Revised 2017	DEDCO	NAL DAT	A CI	uee	-			
	PERSU	NAL DAT	A 3I	HEE	•			
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	Work Experience Sheet sha	il cause the f	filing of admi	inistrative/cri	iminal case/s aga	inst the perso	on concerned.
	TO FILLING OUT THE PERSONAL DATA SHEET IN) and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill un	For CSC use only
I. PERSONAL INFORMATI		N/A II not applicable. DO NOT	ADDREVIATE		1. CO ID 140.		(Do not mi op	Tu coo use any
2. SURNAME	MAZO							
FIRST NAME	ERLIE JEAN					N/A		
MIDDLE NAME	PEREZ							
3. DATE OF BIRTH	9/20/1996	16. CITIZENSHIP		V=10	. г	Dual Citizenship		
(mm/dd/yyyy)				TAT.	pino L	by birth	by natural	ization
4. PLACE OF BIRTH	WESTERN LEYTE PROVINCIAL HOSPITAL	If holder of dual citize	itizenship,		Pls. indicate	country:		
5. SEX	Tale Temale	please indicate the o	letails.					
6 CIVIL STATUS	✓ ingle Itarried	17. RESIDENTIAL ADDRESS						
	Vidowed Separated		Н	House/Block/Lot	No.		Street GACAT	
				Subdivision/Villa BAYBAY	ge		Barangay LEYTE	
7. HEIGHT (m)	1.52			City/Municipalit	у		Province	
8. WEIGHT (kg)	46	ZIP CODE	RUCKUTH		MERC	6521	STANDER	1 30
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	L F	House/Block/Lot	No.		Street	
10. GSIS ID NO.	N/A			Subdivision/Villa	00		GACAT Barangay	
11. PAG-IBIG ID NO.	12-119949279-3			BAYBA	Υ		LEYTE	
12. PHILHEALTH NO.	12-025626476-0	ZIP CODE		City/Municipalit 6521	у		Province	
13. SSS NO.	06-3878375-7	19. TELEPHONE NO.				N/A		
14. TIN NO.	334-336-602-000	20. MOBILE NO.			0	9425021987		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		ejperezmazo@gmail.com				
II. FAMILY BACKGROUNE								
22. SPOUSE'S SURNAME	N/A	INVA	23. NAME of C	CHILDREN (Writ	le full name and l	ist all)		TH (mm/dd/yyyy)
FIRST NAME	N/A							N/A
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A N/A							
TELEPHONE NO. 24. FATHER'S SURNAME	MAZO							
FIRST NAME	ERNESTO	N/A						
MIDDLE NAME	BALDEVIA							
25. MOTHER'S MAIDEN NAME								
SURNAME	PEREZ							
FIRST NAME	ERLINDA							
MIDDLE NAME	DAMPIOS				Continue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	GACAT ELEMENTARY SCHOOL	NIA		6/3/2002	3/25/2008	PRIMARY EDUCATION	2008	WITH
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	NIA		6/2/2008	3/28/2012	HIGH SCHOOL	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	NIA		N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BS COMMERC	E	6/4/2012	5/30/2016	GRADUATED	2016	DEAN'S LIST
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
CICNATURE	G-6- wi	Continue on separate sheet if nec	ussary)	Τ.	ATE		4-244 0001	

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CARE	SPECIAL LAWS/	(BOARD/ BAR) UNDER CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if a	
BA	ARANGAY ELIGIBILITY		(If Applicable)	CONFERMENT	TEACE OF EXAMINE	(TIOIT / COIN L	NWENT	NUMBER	Date of Validity 10/23/201
CAF	REER SERVICE PR	OFESSIONAL	81.77	10/23/2016	LEYTE NORMAL UNIVE	RSITY, TAC	LOBAN CITY	325304	
		a a la solida e v			-				
		<i>l</i> ,							
			(Co	ntinue on separate shee	it if necessary)				
	EXPERIENCE vate employment. S	Start from your recent			indicated in the attached	Work Experi	ence sheet		
INCL	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not	TLE	DEPARTMENT / AC	GENCY / OFFICE / COMPANY IMDo not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
16/2016	11/28/2017	ACCOUNTING	CLERK	MCD CREE	DIT CORPORATION	P12,410	N/A	PERMANENT	NO
/29/2017	9/18/2020	CASHIE	R	MCD CREE	OIT CORPORATION	P14,440	N/A	PERMANENT	NO
							2000 943		
							Part (S)		
			- 5-7 (8)						
	200000000000000000000000000000000000000	NY.						100	
1133		9 4							
50 PAS		AUTOMOTIVE TO THE PARTY OF THE							
45/9/		100							
	2000		(Coi	ntinue on separate shee					
SIGN	ATURE	dis	AR .		DATE		April 14, 202	1 S FORM 212 (Revised 20	

29. NAME & ADDRESS OF OR	RGANIZATION		SIVE DATES				
(Write in full			n/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
To alter he form them. Telland	and senter on the	N/A	N/A	N/A	N/A	24	
1 See Land Back And And I	•				165	(Ac	
					S. 949 cm		
			-				
	1				A philip	de Company	
					The Fad		
III. LEARNING AND DEVELOPMENT (L&D)	THE R. P. LEWIS CO., LANSING, MICH. 491-1403-1403-1403-1403-1403-1403-1403-140		e sheet If necessa	nry)			
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
THE MAINT VOLD CUCTOMEDIAM. (ANTI-MONEY I	ALINDEDING TRAINING	From	To	45		CARLO F. CRISTOBAL	
					TECHNICAL	SAINT PAUL SCHOOL OF PROFESSIONAL	
		3/5/2016	3/5/2016	3 hours	TECHNICAL	STUDIES SAINT PAUL SCHOOL OF PROFESSIONAL	
BATTLING THE COMMON INTERFERENCES TO EFFECTIVE AND EFFICIENT TEAMWORK WINNING CYCLE OF A BRAND AND DIGITAL MARKETING			1/22/2016	4 hours	TECHNICAL	STUDIES SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	
CIA EXAMINATION FO		1/16/2016	1/16/2016	3 hours	TECHNICAL	PROF. ALBERT B. BALEA-AN, CIA, CPA	
						De	
						Softed Control of the	
A STATE OF THE STA		1303			3755886		
topic substants			1 3 3 3 5	93	1275165		
MORCOACH S				10	OLC: NO.		
				10.000,00			
	(Con	tinue on separa	e sheet if necessa	iny)		LEADING CONTRACTOR	
/iii. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON		TINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)	
FLUENT IN WARAY-WARAY			/A			N/A	
KEEN TO DETAILS AND ACCURACY OF WORK RESPONSIBILITIES							
COMPUTER LITERATE (WORD, EXCEL, PPT)							
KNOWLEDGEABLE IN BASIC ACCOUNTING, FINANCE, AND MANAGEMENT							
CAN TYPE UP TO 51 WORDS PER MINUTE							
WORKS WELL IN A GROUP OR INDIVIDUALLY							
READING BOOKS WITH LIFE LESSONS							
SIGNATURE	Con (Con	tinue on separat	e aheet if necessa	MINISTER STREET	ATE	April 44, 2024	
SIGNATURE	July 1			D.	AIL.	April 14, 2021 CS FORM 212 (Revised 2017), Page	

34. Are you related by consanguinity or affinity to the appointing	g or recommending authority, or to the			
Are you related by consanguility of animity to the appointing chief of bureau or office or to the person who has immediat	te supervision over you in the Office,			
Bureau or Department where you will be appointed,				
a. within the third degree?		YES VNO		
	roor Employees 12	TYES NO		
b. within the fourth degree (for Local Government Unit - Ca	Heel Linployees):	If YES, give details:		
		, 3	Allegania -	
a. Have you ever been found guilty of any administrative of	ffense?	YES VNO		
		If YES, give details:		
		D		
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 law decree, ordinance or regulation	TYES NO		
by any court or tribunal?	If YES, give details:			
by any court of tribuliar:	and haddened and a second	II 120, give detaile.		
37. Have you ever been separated from the service in any of	the following modes: resignation,	✓YES NO		
retirement, dropped from the rolls, dismissal, termination,	end of term, finished contract or phased	If YES, give details:	ree aveter	
out (abolition) in the public or private sector?		Resignation, due to skeletal workfo	rce system	
t condidate in a national or local e	election held within the last year (except	TYES NO		
38. a. Have you ever been a candidate in a flational of local of Barangay election)?		If YES, give details:		
			that record	
b. Have you resigned from the government service during	the three (3)-month period before the last	YES NO		
election to promote/actively campaign for a national or loc	cal candidate?	If YES, give details:		
39. Have you acquired the status of an immigrant or permane	ent resident of another country?	TYES NO		
39. Have you dodn't all the same of		If YES, give details (country):		
	A A A A Disabled Persons (PA			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	Magna Carta for Disabled Persons (RA			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	2), please answer the following items.			
Are you a member of any indigenous group?		☐YES ✓NO If YES, please specify:		
b. Are you a person with disability?		☐YES ✓ NO If YES, please specify ID No:		
c. Are you a solo parent?		☐YES ✓NO If YES, please specify ID No:		
		II 1ES, please specify ID No.		
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)			
41. REFERENCES (Person not related by consening and a summy to approximately the second secon		TEL NO.		
NAME	ADDRESS	FEL. NO.		
INGRID DE LIMA	DAVAO CITY	9423758261	- 1	
		0000070465		
RUZIL MAGPAYO	MANDAUE CITY, CEBU	9222970165	200	
CUEFNA CACANDRA RATON	MAMBALING CEBU CITY, CEBU	9616328006		
SHEENA CASANDRA BATON		true correct and	AUTH	
42 I declare under oath that I have personally accomplis	hed this Personal Data Sheet which is a	Republic of the	THE	
complete statement pursuant to the provisions of per	rtinent laws, rules and regulations of the	ts stated herein.	×	
Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this of	document and its attachments shall ca	ts stated herein. use the filing of ERLIE FEA	RIGINAR	
agree that any misrepresentation fliade in this	document and no assessment comme	ENLIE JU	111111111111111111111111111111111111111	
administrative/criminal case/s against me.				
		25270 0 00/0 53570		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	C-L X			
	(Tulus	Signature of the Language	A SECOND	
Government Issued ID: N/A	TIMO	of Employment Applies		
ID/License/Passport No.: N/A	box)			
	April 14, 2021		um han sele	
Date/Place of Issuance: N/A	Date Accomplished	right Th	umbmark	
		biting his/her validly issued government ID as indic	ated above	
SUBSCRIBED AND SWORN to before me this	, affiant exh	biting his/her validity issued government to as male	atou above.	
	Person Administering C	eath		