CS Form No. 212 Revised 2017	I	PERSO	NAL DAT	A SH	IEE.	Г				
WARNING: Any misrepresen concerned. READ THE ATTACHED GUID Print legibly. Tick appropriate box	tation made in the Person	nal Data Sheet and ti	he Work Experience Sheet s	hall cause th	ne filing of a	dministrativ	a/criminal casa/s			
I PERSONAL INFORMATI	(ON	set il necessary, indicati	B N/A if not applicable. DO NOT	ABBREVIATE	and the state of t	1. CSID No.		(IX MATE)	a CAC son which	
2. SURNAME	MATUNOG									
FIRST NAME	JEROME				-		THA.			
MIDDLE NAME	TULANG						the Assessment of the Assessme	the side of the state of the st		
DATE OF BIRTH (mm/dd/yyyy)	11/29	/1999	16. CITIZENSHIP	Prilipino Duai Crozensnij				by naturalization		
4. PLACE OF BIRTH	BRGY, UNION MA	AYORGA, LEYTE	If holder of dual citizenship, please indicate the details.		☐ by birth [Pls. indicate or					
5. SEX	☑ Male	Female			F 107 IT NOVEMBER OF					
6 CIVIL STATUS	✓ Single Widowed Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		NIA House/Block/Ld Ho. NIA			ZONE S Street UNION		
7. HEIGHT (m)	1.596			Se	Subdivision/Village MAYORGA			Earargay LETTE		
8. WEIGHT (kg)	65.4	MATABLED 25	ZIP CODE		CityMunicipality			Profess		
9. BLOOD TYPE	N/A	1	18. PERMANENT ADDRESS	-	NA		6507	ZONE 5		
10. GSIS ID NO.	1 AS 1011.	PROLLADIJOS EX	- AD MANAGANA	Но	House/Block/Lot No.			Street		
AU AU	N/A		AM	N/A Subdivision/Village				UNION Earangay		
11. PAG-IBIG ID NO.	121328489262				MAYOR(http://www.icipality			LEYTE Province		
12. PHILHEALTH NO.	N/A		ZIP CODE		6507					
13. SSS NO.	N/A		19. TELEPHONE NO.		N/A					
14. TIN NO.	N/A		20. MOBILE NO.		09292047147					
5. AGENCY EMPLOYEE NO.	N/A	and the second second second	21. E-MAIL ADDRESS (if any)	-	matunogjerome@gmail.c			nom		
I. FAMILY BACKGROUNI)			1 Size		atunogjer	ome agman.	20111		
2. SPOUSE'S SURNAME	N/A			23. NAME of Ch	HILDREN (Write	e full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	N/A		NAME EXTENSION (JR., SR) N/A		NA			N/A		
MIDDLE NAME	N/A		A Specific Commission of the C		NA		NA			
OCCUPATION	N/A		History and the property of the state of the		NA			NA		
EMPLOYER/BUSINESS NAME	N/A	The second secon			N/A				VA	
BUSINESS ADDRESS	N/A				N/A			NA		
TELEPHONE NO.	N/A				N/A			NA		
4. FATHER'S SURNAME	MATUNOG					N/A		N/A		
FIRST NAME	EDUARDO	k ji katalinin madija madija matali matalinin ja	NAME EXTENSION (JR., SR) N/A	N/A			NA			
MIDDLE NAME	VALERIO			N/A		NA				
MOTHER'S MAIDEN NAME		volume and the second	The state of the s		N/A			NA		
SURNAME	TULANG			N/A			N/A			
FIRST NAME	ARLENE	en lagra de la companya de la compa		NA			NA			
MIDDLE NAME		GABRINO			(Continue on separate sheet if necessary)					
L EDUCATIONAL BACKS	GROUND				a herry files of				18-2 (SE)	
). LEVEL	NAME OF (Write in		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE. To	HIGHEST LEVELY UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP! ACADBAC HONORS RECEIVED	
ELEMENTARY	UNION ELEMENTARY SCHOOL		N/A		6/5/2007	3/5/2013	N/A	2013	CAR IN EXCURA	
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL		NA		6/2/2014	4/3/2019	N/A	2019	HONORABLE MENTION	
VOCATIONAL / TRADE COURSE	N/		N/A		N/A	NA	N/A	N/A	NA	
COLLEGE	VISAYAS STATE UNIVE	RSITY-MAIN CAMPUS	NA		8/1/2019	8/3/2023	WA	2023	CUM LAUDE	
GRADUATE STUDIES	WA		WA		N/A	N/A	NA	NA	NA	

CAREE		(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (If a	7
BAR	SPECIAL LAWS/ (ANGAY ELIGIBILITY / I		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	KMENT	NUMBER	Date of Validity
	LEPT PASSE	ER	90.2	17-Mar-24	TACLO	OBAN		2203062	11/29/20
	N/A		N/A	N/A	N/A			N/A	N/A
Woov	XPERIENCE		(Cc	ontinue on separate sheet if	necessary)				
clude priva	ite employment.	Start from your recen	t work) Description	on of duties should be	indicated in the attache	d Work Ex			
(mm/dd/yyyy) POSITION TI From To			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARYI JOBJ PAY GRADE (f applicable)& STEP (Format '00-0") INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
8/23/2023	12/22/2023	PART-TIME INS	TRUCTOR	DEPARTMENT OF T	10-15k	N/A	Contractual	Υ	
8/12/2024	12/13/2024	PART-TIME INS	TRUCTOR		EACHERS EDUCATION AIN CAMPUS	10-15k	N/A	Contractual	Y
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
			Tr.	Continue on separate sheet	if necessary)				

VOLUNTARY WORK OF MYOLYEMEN				PROMINATI	oug.		
NAME & ADDRESS OF ORGANIZATION (WHILE IN IN)		INCLUSIVE DATES (mmskEyyyy) From Fe		MANUA OF HOURS	PODITION / NATURE OF WORK		
		N/A	N/A	NA NA			
	BOOK BOOK STATE						
LEARNING AND DEVELOPMENT (L&D	(Cer INTERVENTIONS/TRAINING	Action of the second second	TENDED	1	g St.	espace and thousand the second	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerist/ Bupervisory/ Technical/str)	CONDUCTED/ SPONSORED BY (Witte in full)	
NA ,	SPE SEE CALL CALL	NA 2013	N/A	N/A	N/A	NA	
	stelo er a des e	arred Londs	Service Control	Kana I			
	sand av	7 (23 (Mar) 2				A PART OF A PART	
		and contactions	9 Sec. 15 8			State of the state	
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and the second s							
			Address				
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1 005, 10 4	All the second of the second o	7 (2011) Ed			Peziti	aug	
OTHER INFORMATION		ntinue on separate s	heet if necessar	y)	Desire that the same of		
SPECIAL SKILLS and HOBBIES NC II PASSER - COMPUTER SYSTEM	SPECIAL SKILLS and HOBBIES 32. NON				3	3. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)	
SERVICING N/A	A Company of the Comp	48.5	N/A				
a contract of the contract of the contract of		e version de la companya de la compa				or Bridging out	
	(Co	ntinue on separate s	heet if necessa				
SIGNATURE		Lone		DATE		2 13 2024 CS FORM 212 (Revised 2017), Pa	

Are you related by consanguirity 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?	or recommending authority, or to the e supervision over you in the Office,					
b. within the fourth degree (for Local Government Unit - Car	The state of the s	NO NO				
35. a. Have you ever been found guilty of any administrative offi	☐ 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:					
35. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
a. Have you ever been a candidate in a national or local election)? Barangay 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	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:					
Are you a member of any indigenous group?		☐ YES	✓ NO			
b. Are you a person with disability?	If YES, please specify: YES If YES, please specify ID	NO No:				
c. Are you a solo parent?	YES If YES, please specify ID	✓ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
JAY C. BANSALE	BAYBAY CITY, LEYTE	N/A				
APRIL JAE G. CUSTODIO	BAYBAY CITY, LEYTE	N/A	(3)			
ARLUZ V. REVILLE	MAYORGA, LEYTE	N/A				
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 document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	MATUNOG, JEROME T. PHOTO			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: PHILIPPINE IDENTIFICATION CARD	meation	e I				
ID/License/Passport No.: 2032-5482-7412-6915	Signature (Sign inside the b	ox)				
Date/Place of Issuance: 13 JUNE 2021	24	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	evernment ID as indicated above.			
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	Person Administering Oa	th				
			CS FORM 212 (Revised 2017), Page 4 of			

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