CS Form No. 212 Revised 2017		PI	ERSO	NAL DAT	A SI	HEET		AND	(1) (3)
WARNING: Any misrepresenta	ation made in th	e Personal D	ata Sheet and th	e Work Experience Sheet sha	all cause the	filing of administr	and the last of th		rson
concerned. READ THE ATTACHED GUIDE	TO FILLING OU	T THE PERSO	ONAL DATA SHE	EET (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.	nerioneT le		
Print legibly. Tick appropriate boxes	The Residence of the Party of t	arate sheet if no	ecessary. Indicate	N/A if not applicable. DO NOT AB	BREVIATE.	1.CS	D No.	(Do not fill up. F	or CSC use or
PERSONAL INFORMATIO	LUNTAYAO								
							NAME EXTENS	ION (JR., SR)	
FIRST NAME	RYLAH MARI	E							
MIDDLE NAME  3. DATE OF BIRTH	SANTILLAN								
(mm/dd/yyyy)		06/27/1999	9	16. CITIZENSHIP		☑ Filipino	Dual Citize	STILL SHOW THE REAL PROPERTY.	
4. PLACE OF BIRTH		BAYBAY CI	TY	If holder of dual citizer	nship.		☐ by bir	th  by naturalicate country:	ization
	T Mala	27112711 01		please indicate the de			, ic. and		
5. SEX	☐ Male  ✓ Single		✓ Female	17. RESIDENTIAL ADDRESS		1		M.L. QUEZON STREE	· ·
6 CIVIL STATUS	☐ Widowe	d	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	Hk	ouse/Block/Lot No.		Street	
jazilje daliči i dis sa je	Other/s:				S	ubdivision/Village		ZONE 18 Barangay	
7. HEIGHT (m)	Michigan (count)	1.50				BAYBAY CITY City/Municipality		LEYTE Province	2/3/21
8. WEIGHT (kg)	12 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	65		ZIP CODE			6521		month.
9. BLOOD TYPE	AW	0	avavajajili bro	18. PERMANENT ADDRESS		Later Areas	and a	M.L. QUEZON STREE	T tenesa
10. GSIS ID NO.		NONE		man constitution is	H	ouse/Block/Lot No.	office disease and of	Street ZONE 18	asociai
11 PAG-IBIG ID NO.		NONE			S	ubdivision/Village BAYBAY		Barangay LEYTE	
						City/Municipality		Province	
12 PHILHEALTH NO.		13-25229530	05-2	ZIP CODE			6521		
13. SSS NO.		351107842	H	19. TELEPHONE NO.			NONE		
14. TIN NO.		360-639-57	70	20. MOBILE NO.	09518287117				
15. AGENCY EMPLOYEE NO.		O18K028		21. E-MAIL ADDRESS (if any)		rylahma	rieluntayao@	gmail.com	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			NA		23. NAME of C	HILDREN (Write full na	ne and list all)	DATE OF BIRT	TH (mm/dd/yyy
FIRST NAME		NA		NAME EXTENSION (JR., SR)		NA NA			NA .
MIDDLE NAME			NA						
OCCUPATION			NA						
EMPLOYER/BUSINESS NAME			NA						
RIJSINESS ADDRESS			NA NA						
CEPHONE NO.			NA						
24. FATHER'S SURNAME	LUNTAYAO								
FIRST NAME	ROGELIO								
MIDDLE NAME	NICOS								
25. MOTHER'S MAIDEN NAME									
SURNAME	SANTILLAN								
FIRST NAME	CHONA								

MIDDLE NAME	HERNENDO		(Continue on separate sheet if necessary)					
II. EDUCATIONAL BAC	CKGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	GRADUATED	SCHOLARSHIR ACADEMIC HONORS RECEIVED	
			From	To (if not graduated				
ELEMENTARY	GAAS ELEMENTARY SCHOOL	Primary Solucation			NA	2011	Salutatoria	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School	·		NA	2015	5th HONORABLE MENTION	
VOCATIONAL / TRADE COURSE	NA NA	NA NA			NA	NA	NA	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN SECONDARY EDUCATION			NA	2019	NONE	
GRADUATE STUDIES								
		(Continue on separate sheet if necessary)						
SIGNATURE			DA	\TE	3/=	8/22	ere e consumer	

SPECIAL LAWS/CES/CSEE BARANGAY ELIGIBILITY / DRIVERS LICENSE  Continue on separate sheet if necessary)    Continue on separate sheet if necessary	E TO SERVICE OF MARKET	SERVICE ELIC							n n	
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Tomo 150 Million 2022 present Administrative Aide I Department of Public Works and Highways 1548-00 N/A Job Order Yes 1520-0019 00052019 Sales Marketing and Ticketing Clerk Quest Travel and Tours 6500.00 N/A								GRADE (if applicable)& STEP		
V282019 00052019 Sales Marketing and Ticketing Clerk Quest Travel and Tours 6000.00 N/A	From	То	(mine at touble flot		(AALIE BELTA)	o not acordida	GALAKT	(Format *00-0*)/ INCREMENT	ALT OUTTIMENT	(Y/ N)
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SIGNATURE DATE 9/29/22			•	(Co	ntinue on separate sheet if	necessary)	Commence of the		2000 40	SEPTEMBER OF
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29.	NAME & ADDRESS OF O (Write in full			/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / I	NATURE OF WORK
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	RNING AND DEVELOPMENT (L&D) I be most recent L&D/training program and inclu-				ilef Executive Mana	gerial positions)		
).	TITLE OF LEARNING AND DEVELOPMENT INTE	ERVENTIONS/TRAINING PROGRAMS		DATES OF		Type of LD (Managerial/	C	ONDUCTED/ SPONSORED BY
	(Write in full		(mm/d	d/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)		(Write in full)
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31.	SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTI (Writ	NCTIONS / RECOR	GNITION	800	33. MEMBE	RSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
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		10	Continue on separate	sheet if necessa				
	SIGNATURE	-	2		D	ATE		3/29/92 CS FORM 212 (Revised 2017), Page

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,	Service (POSTORE)	ORGENIZATION	taisidy)	
a. within the third degree?			] NO	
b. within the fourth degree (for Local Government Unit - Care	AND THE RESIDENCE OF THE PARTY	] NO		
		If YES, give details:		
35. a. Have you ever been found guilty of any administrative offer	ense?		] NO	
So. 2. The year of soon realing and, or any administrative one		☐ YES ☐  If YES, give details:	J NO	
The second secon		ii 120, give details.		
b. Have you been criminally charged before any court?		YES [:  If YES, give details:	Z NO	
		Date Filed:		
	The Note of the Control of the Contr	Status of Case/s:		17-14-140-140-1-15-14-15-V-1-2-V-1-2-V
36. Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation by	☐ YES	J NO	
any court or tribunal?	any court or tribunal?			
Service Servic		ESCHS DIAMATREMOTE BYTES	e tvalveči Fragrav	CONTRACECES EXPROPE
37. Have you ever been separated from the service in any of the			☑ NO	
retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	d of term, finished contract or phased out	If YES, give details:	ilign Lingquage latin	
a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	☐ YES	✓ NO	
Barangay election)?		If YES, give details:	THE STATE SHARE THE PARTY OF TH	
b. Have you resigned from the government service during th	e three (3)-month period before the last	YES	✓ NO	
election to promote/actively campaign for a national or local		If YES, give details:	The second second	
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	✓ NO	
		If YES, give details (	COLOR DESCRIPTION OF THE PERSON OF THE PERSO	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:			
a. Are you a member of any indigenous group?		If YES, please specify:	☑ NO	
b. Are you a person with disability?		YES	✓ NO	
		If YES, please specify II	D No:	
c. Are you a solo parent?		YES If YES, please specify I	☑ NO	
M DEFEDENCES (Demos exhalated)	e e e	in 120, piouse specify in	J 116.	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /		TT 10		
NAME	ADDRESS	TEL. NO.		
JASON LAGUNA	HIPUSNGO BAYBAY LEYTE	9069273509		36
EMMALINDA MODINA	ZONE 18 BAYBAY LEYTE	9978738118		
ROCHELYN BAGARINAO	HIPUSNGO BAYBAY LEYTE	9500377024		
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 represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the antative to verify/validate the contents state	Republic of the ed herein.	RY4AH M	ARIE WITAYAO
Government Issued ID (i.e. Passport, CSIS, SSS, PRC, Driver's License, etc.)	VOTENCE SERVICE OF THE DESCRIPTION OF THE CONTROL	are success at any or course out to		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Employee ID	(strient)	32		
AM .	1		139	
ID/License/Passport No.: O18K028	Signature (Sign inside the b	ox)	1	
Date/Place of Issuance: 03/16/2020	Date Accomplished		Rigi	ht Thumbmark
SUBSCRIBED AND SWORN to before me this	1D 0 0			
1000	AR 2 9 2022 , affiant exhibiting	ng his/her validly issued go	verninent ID as in	dicated above.
JUU. NO. (367				
BOOK NO.	ATTY. WILLIE (IR. 1 . DE GUZM	AN	**************************************	
BIECOE COLL	PUBLIC ATTORNEY			
0/15/0 3740	Person Administering Oat	h	) 50	SIGNATUR
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