PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

SURNAME	CORNITES	-						4
FIRST NAME	COZNITES NAME EXTENSION (JR.:						R., SR)	
	FM EDE C7N							
MIDDLE NAME DATE OF BIRTH	DONATO							
(mm/dd/yyyy)	04-23-1992 16. CITIZENSHIP			☐ Filipino ☐ Dual Citizenship ☐ ☐ Duy birth ☐ Doy naturalization				
. PLACE OF BIRTH	GUADALLIPE, BATRAT, USTE	If holder of dual citize	enship,			Pls. indicate	country:	
. SEX	☐ Male ☐ Female	please indicate the d	letails.					
CML STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	S House/Block/Lot No.		70475 3 Street			
	☐ Widowed ☐ Separated ☐ Other/s:					GUNDAUN	F	
. HEIGHT (m)	1.53		Subdivision/Village PA-I PA-I City/Municipality				Barangay US 115 Province	
: WEIGHT (kg)	45	ZIP CODE		City/Municipality (52)			Province	
BLOOD TYPE	64	18. PERMANENT ADDRESS	'	301		ক	ONE 3)
	//		Но	ouse/Block/Lot N	ło.		Street YPA-W	
. GSIS ID NO.				ubdivision/Villag		400	Barangay	
. PAG-IBIG ID NO.	921245348524		[3	₩ 10A - City/Municipality			Province	
. PHILHEALTH NO.	13-202388675-1	ZIP CODE	us	-21				
S. SSS NO.		19. TELEPHONE NO.						
. TIN NO.		20. MOBILE NO.	093	20041205				
. AGENCY EMPLOYEE NO.	NEM	21. E-MAIL ADDRESS (if any)	fried	elyn. c	proit	es @ VEVI. edu. ph		
FAMILY BACKGROUND								
. SPOUSE'S SURNAME			23. NAME of Ch	HILDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yy
FIRST NAME	1	NAME EXTENSION (JR., SR)	SKEKA	PAH N	AF DUHA	BOWNES	08-14-	2019
MIDDLE NAME					1.0 61 11	P 1-1-11-2	14.	
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
	-SECTA CHED							
. FATHER'S SURNAME	DESCEASED	NAME EXTENSION (JR., SR)	-					
FIRST NAME	DECE YEAD							
MIDDLE NAME	DESCRACED				enen adnesani			
MOTHER'S MAIDEN NAME								
SURNAME	CONDITES							
FIRST NAME	ROSALINDA							
MIDDLE NAME	DONATO			(0	Continue on se	parate sheet if neces	sary)	
EDUCATIONAL BACKS	ROUND							
LEVEL NAME OF SCHOOL		BASIC EDUCATION/DEGREE/COURSE		UNITS		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSH ACADEMI HONORS
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADOATED	RECEIVED
ELEMENTARY	GUADALU PE EVEM. SCHOOL			2000	2006		2006	
SECONDARY	MUSE HALL LAUPO ITALY ABULUS			2006	2010		2010	
VOCATIONAL / TRADE COURSE								
	UISA YAS STATE UNIVERSITY	BSAGMOUL	ture	2012	2012		2018	EEGP
COLLEGE								
COLLEGE GRADUATE STUDIES								

	ERVICE ELIGI			•					
	. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if a	Date of Validity
	AM		NA	NÅ	1/2	<u></u>		N	A
•									
	EXPERIENCE rate employmen	nt. Start from your recer		ntinue on separate sheet	If necessary) be indicated in the attac	hed Work E	xperience she	ef.	
	USIVE DATES im/dd/yyyy) To	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY VDo not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
08-2-201	07-31-2022	CLERK I		DERAMMENT	OF PRST MG MT.	12, 100		4.0	485
07-3-7018	07-21-201	DATA COUR	rctor	DRAMMAN	of Agriculture	12,300		2.0	705
									100000000000000000000000000000000000000
	-								
						To print			
							Ť		
							•		
						100 mg			
SIGN	ATURE	10	(Co	ntinue on separate sheet	if necessary) DATE	02	-15	ww	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT			RGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		VE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE O	F WORK
NA	NA	NA	XA		N A	
(Con VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR	ROGRAMS AT	sheet if necessary		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	DANCE (d/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)		O/ SPONSORED BY rite in full)
NATIONAL RETOOMING FOR CAUP HEALTH	03-25-19	03-29-19	8	technical	DEP ANTWENT	# KHWWW
regional training on prime	10-7-18	10-4-18	8	redunical	DERHUMENT	of agracia
BUALMATION OF SOIL MICROBIAL THRETTOP		19-3-15	4		"	" "
NCIII Gott fication! transecting any production				c	Atı	
				,		
(Con	tinue on senerate	sheet if necessary)	\$			
VIII. OTHER INFORMATION		NCTIONS / RECOG				SSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32 Reading Writing Cooking Bardening		e in full)				Write in full)
SIGNATURE (Con	tinue on separate	sheet if necessary)	D	ATE		 5 - Vo VV 212 (Revised 2017), Page 3 of

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate su Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career		ON NO				
35.	a. Have you ever been found guilty of any administrative offens	YES If YES, give details:	ON E				
	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 l any court or tribunal?	☐YES ☑NO If YES, give details:					
	Have you ever been separated from the service in any of the fo dropped from the rolls, dismissal, termination, end of term, finis in the public or private sector?		MYES NO If YES, give details: end of contract				
	a. Have you ever been a candidate in a national or local election Barangay election)? b. Have you resigned from the government service during the the election to promote/actively campaign for a national or local can be serviced.	☐YES ☐NO If YES, give details: ☐YES ☐NO					
	Have you acquired the status of an immigrant or permanent res	If YES, give details: ☐YES ☐NO If YES, give details (country):					
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna and (c) Solo Parents Welfare Act of 2000 (RA 8972), please an Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	□YES If YES, please specify: □YES If YES, please specify ID ☑YES If YES, please specify ID	□NO-				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	ppointee)					
	NAME	ADDRESS	TEL. NO.				
Œ,	WIRA L. OCYAPUT	VSV	0943344 6086	116			
JUSTINE BENNETTE H. MILLADO VS Y			09494310779				
			09208553990				
	I declare under oath that I have personally accomplished the complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represents agree that any misrepresentation made in this docume administrative/criminal case/s against me.	laws, rules and regulations of the lative to verify/validate the contents state	Republic of the ed herein.	РНОТО			
PLI	vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance						
\vdash	vernment Issued ID:						
\vdash	License/Passport No.:	DX)					
Dat	errace or issuance.		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi		overnment ID as indicated above.			