CS Form No. 212 Revised 2017								
/3/2007 t V 2/2 10 L	PERSO	NAL DAT	A SH	EET	. 100			
WARNING: Any misrepresent	ation made in the Personal Data Sheet and the	e Work Experience Sheet sh	nall cause the fi	ling of adm	inistrative/c	riminal case/s ag	ainst the per	son
concerned.	TO FILLING OUT THE PERSONAL DATA SHE	7- 1 1				Jeshame?	1 1/2 100	in Iwil
Print legibly. Tick appropriate box	es ) and use separate sheet if necessary. Indica	te N/A if not applicable. DO N	OT ABBREVIAT	E.	1. CS ID No.	Zarracione si	(Do not fill up.	For CSC use only)
2. SURNAME	Obit							
FIRST NAME	Quip					NAME EXTENSION (JR	L, SR)	and the same of the same of
MIDDLE NAME	Cajipo							
3. DATE OF BIRTH		16. CITIZENSHIP		1		1 0 100 11		
(mm/dd/yyyy)	01/26/2000	IO. OFFICE FORM		Filipino Dual Citizenship  by birth by naturalizat				ization
4. PLACE OF BIRTH	Mayoun Valenzula City	If holder of dual citiz	enship,			Pls. indicate of	country:	
5. SEX	☐ Male ☐ Female	please indicate the	details.	The state of the s			x W (艾克)() 一面 (C. )	_
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	-	/Dll-// -4 N	T her endoor	Lo	per Ja	rena
	Widowed Separated Other/s:			se/Block/Lot N	CONTRACTOR OF THE PARTY		5-A	
7. HEIGHT (m)	1.52	PROTYDION FARMINAS		bdivision/Village	n Cita	7 0	Sente	n i dala keun
8. WEIGHT (kg)	55	ZIP CODE	, c	ity/Municipality	1. 1	500	Profince	mga i
9. BLOOD TYPE	n/n	18. PERMANENT ADDRESS		1.00	02		Som Re	ome
10. GSIS ID NO.		1-11-04100	Hou	ise/Block/Lot N	0.	Dawa		
	n/a	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subdivision/Village Chiporles			Eastern samor		
11. PAG-IBIG ID NO.	IN/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ity/Municipality			Province	
12. PHILHEALTH NO.	02-253073518-8	ZIP CODE	1.			0811	111106	12.5.10
13. SSS NO.	34-8972223-6	19. TELEPHONE NO.	n/A	Telific	- 1942	7,517.7	alk Olive	<u> </u>
14. TIN NO.	043-360-613	20. MOBILE NO.	0966 137 3450 jic26 abit 2000 @gmail.com					man w
15. AGENCY EMPLOYEE NO.	n/A	21. E-MAIL ADDRESS (if any)	jic 20	e abit a	2000	agmail.c	om	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	n/a	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME			n/A			*		
MIDDLE NAME								
OCCUPATION								
BUSINESS ADDRESS BUSINESS ADDRESS								
TELEPHONE NO.			-					-
24. FATHER'S SURNAME	apit							
FIRST NAME	Marlon	NAME EXTENSION (JR., SR)						
MIDDLE NAME	alain							
25. MOTHER'S MAIDEN NAME	Occours							
SURNAME	Caripo							
FIRST NAME	Chrona							
MIDDLE NAME	abrogar			(C	ontinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND					Mary and the second		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)		PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	Paya Elementary School			2005	2011		2011	
SECONDARY	Paya Elementary School Siportor Hothonal Trade Icho	de		2011	2015		2015	
VOCATIONAL / TRADE COURSE	Ginarles Hartional Trade Sch	of Draffin	//	2012	2015		2015	
COLLEGE	Eastern Sounger Starty	Bachelor of & X Information Tech	sience in	2015	2019		2019	
GRADUATE STUDIES	VIMINATE GRUNOM CUMPI	Tryoth onlose Just	monda		A			
2011-11-	In an like	Continue on separate sheet if ne	cessary)			/	2/20	0.4
SIGNATURE	ataga	3		DA	ATE	1 001/1	2/20	14

CS FORM 212 (Revised 2017), Page 1 of 4

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BAF	SPECIAL LAW RANGAY ELIGIBILIT	080 (BOARD/ BAR) UNDER VS/ CES/ CSEE IY/ DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	MENT	LICENSE (if a	Date of Validity
Civil C	pervice Co	projessional	82.76	03/03/2024	Tacloban	City	0 PILLING 00	TAJAMEN GINUK	nA
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			m'81	A KIS	auto al		1		Signal of the second
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V WORK E	XPERIENCE		(Co	ntinue on separate sheet it	necessary)		AISM I		1 32
		nt. Start from your recen	t work) Description	on of duties should b	e indicated in the attac	hed Work Ex	perience she	et.	
	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
Jan 2017	Man 2018	Sales Sa	du-	acana's	RTW)	Grove		Partime	- I c - DC
Jun 2019	Mar. 2018	Computer (	Hindant	OBCC	Net	3,2201	2	numer for	6
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Oct. 2021	Jan 202	Tutor		In-Home	tutor of G-3	1,000.00	(0.00	Part time	d add to t
Jan. 202	Dec 202		Prhist	Publy Star &	Enterprises	9,000.00	10-20	Contractua	el
lan 2024	Present	accounting)	staff	Publy Star	entropises	9.000	1.840	Confractua	1
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010117		av.	/•		PAIR ST			S FORM 212 (Revised 2	(017), Page 2 of

29. NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK
Sabang Kids Minu Taclohan Ci	(try (Sabang,	Jun 200	Dec 200	n/A	Bibli &	tory telling / Teacher
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					man partie	под туме устания и пред вистоп
	nigeneya 55Ya					
LEARNING AND DEVELOPMENT (L&		ntinue on separate : ROGRAMS AT	THE RESIDENCE OF THE PARTY OF T		(011) 22 15 47	
. TITLE OF LEARNING AND DEVELOPMENT II (Write in		ATTEN	DATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/SPONSORED BY (Write in full)
STP-ROTC	then the state of	Jun 2015		n/A	inca asonas iton, end oth	ESSU-Cyvinan
	t Industrial Evo.)		April 9,201		20,410,000	ESSU-Cyninan
Goad to Enccess	Lafe at eve Life	Apr 19,2018	Apr 19,201	8 4 hrs.		ESSU- Cyuinan
Jame Design Work	leshop	Apr 20, 2018	7		ob uprinse 'm	ESSU- Guinan
	CARP/R.A. 6657				THE SECURE OF THE PARTY OF THE	DAR-ROVIII
In-flu-Job frais	ning	Feb 2019	Apr 2019	503 lir	1	OAR-ROVIN
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V 07/50 N500W-50W	(Co	ntinue on separate	sheet if necessary)			ena reta sue el escale le cambio en las traditions.
II. OTHER INFORMATION	NO.	N-ACADEMIC DISTII	NCTIONS / RECOGN	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPECIAL SKILLS and HOBBIES	32.	(Writ	e in full)		Sons	33. (Write in full)
Out/Design	MAPOLCOM- Passer of April 2019 CSC Profissional Passer of March 200				Men Lige Baptist	
Micro soft Literate Computer Literate	Late CROSSESSION SALES CONTRACTOR SECURITION OF THE PARTY	THE STATE OF THE S			30 x 3	"Mugsion"
Muderal or ordonal	A District of Delivery of the second		700			
	740	* HIV.	W A R	174		
	(58	atinus on separate	sheet if necessary)	SMOOL ISMAIL		
SIGNATURE	atry	5		D	ATE	9/12/2024

<ol> <li>Are you related by consanguinity or affinity to the appointing</li> </ol>		
chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	te supervision over you in the Office,	NAME & ADDRESS TO CHOKE STAN
a. within the third degree?		YES NO
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☐ NO
		If YES, give details:
35. a. Have you ever been found guilty of any administrative of	offense?	☐ 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:
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation by	□ YES □ NO
any court or tribunal?	HO SWING WAS DAME.	☐ YES ☐ NO If YES, give details:
		DOSS GARGANITALA ATREMENTA INFORMACIÓN A ANTARA PROCESA A ANTARA PROCESA DE CONTRACTOR
37. Have you ever been separated from the service in any of	the following modes: resignation, retirement,	YES NO
dropped from the rolls, dismissal, termination, end of term	finished contract or phased out (abolition)	If YES, give details:
in the public or private sector?	lection hold within the limit of	The state of the s
38. a. Have you ever been a candidate in a national or local e Barangay election)?	ection neid within the last year (except	YES NO If YES, give details:
1 1 1 1 1 1 1 1 1	# # # (2) #   b - f # -   b - f	
<ul> <li>b. Have you resigned from the government service during election to promote/actively campaign for a national or loc</li> </ul>		YES NO If YES, give details:
39. Have you acquired the status of an immigrant or permane	アンナインドークストンストントンのは変換することの	2 - 2 - 3 - 1 × 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
199 MY 024 28 40 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 1100 capt 1500 cap	☐ YES ☐ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M		
and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas	se answer the following items:	
Are you a member of any indigenous group?		☐ YES ☐ NO If YES, please specify:
Are you a person with disability?		YES NO
		If YES, please specify ID No:
Are you a solo parent?		If YES NO NO If YES, please specify ID No:
		III 1 LO, piedse specify ID No.
41. REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)	
NAME	ADDRESS	TEL. NO.
Shirley Gr. Pokle	Tacloban City	0910316690
Ryon 10. Lacaba	Tacloban City	090706150
000000000000000000000000000000000000000	Guinan E. Samoir	ONIE OLO ILLIO
archie Val Ramido		
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per		
Philippines. I authorize the agency head/authorized repre	sentative to verify/validate the contents state	ed herein.
agree that any misrepresentation made in this do administrative/criminal case/s against me.	cument and its attachments shall caus	e the filing of PHOTO
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Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	NO (CONTINUED NATIONS PERONGHITIPA	Annual Control of the
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SUBSCRIBED AND SWORN to before me this	, amant exhibitii	ng his/her validly issued government ID as indicated above.
	ATTY, ELERVENNE P. LIN	1
	Notary Public for Tacloban City	The second secon
No a	rial Commission No. 2024-01-73   Until 12 Roll of Attorneys No. 81767	
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