	PERSO	NAL DAT	'A SI	HEE	Т			
WAPNING: Any microproper	tation made in the Personal Data Sheet and the				_	fortuinal casole	naninet the n	
concerned.	E TO FILLING OUT THE PERSONAL DATA SH					/criminai case/s a	against the p	ersoi
Print legibly. Tick appropriate boxe	es 🔲) and use separate sheet if necessary. Indicate				1, CS ID No.		(Do not fill up	. For (
I. PERSONAL INFORMATI								
2. SURNAME	Bermoy					NAME EXTENSION (J	IR SR1	
FIRST NAME	Luz Jesary					Trans Extended to	10,014	
MIDDLE NAME 3. DATE OF BIRTH	Pasohil	,						
(mm/dd/yyyy)	02/23/1999	16. CITIZENSHIP If holder of dual clitzenship, please indicate the details.		☑ Filipino ☐ Dual Citizenship ☐ by birth Pls. indicate			☐ by naturalization	
4. PLACE OF BIRTH	Baybay City, Leyte							
	☐ Male ☐ Female							
5. SEX		47 DECIDENTIAL ADDRESS					Sitio Tab-ang	
6 CIVIL STATUS	✓ Single ☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	Н	łouse/Block/Lat Na.			Street	
	□ Other/s:	CONTRACT LINE	5	Subdivision/Villag	ре		Kilim Barangay	
7. HEIGHT (m)	1.52			Baybay City/Municipality			Leyte Province	
8. WEIGHT (kg)	54	ZIP CODE				6521		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS		loung/Dk-1-8	Sitio Tab-ang	12.77		
10. GSIS ID NO.	N/A			louse/Block/Lat /		Street Kilim		
11. PAG-IBIG ID NO.	N/A		5	Subdivision/Village Baybay			Barangay Leyte	
				City/Municipality			Province	
12. PHILHEALTH NO.	132528007671	ZIP CODE					6521	
13. SSS NO.	3500262905	19. TELEPHONE NO. N/A 20. MOBILE NO. 09651778976 21. E-MAIL ADDRESS (if any) bermoy, luz jesary@gm		N/A				
14. TIN NO.	N/A			09651778976				
15. AGENCY EMPLOYEE NO.	N/A			jesary@gmai	il.com			
II. FAMILY BACKGROUND	D							
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	D NA		23. NAME of C	CHILDREN (Write	e full name and	f list all)	DATE OF BIF	RTH (
		NAME EXTENSION (JR., SR)	23. NAME of C	CHILDREN (Write	e full name and	d list all)	DATE OF BIF	RTH (
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)		CHILDREN (Write	e full name and	d list all)	-	RTH (
22. SPOUSE'S SURNAME FIRST NAME	N/A N/A	NAME EXTENSION (JR., SR)	N/A	CHILDREN (Write	e full name and	i list all)	N/A	RTH (
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A	NAME EXTENSION (JR., SR)	N/A N/A	CHILDREN (Writ	e full name and	d list all)	N/A N/A	RTH (
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION	NIA NIA NIA	NAME EXTENSION (JR., SR)	N/A N/A N/A	CHILDREN (Writ	e full name and	i list all)	N/A N/A	RTH (
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	NIA NIA NIA NIA	NAME EXTENSION (JR., SR)	N/A N/A N/A	CHILDREN (WH	e full name and	d list all)	N/A N/A N/A	RTH(
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	NIA NIA NIA NIA NIA		N/A N/A N/A N/A	SHILDREN (Writ	e full name and	d list all)	N/A N/A N/A N/A	RTH(
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	NIA NIA NIA NIA NIA	NAME EXTENSION (JR., SR)	N/A N/A N/A N/A N/A	SHILDREN (With	e full name and	d list all)	N/A N/A N/A N/A N/A	RTH
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	NIA NIA NIA NIA NIA NIA Bermoy		N/A N/A N/A N/A N/A N/A N/A N/A N/A	CHILDREN (WAL	e full name ano	f list all)	N/A	RTH(
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic		N/A	HILDREN (WHI	e full name and	f list all)	NIA	RTH (
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A Bermoy Emil		N/A	HILDREN (WHI	e full name and	d fiet all)	NIA	RTH(
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda		N/A				NIA	RTH
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja		N/A			d fiet all)	NIA	RTH
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja		N/A			eparate sheet if neces	NIA	
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja		N/A	(d			NIA	SC
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME ### MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja GROUND NAME OF SCHOOL	NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGR	N/A	(I	Continue on a	eparate sheet if necessity in the sheet in the sheet if necessity in the sheet in t	NIA	SO
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME ### MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja GROUND NAME OF SCHOOL (Wirts in full)	NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGR (Wittle in ful)	N/A	(f	ATTENDANCE To	eparate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)	NIA	SC
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME III. EDUCATIONAL BACK 26. LEVEL	N/A N/A N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja GROUND NAME OF SCHOOL (Write in full) Killim Elementary School	NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGR (Write in full) PRIMARY EDUCATION	N/A	(f PERIOD OF From 06/06/2005	ATTENDANCE To 03/31/2011	eparafe sheet if neces HIGHEST LAPNED (if not graduated) graduated	N/A	SO NUA
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL /	N/A N/A N/A N/A N/A N/A N/A N/A N/A Bermoy Emil Caintic Pasohil Luzviminda Abenoja GROUND NAME OF SCHOOL (Write in full) Killim Elementary School Franciscan College of the Immaculate Conception	NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGR (Write in full) PRIMARY EDUCATION HIGH SCHOOL	N/A	(I PERIOD OF From 06/06/2005	ATTENDANCE To 03/31/2011	eparate sheet if neces HIGHEST LEVEL UNITS EARNED (if not graduated) graduated	N/A	so

1	ERVICE ELIGIBIL	(BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	nnlicable
11	SPECIAL LAWS/ RANGAY ELIGIBILITY /	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date Valid
	Driver's Lice	nse	N/A	June 25, 2018	Department of Land	Transportat City, Leyte	ion Office-	H12-18-002036	Febru 23, 2
				222			od a Bud		
			(Co	ntinue on separate sheet	if necessary)				
	EXPERIENCE vate employment.	Start from your recer	nt work) Description	on of duties should	be indicated in the attac	hed Work E		et.	
28. INCLI (m	USIVE DATES POSITION TITLE DEPARTMENT / AGENCY / OFFICE / COMPA To DEPARTMENT / AGENCY / OFFICE / COMPA (Write in full/Do not abbreviate)			MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GO' SER\ (Y/		
February 13, 2020	March 14, 2020	product pa	cker	Paglinawan	Organic Eco Farm	N/A	N/A	FORMER INTERN	
						1			
					A				
	-								
							-		_
						 	-		
						<u> </u>			
	-					-			
	-					-			_
						-			
								•	
		***************************************		*					
		Particular to Agreement							_
						-			_
-							-		
	-								

29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
Baybay City Online Trading Services (BCOTS) - R Leyte	- R. Magsaysay St. Baybay City,	08/02/2020	To 12/12/2020	1120.0	Customer service and organization treasurer. Usually negwith customers and auditted assets of the organization.			
		+	+	+	with custome	ers and auditted assets of the organization.		
		-	-					
		-	-					
		1						
		 	1	 				
//	/C	ontinue on separat	e sheet if necessar	ny)				
III. LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAINING							
 TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full) 	VTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY		
(Vino il las)		From	To		Supervisory/ Technical/etc)	(Write in full)		
Banking Transactions and Product Offers		12/16/2019	12/16/2019	5.0	Financial Management	PNB-Visca Baybay City, Leyte Branch		
					Cincin			
		T	1					
		1	†					
		†	1					
		-	 	 				
		-	 					
				-				
		-	-	-				
			-					
	(Con	tinue on separate	sheet if necessary)					
III. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES 3	2. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
terpersonal skill N/	A					NA		
mputer literate								
cellent in verbal communication skill								
le to work independently and/or as a part of a								
am atch a movie/movie series and listen to music								
The state of the s								
	16 mil	inue on separate s	heat if necessaria					
SIGNATURE	Con)	medt ii necessary)	DAT	F	10/27/2021		
	and the same of th	frust		DAI	THE LAND OF THE PARTY OF THE PA	10/2//7/1		

Are you related by consanguinity or affinity to the apportance of the person who has imm Bureau or Department where you will be appointed,	inting or recommending authority, or to the ediate supervision over you in the Office,				
a. within the third degree?		☐ YES ☑	NO		
b. within the fourth degree (for Local Government Unit	- Career Employees)?		NO		
	If YES, give details:	NO			
		ii 120, give details.			
35. a. Have you ever been found guilty of any administration	ve offense?	☐ YES ☑	NO		
		If YES, give details:			
b. Have you been criminally charged before any court?		□ YES ☑	l NO		
		If YES, give details:			
		Date Filed:			
- 11-		Status of Case/s:			
36. Have you ever been convicted of any crime or violation by any court or tribunal?	of any law, decree, ordinance or regulation	☐ YES ☐	2 NO		
by any count of thousant		If YES, give details:			
37. Have you ever been separated from the service in any retirement dropped from the rolls dismissal termination	of the following modes: resignation,		2 NO		
retirement, dropped from the rolls, dismissal, terminatio out (abolition) in the public or private sector?	ii, end of term, finished contract or phased	If YES, give details:			
38. a. Have you ever been a candidate in a national or loca	l election held within the last year (excent	El ves			
Barangay election)?	to mor your (onocht	☐ YES If YES, give details:	☑ NO		
b. Have you resigned from the government service during	ng the three (3)-month period before the less		F2. NO.		
election to promote/actively campaign for a national or I	If YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perman	nent resident of another country?				
	☐ YES ☑ NO If YES, give details (country):				
		ii 123, give details (c	country);		
40. 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 89	72), 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		
c. Are you a solo parent?		and the second second	☑ NO		
		If YES, please specify ID			
41. REFERENCES (Person not related by consanguinity or affinity to app	licant /appointee)				
NAME	ADDRESS	TEL. NO.			
Nilda T. Amestoso	VSU Baybay	639618860111			
Connie M. Puzon	Kilim, Baybay	639061181756			
Douglas M. Baltazar			C23		
	Kilim, Baybay	639353582858			
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per	ned this Personal Data Sheet which is a tr	ue, correct and			
Philippines. I authorize the agency head/authorized re	presentative to verify/validate the contents	Republic of the			
I agree that any misrepresentation made in this of	ocument and its attachments shall cause	the filing of	LUZ JESARY BERMOY		
administrative/criminal case/s against me.		_	CKZOCKIT		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: Driver's license	and some		10000000000000000000000000000000000000		
ID/License/Passport No.: H12-18-002036	Jan Jinx				
Date/Place of Issuance: LTO Baybay/June 25, 2018	Signature (Sign Inside the bo	x)	100 m		
ETO Daybay/June 25, 2018	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	DCT 7 7 7 N1 , affiant exhibition	hie/hor unlidb-in-und	mand ID as indicated.		
	, amant exhibiting	mismer validity issued gove	mment ID as indicated above.		
90C. NO. 3500					
DAGE NO. 25	ATTY. WILLIA JR. I. DE GUZ	MAN			
BOOK NO. III	PUBLIC ATTORNEY				
TOLES OF 201	Person Administering Oath				