CS FORM 212 (Revised 2005)									
	PERSOI	NAL DA	TA S	SHEET					
				<u>-</u>					
Print legibly. Mark appropriate box	xes			1. CS ID No.			(to be filled up by CS		
I. PERSONAL INFORMA	ATION								
2. SURNAME	LIAI MIBIOI I I I I					1 1			
FIRST NAME	RII IT IZ IE IL ILIEI I	_ <u> </u>	<u> </u>		<u> </u>	1 1	<u> </u>		
MIDDLE NAME	GIEINIOISIOILIAINIG		<u> </u>	3. NAME E	XTENSION (e.g. Jr.	, Sr.)			
4. DATE OF BIRTH (mm/dd/yyy	y) 11 / 28 /199	9 16. RESIDENTIAL AI	DDRESS	SAN ANTO	NIO, MALI	TBOG SO	UTHERN		
5. PLACE OF BIRTH	MALITBOG, SOUTHERN LEYTE			LEYTE					
6. SEX	☐ Male ☐ Female								
7. CIVIL STATUS	☐ Single ☐ Widowed		ZIP CODE		6603				
	☐ Married ☐ Separated	17. TELEPHONE NO							
	☐ Annulled ☐ Others, specify	18. PERMANENT AD	DRESS	SAN ANTO	NIO, MALIT	BOG SOL	 JTHERN		
8. CITIZENSHIP	FILIPINO			LEYTE					
9. HEIGHT (m)	1.51 m								
10. WEIGHT (kg)	78 kg		ZIP CODE	6603					
11. BLOOD TYPE	NA	19. TELEPHONE NO	19. TELEPHONE NO.						
12. GSIS ID NO.	NA	20. E-MAIL ADDRES	S (if any)	ritzlambo@gmail.com					
13. PAG-IBIG ID NO.	121305944399	21. CELLPHONE NO). (if any)	0963-050-3358					
14. PHILHEALTH NO.	132528198477	22. AGENCY EMPLO	OYEE NO.	NA					
15. SSS NO.	0644604309	23. TIN		6237658350	000				
II. FAMILY BACKGROU	1								
24. SPOUSE'S SURNAME	NA NA		25. NAME OF C	CHILD (Write full name an	d list all)	DATE OF	BIRTH (mm/dd/yyyy)		
FIRST NAME	NA NA						1 1		
MIDDLE NAME	NA NA						1 1		
OCCUPATION	NA NA						1 1		
EMPLOYER/BUS. NAME	NA						1 1		
BUSINESS ADDRESS	NA						1 1		
TELEPHONE NO.	NA NA						1 1		
aa FATUEDIO OUDANAS	(Continue on separate sheet if necessary)								
26. FATHER'S SURNAME	LAMBO					10			
FIRST NAME	EMERITO						1 1		
MIDDLE NAME	JADMAN						1 1		
27. MOTHER'S MAIDEN NAME	OFNOSOL ANGOO					00			
SURNAME	GENOSOLANGGO					08	/ 19 / 1965		
FIRST NAME	DOLORES			(Continue		<i>if</i> =========	1 1		
MIDDLE NAME III. EDUCATIONAL BAG	JADMAN			(Continue	on separate sheet	ii necessary)			
	CAGROUND		V=15	HIGHEST GRADE/	INCLUSIVE I	DATES OF			
28. LEVEL	NAME OF SCHOOL	DEGREE COURSE	YEAR GRADUATED	LEVEL/ UNITS EARNED	ATTEND		SCHOLARSHIP/ ACADEMIC HONORS		
	(Write in full)	(Write in full)	(if graduated)	(if not graduated)	From	То	RECEIVED		
ELEMENTARY	MALITBOG CENTRAL SCHOOL		2011	GRADUATE					
SECONDARY	SANTO NIÑO ACADEMY		2017	GRADUATE					
VOCATIONAL /	SANTO NIÑO ACADEMY			GRADUATE					
TRADE COURSE COLLEGE		GENERAL ACADEMICS	2019						
	VISAYAS STATE UNIVERISITY B	SSED-SOCIAL STUDIES	2022	GRADUATE					
GRADUATE STUDIES									

IV. CIVIL 3	ERVICE ELIG	IBILI I Y										
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR)				DATE OF				LICENSE (if	applicable)			
UNDER SPECIAL LAWS/ CES/ CSEE			RATING	EXAMINATION / CONFERMENT	PLACE OF EXAMINATI	NUMBER	DATE OF RELEASE					
NA			NA	NA	NA							
	(Continue on separate sheet if necessary) V. WORK EXPERIENCE (Include private employment. Start from your current work)											
V. WORK	EXPERIENCE	(Include private	employment	. Start from y	our current work)							
	USIVE DATES nm/dd/yyyy) To	POSITION (Write in		DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY & STEP INCREMENT (Format "00-0")			STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)				
08 / 22 /202		COSTUMER S REPRESENTA	ERVICE TIVE	INITIAL AUTHO	ORIZATIONS, iPloy OPC	P16,000	NA		NO			
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1 1	1 1		(C)	ontinue on separate	sheet if necessary)							
			100				CS EODM	212 (Revised 200	5) Page 2 of 4			
							JJ I URIVI	- 12 (110135U 2005	oj, i ay c ∠ 01 4			

VI. VOLUNTART WORK OR INVOLVEMENT	N CIVIC / NOI	N-GUVERNIVIEN	II / PEUPLE / \	OLUNIARI	ORGANIZATION/S
31. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIV (mm/de		NUMBER OF HOURS	POSITION / NATURE OF WORK
NA NA	/ /	/ /			
IVA	, ,	, ,			
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		e on separate sheet if	necessary)		
VII. TRAINING PROGRAMS (Start from the n	nost recent tr				
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHO	INCLUSIVE DATES (mm/de		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)	From	То	HOURS		
NA		1 1	1 1		
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	(Continue	e on separate sheet if	necessary)		
VIII. OTHER INFORMATION					MEMBERSHIP IN
33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)				35. ASSOCIATION/ORGANIZATION (Write in full)
MULTI-TASKING					
ESSAY WRITING					
	(Continue	e on separate sheet if	necessary)		00 FORM 040 (B) 1 1 10005
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a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed? □ YES □ NO If YES, give details: □ YES, give details:				
appointing authority or recommending authority where you will be appointed? If YES, give details: 37 a. Have you ever been formally charged? If YES DNO If YES, give details:				
If YES, give details:	_			
b. Have you ever been guilty of any administrative offense? If YES, give details:	☐ YES ☐ NO If YES, give details:			
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? YES NO If YES, give details:				
39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector? If YES, give details: RESIGNATION FROM MY PREVIOUS JOB	If YES, give details:			
40. Have you ever been a candidate in a national or local election (except Barangay election)? YES NO If YES, give details:				
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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? □ YES □ NO If YES, please specify:				
b. Are you differently abled? C. Are you a solo parent?				
If YES, please specify:				
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee) NAME ADDRESS TEL. NO.	_			
CHRIS ANNE DOTE LILOAN, CEBU 09426461043				
CINDY HITUTUA MINGLANILLA, CEBU 09494615469 MINGLANILLA, CEBU 09494615469 (passport size)				
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. (passport size) Computer generated or xerox copy of picture is not acceptable				
COMMUNITY TAX CERTIFICATE NO. ISSUED AT SIGNATURE (Sign inside the box)				
/ / O6/19/2024 ISSUED ON (mm/dd/yyyy) DATE ACCOMPLISHED RIGHT THUMBMARK	_ 			