not abbreviate)	MONTHLY SALARY	GRADE (If applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/ N)	
/1/2018	To 10/30/2023	SK CHAIRPER	PON	DRCV MONTE	EVERDE, BAYBAY CITY	4500.00	N/A	ELECTED	1770	
		OK CHAIRFER	SON	BRGT, MONTE	EVERDE, BATBAT CITT	4500.00	N/A	ELECTED	YES	
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SIGN	ATURE	A		Andrew Control	DATE	04	-13-20		117), Page	

	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate:					
	Bureau or Department where you will be apppointed,	supervision over you in the Onice,	All years			
	a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Cared	er Employees)?	☐ YES ☑ NO (\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ 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 any any court or tribunal?	☐ 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, fir in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election and a national or local election and a national or local election.	☐ 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 of	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):				
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magnand (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	it /appointee)				
	NAME	ADDRESS	TEL NO.			
	Mark Michael O. Unlu-cay, MPA, Ph.D.	Brgy. Bubon, Baybay City	9992290058			
	Melben P. Bundocan	Brgy. Monteverde, Baybay City	9380634615			
1	Genevieve Marie T. Bactasa, MA.	Brgy. San Antonio, Baybay City	9151729488			
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 represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	nent laws, rules and regulations of the intative to verify/validate the contents state	Republic of the ed herein.	M. MEJOR		
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PI G	PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: Driver's License OrLicense/Passport No.: H12-24-000340	Date Accomplished				