CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEE1	Γ				
concerned.	tion made in the Personal Data Sheet and th	-		_		/criminal case/s	against the p	erson	
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION)	TO FILLING OUT THE PERSONAL DATA SH () and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT A	BBREVIATE.	E PDS FOR	M. 1. CS ID No.		(Do not fill up. F	For CSC use only)	
2. SURNAME	ORAIS								
FIRST NAME	AUDREY			NAME EXTENSION (JR., SR)					
MIDDLE NAME	AUNZO								
DATE OF BIRTH (mm/dd/yyyy)	11/17/1998	16. CITIZENSHIP		✓ Filipino □ Dual Citiz			·		
4. PLACE OF BIRTH	MAASIN CITY, SOUTHERN LEYTE	If holder of dual citizer	nship,	by birth Pls. indicate co				ization	
5. SEX	☐ Male ☑ Female	please indicate the de	·					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS			DCK 17 LOT 3&4 se/Block/Lot No.			Street	
	☐ Widowed ☐ Separated ☐ Other/s:		IMI	ELDA VILLAGE		BRGY. 36-A			
7. HEIGHT (m)	1.53M			odivision/Village CLOBAN CITY		Barangay LEYTE			
8. WEIGHT (kg)	52KG	ZIP CODE	Ci	ty/Municipality		Province 6500			
		18. PERMANENT ADDRESS	BLC	OCK 17 LOT 38	.4				
9. BLOOD TYPE	В	-		se/Block/Lot N		Street			
10. GSIS ID NO.			Sub	odivision/Village	9	BRGY. 36-A Barangay			
11. PAG-IBIG ID NO.	121283416537			ity/Municipality		LEYTE Province			
12. PHILHEALTH NO.	132524877213	ZIP CODE				6500			
13. SSS NO.	35-0568488-9	19. TELEPHONE NO.							
14. TIN NO.	506-053-084	20. MOBILE NO.		09054090238 / 09462570677					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any) oraisaa21@gmail			21@gmail.cor	<u>m</u>			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			23. NAME of CH	ILDREN (Write	e full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	ORAIS	NAME EXTENSION (ID. CD)							
FIRST NAME	ANDREW RODOLFO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TIMKANG								
25. MOTHER'S MAIDEN NAME									
SURNAME	AUNZO								
FIRST NAME	AGNES								
MIDDLE NAME III. EDUCATIONAL BACKGR	PLASABAS			(Co	ontinue on se _l	parate sheet if neces	ssary)	_	
	NAME OF SCHOOL					HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	(Write in full)	BASIC EDUCATION/DEGREE/CO	OURSE (Write in full)	PERIOD OF A	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	ST. THERESE CHILD DEVELOPMENT CENTER FOUNDATION INCORPORATED						2011		
SECONDARY	LEYTE NATIONAL HIGH SCHOOL						2015		
VOCATIONAL /									
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SCIENCE IN TO AND RESTAURANT MANA					2019		
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTERS IN MANAGE		PRESENT	PRESENT				
SIGNATURE	Andrews Inginal	Continue on separate sheet if nece	essary)	DA	TE				

COVER SERVICE PASSER DISS JAME 19, 2022 LETTE MATRIMAN HERI SCHOOL, ATRICTIC CONSTRUCTION OF STATEMENT CONSTRUCTION OF S	IV CIVII S	EDVICE ELIG	IRII ITV							
STRANTURE					DATE OF				LICENSE (if a	pplicable)
CIVIL SERVICE PASSER 8.3.3.5. JUNE 19, 2022 LETTE NATIONAL HIGH SCHOOL, ATHERTIC ROAD, TACLOBAN CITY WORK EXPERIENCE Tollard an authorise medicine and service and service and service and an authorise medicine and service and an authorise and authorise medicine and service and se	SPECIAL LAWS/ CES/ CSEE RATING (If Applicable)		EXAMINATION /	TION / CONFER	MENT		Date of			
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12872021 FRESENT AUMINISTRATIVE ASSISTANT REGIONAL FIELD OFFICE VIII PHP1/37100 SG / CUS Y Y T2872021 FOOD AND BEVERAGE ASSOCIATE IRONWOOD HOTEL PHP9/3000.00 NI/A REGULAR N 0916/2020 0916/2020 FOOD AND BEVERAGE TRAINEE WINTERGREEN RESORTS - VIRGINIA \$1,400.00 NI/A INTERN N 0939/2018 128/2018 ROOM ATTENDANT KALAHARI RESORTS - VIRGINIA \$1,400.00 NI/A INTERN N N N N N N N N N		То		,				INCREMENT		
0816/2020 01/23/2021 FRONT DESK CLERK COMFORT INN WILLIAMSBURG GATEWAY \$1,600.00 N/A INTERN N 10/26/2019 03/16/2020 FOOD AND BEVERAGE TRAINEE WINTERGREEN RESORTS - VIRGINIA \$1,600.00 N/A INTERN N 03/20/2018 12/6/2018 ROOM ATTENDANT KALAHARI RESORTS - WISCONSIN DELLS \$1,200.00 N/A INTERN N	09/16/2021	PRESENT			REGIONAL	FIELD OFFICE VIII	PHP17,311.00	SG 7	cos	Y
19/28/2019 03/18/2020 FOOD AND BEVERAGE TRAINEE WINTERGREEN RESORTS - VIRGINIA 51,00,000 N/A INTERN N 03/39/2018 12/6/2018 ROOM ATTENDANT KALAHARI RESORTS - WISCONSIN DELLS 51,20,000 N/A INTERN N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/5/2021	12/8/2021	FOOD AND BEVERAC	SE ASSOCIATE	IRONW	OOD HOTEL	PHP9,000.00	N/A	REGULAR	N
03/08/2018 12/05/2018 ROOM ATTENDANT KALAHARI RESORTS - WISCONSIN DELLS 51/2000 N/A INTERN N	06/16/2020	01/23/2021	FRONT DESK	CLERK	COMFORT INN WIL	LIAMSBURG GATEWAY	\$1,600.00	N/A	INTERN	N
SIGNATURE Continue on separate shared fracessary	10/26/2019	03/16/2020	FOOD AND BEVERA	AGE TRAINEE	WINTERGREEN RESORTS - VIRGINIA		\$1,600.00	N/A	INTERN	N
SIGNATURE Judung Forms DATE	03/30/2018	12/6/2018	ROOM ATTE	NDANT	KALAHARI RESOF	RTS - WISCONSIN DELLS	\$1,200.00	N/A	INTERN	N
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re ronii 949 /h! 3 00471 h 1 -	SIGNA	ATURE	- Kudun			DATE		^^	S FORM 212 /Partical 2	017) Dans 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
		tinue on separate s					
VII. LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAINING PRO	INCLUSIVE					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT (Write in	TONS/TRAINING PROGRAMS	(mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Orientation on Gender and Development Basic Conce GAD Plans and Budgets	epts and Updates of DA-RFO8's 2023	From 04/25/2023	To 04/25/2023	8 HRS		DA-RFO8 GAD FOCAL	
On-the-Job Training (City Tourism		01/28/2019	5/4/2019	400 HRS		LEYTE NORMAL UNIVERSITY	
On-the-Job Training (Ho		08/20/2018	09/29/2018	304 HRS		LEYTE NORMAL UNIVERSITY	
ASTG Seminar Workshop 2015 (Proper Escorting, Us	shering, and Tour Guiding Services,	6/10/2015	6/10/2015	8 HRS		LEYTE NORMAL UNIVERSITY	
Protocols for the Leyte Landing, a		05/26/2016	05/26/2016	8 HRS		DOLE - TESDA	
	(Con	tinue on separate s	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	COGNITION	(Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write in full)	
DANCING							
SINGING							
PLAYING SPORTS							
READING							
	(Con	tinue on separate s	sheet if necessary)				
SIGNATURE	Andrug to	enns (DA	ATE		

34. 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 apppointed,			
a. within the third degree?		YES V NC)
b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ NO	
b. Within the fourth degree (for Eooth Government of the Outer	or Employees):	If YES, give details:)
			_
35. a. Have you ever been found guilty of any administrative offe	nse?	☐ YES ✓ NO)
		If YES, give details:	
b. Have you been criminally charged before any court?		YES V N	0
, , , , ,		If YES, give details:	
	Date Filed:		
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of an by any court or tribunal?	y law, decree, ordinance or regulation	☐ YES ✓ I	NO
by any court or inbunar?		If YES, give details:	
37. Have you ever been separated from the service in any of the			NO
retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	of term, finished contract of phased	If YES, give details: RESIGNATION	N & FINISHED CONTRACT
38. a. Have you ever been a candidate in a national or local elec	tion held within the last year (except	☐ YES ☑	NO
Barangay election)?	, , ,	If YES, give details:	NO
b. Have you resigned from the government service during the	e three (3)-month period before the last	YES	NO
election to promote/actively campaign for a national or local of		If YES, give details:	
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ✓	NO
		If YES, give details (coun	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),			
a. Are you a member of any indigenous group?	please allswer the following items.		1
		☐ YES ☑ If YES, please specify:	NO
b. Are you a person with disability?			NO
c. Are you a solo parent?		If YES, please specify ID No	
7 TO YOU GOOD PAILOTAL	If YES, please specify ID No	NO	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /s	appointee)		
NAME	ADDRESS	TEL. NO.	
RUBY CALESTERIO	TACLOBAN CITY	9459824908	
SYLVIA ROSAROSO	TACLOBAN CITY	9499108407	
		wrendzia@win	
WALT RENDZIA	CHARLOTTESVILLE, VA	tergreenresort	
42. I declare under oath that I have personally accomplished			
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent			
agree that any misrepresentation made in this docur			PHOTO
administrative/criminal case/s against me.		<u> </u>	
Ouvernment 1550eu id (i.e.Passpoit, G515, 555, PKC, Dilvers License, etc.)			
PLEASE INDICATE ID Number and Date of	1 .		
Government Issued ID: PhilHealth	Jandung Bon	27	
ID/License/Passport No.: 13-252487721-3	pox)		
Date/Place of Issuance: JULY 2021, TACLOBAN CITY			
		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this		ting his/her validly issued governi	ment ID as indicated above
	, affiant exhibit	ang mornor ranary locada governi	Herit ib as indicated above.
	, affiant exhibit	ang monor vallary located governi	Helit ID as indicated above.
	, affiant exhibit	ang manaritanan reason gotom.	Herit ID as indicated above.
	, affiant exhibit	ang manar tanan recess gotom.	Herit ID as indicated above.