	ON					rinocited and	Da	ita She
2. SURNAME	PANILAG							
FIRST NAME	GIRLIE ROSE					NAME EXTENSION (JE	R., SR)	N/A
MIDDLE NAME	LEDAMA							
3. DATE OF BIRTH	12/04/1994	16. CITIZENSHIP		✓ Filip	ino [	Dual Citizenship		
(mm/dd/yyyy)				[v] riiip	mio L	bual citizeriship  by birth		zation
4. PLACE OF BIRTH	TOLEDO CITY, CEBU	If holder of dual citize	enship,			Pls. indicate of	ountry:	
5. SEX	☐ Male ☑ Female	please indicate the d	etails.	Philippines	4-1-1-1-1			
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS		N/A			ILAYA	
O CIVIL STATUS	☐ Widowed ☐ Separated		Hou	se/Block/Lot N	0.		Street MATLANG	
	Other/s:		Sut	odivision/Villag	е		Barangay	
7. HEIGHT (m)	1.52		C	ISABEL ty/Municipality			Province	
8. WEIGHT (kg)	AND SAA 70 LOOK	ZIP CODE				6539		estimes.
). BLOOD TYPE	0+	18. PERMANENT ADDRESS	N/A House/Block/Lot No.		ILAYA Street			
0. GSIS ID NO.	N/A			N/A			MATLANG	
	A A A A GO COLOR A A A A A A A A A A A A A A A A A A A	1. 00.75 N. 2096/03.	Sut	odivision/Villag	e		Barangay LEYTE	VSB ales?
1. PAG-IBIG ID NO.	121193329754	CONTRACTOR	Ci	ty/Municipality	381. LV, 15 C	1312	Province	TRUBUSE
2. PHILHEALTH NO.	13-050186422-7	ZIP CODE		REHOARD	нооны	6539	1500190365	eache
3. SSS NO.	06-3819129-7	19. TELEPHONE NO.				N/A		
4. TIN NO.	738-121-293-000	20. MOBILE NO.			09	773468489		
5. AGENCY EMPLOYEE NO.	T2016-0021	21. E-MAIL ADDRESS (if any)		na	nilan199	4rose@gmail.	com	#FUSION
. FAMILY BACKGROUND	Allendar 9	21. E-MAIL ADDRESS (il aliy)			magraa	41 OSE(@ginan.	COM	
2. SPOUSE'S SURNAME	ANA I WARM I NA	ao relisaa suuvu	23. NAME of CH	I DREN (Write	e full name an	t list all)	DATE OF BIRT	'H (mm/dd/yyy
FIRST NAME	Also no N/A ACRAS	NAME EXTENSION (JR., SR)			N/A			/A
MIDDLE NAME	N/A	N/A						<u></u>
4 - 18 - 4 - 18 - 18 - 18 - 18 - 18 - 18	N/A	DE DETHAS SEAGG		HINDRY!	AND DELLA	AJ0 -	ATRESPORTED	atticita
OCCUPATION SALES AND SALES OF THE SALES OF T								
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
4. FATHER'S SURNAME	PANILAG	NAME EXTENSION (JR., SR) N/A						
FIRST NAME								
	ASILO							
MIDDLE NAME	TORINO							
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MIDDLE NAME  5. MOTHER'S MAIDEN NAME	TORINO							
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MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	LEDAMA SUMARIT BANOGON			(Ce	ontinue on se	parate sheet if neces		
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V. WORK	EXPERIENCE		(Co	ntinue on separate sheet if	necessary) •	Ne Server			
	vate employment	Start from your recent (	work) Descriptio	n of duties should be	indicated in the attach	ed Work Ex	THE RESIDENCE OF THE PARTY OF T	<i>t</i> .	
	mm/dd/yyyy)	POSITION TITE (Write in full/Do not ab		DEPARTMENT / AGEN (Write in full/D	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GC SEF (Y	
08/22/2022	07/07/2023	CLASSROOM TE	ACHER	DOANE BAP	5000.00	N/A	TEMPORARY		
07/04/2022	08/04/2022	CLASSROOM TEACHER			TIST SCHOOL	5000.00	N/A	TEMPURARY	
09/13/2021	06/21/2022	CLASSROOM TE		DOANE BAP	5000.00	N/A	TEMPORARY		
07/12/2021	08/12/2021	CLASSRÚUM TE	100	DUANE BAP	4400.00	N/A	TEMPORARY	-	
08/24/2020	05/28/2021	CLASSROOM TE		DOANE BAP	4400.00				
06/10/2019	04/03/2020	CLASSROOM TE	7.7.	100000000	Transfer for	N/A	TEMPORARY		
04/10/2019	05/10/2019	CLASSROOM TEA		DOANE BAPTIST SCHOOL  DOANE BAPTIST SCHOOL		4300.00	N/A	TEMPORARY	_'
06/06/2018	03/31/2019	CLASSROOM TE			4100.00	N/A	TEMPORARY	- 1	
04/02/2018	05/02/2018				TIST SCHOOL	4100.00	N/A	TEMPORARY	
06/06/2017	03/30/2018	CLASSROOM TEA			TIST SCHOOL	4100.00	N/A	TEMPORARY	1
06/13/2016	+	CLASSROOM TEA			TIST SCHOOL	4100.00	N/A	TEMPORARY	•
J0/13/2016	03/31/2017	CLASSROOM TEA	ACHER	DOANE BAP	FIST SCHOOL	4100.00	N/A	TEMPORARY	١
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	#YES, give details:						
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	Date Filest						
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II. LEARNING AND DEVELOPMENT (L	D) INTERVENTIONS/TRAINING I	PROGRAMS	ATTENDED	erander grott grotter	· 通常 10000000		
30. TITLE OF LEARNING AND DEVELOPMENT I	NITEDVENTIONS/TO AINIAIC DOCCDAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD	CONDUCTED/ SPONSORED BY	
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS         (Write in full)</li> </ol>			dd/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	(Write in full)	
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			04/22/2022	24.0	TECHNICAL TECHNICAL	DEPARTMENT OF EDUCATION	
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III. OTHER INFORMATION	(Gon	unue on separate	sheet if necessary	,			
	MON	ACADEMIC DICT	NCTIONS / RECO	CNITION		MEMBEDONID IN ACCOUNTION OF CANADA	
31. SPECIAL SKILLS and HOBBIES	32. NON		le in full)	AMITOR		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
MICROSFT OFFICE WORD		N//	<b>A</b> /			ISABEL TAEKWONDO PHOENIX	
MICROSFT OFICE POWERPOINT	1					ORGANIZATION	
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SIGNATURE	1 1-4	1 - 1-		D.	1TF	01-02:2023	

				If YES, give details:			
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
	b. Have you been criminally charged before any court?						
36.	Have you ever been convicted of any crime or violation of by any court or tribunal?	YES NO If YES, give details:					
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	YES NO If YES, give details: FINISHED CONTRACT					
38.	a. Have you ever been a candidate in a national or local e Barangay election)?      b. Have you resigned from the government service during	YES NO If YES, give details:					
39.	election to promote/actively campaign for a national or loc Have you acquired the status of an immigrant or permane	If YES, give details:  YES VO  If YES, give details (country):					
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897). Are you a member of any indigenous group?  Are you a person with disability?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No:					
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	JOSHUA CALEB A. HOCSON	ISABEL, LEYTE	9173167016				
L	MICA MYEH O. RESMEROS	LIBERTAD, ISABEL, LEYTE	9773606309	= =			
	AIZA PESINABLE	LIBERTAD, ISABEL, LEYTE	9455217689				
	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this docadministrative/criminal case/s against me.	tinent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the ed herein. I GIRLIE	nd de la			
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