CS Form No. 212 Revised 2017	PERSO	NAL DAT	A S	HEET				
	tation made in the Personal Data Sheet and t				ive/criminal case/s	against the pe	mon	
WARNING: Any misrepresent concerned. DE AD THE ATTACHED GUIDI	E TO FILLING OUT THE PERSONAL DATA S on) and use separate sheet if necessary Indica	HEET (PDS) BEFORE ACCO	OMPLISHING TABBREVIAT	THE PDS FORM.			For CSC use only)	
Print legibly. Tick appropriate boxe		AZALA MARKA				(Be not all up	ror cac use only)	
I. PERSONAL INFORMATI	YOKINGCO							
2 SURNAME	LEONILO				NAME EXTENSION (IR SR) H/A		
FIRST NAME	LOPEZ		Section 1				TY HE	
MIDDLE NAME		16 CITIZENSHIP		Filipino	☐ Dual Citizenshi		- 197	
3 DATE OF BIRTH (mm/dd/yyyy)	APRIL 11, 1961	If holder of dual citizenship,		bull-classessing by naturalization by naturalization by naturalization by naturalization bull-classessing bull-cl				
4 PLACE OF BIRTH	SARIAYA, QUEZON	please indicate the details.						
5 SEX	Male Female	17 RESIDENTIAL ADDRESS		Post - 14 II				
	Single Married Separated	17 RESIDENTIAL ADDRESS		PUROK - 4 House/Block/Lot No		Street		
6 CIVIL STATUS	Other/s:			Subdivision/Village		ASUGAI Barangay		
7 HEIGHT (m)	5'4			City/Municipality	/	Province		
	78 KG.	ZIP CODE		PUROK-4				
8 WEIGHT (Ng)	0+	18 PERMANENT ADDRESS		louse/Block/Lot No		Street	,	
9 BLOOD TYPE	N/A			Subdivision/Village		ASUGA' Barangay		
10. GSIS ID NO			B	Chy/Municipality	TY	LEYTE Province		
11. PAG-IBIG ID NO	102000566052	ZIP CODE	65			1,541		
12 PHILHEALTH NO.	010508189457		N					
13. SSS NO	0352968421	19 TELEPHONE NO	-					
14 TIN NO.	270-971-727	20. MOBILE NO		20-7076834 ingco4@gmail.com				
15. AGENCY EMPLOYEE NO.		21 E-MAIL ADDRESS (if any)	nyok	ingco 40	gman.co			
II. FAMILY BACKGROUNG		CONTRACTOR OF THE PARTY OF THE	73 NAME of C	HILDREN (Write full name	and list all)	DATE OF BIR	TH (mm/dd/yyyy)	
22 SPOUSE'S SURNAME	YOKINGCO	NAME EXTENSION (JR., SR)				11-18	-2001	
FIRST NAME	ELEHA	Marc Extension last and	AMAH	LYH B. Y	ill CCO		7-2004	
MIDDLE NAME	BEROHDO	A P. S. S. S. S. S. S. S.	HEAT	ET B. YOK	MGCO			
OCCUPATION	HOHE							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	0997-399 6404							
24 FATHER'S SURNAME	YOKINGCO		Marie					
FIRST NAME	BEHLAMIN	NAME EXTENSION (JR., SR)					-	
MIDDLE NAME	GIMENA							
25. MOTHER'S MAIDEN NAME								
SLENAME	LOPEZ			USE OF THE				
FIRST NAME	ADELAIDA							
	LACORTE			(Continue on	separate sheet If nece	ssary)		
MIDDLE NAME III. EDUCATIONAL BACKG	NAME AND ADDRESS OF TAXABLE PARTY.	A STATE OF THE PARTY OF THE PAR						
		BASIC EDUCATION/DEGREE	INCH IDSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL	YEAR	SCHOLARSHIP/ ACADEMIC	
ZE LEVEL	NAME OF SCHOOL (Write in full)	(Write in full)	JUUUNJE	From To	(if not graduated)	GRADUATED	HONORS RECEIVED	
BENENTARY	PILILLA ELEMENTARY SCHOOL	H/A		1974	N/A -	1974	N/A	
SECONDARY	PILILLA ACADEMY	NA		1979	H/A	1979	N/A	
VOCATIONAL /		19/3						
TRACE COURSE								
COLLEGE								
CPACLATE STUDIES			unul					
SIGNATURE .	112	dinue on separate sheet if necess	7/	DATE	MARCH	4 20	77	
SIGNATURE	-	7		DATE	Liun-1	7120	44	

DI LANEER DESTRUCTION		RATING	DATE OF EXAMINATION /			LICENSE (Fapplicable)			
		(If Applicable)	CONFERMENT	TION / CONFE	RMENT	NAMER .	Date of		
	N	1			Tell religion of				Velidity
	N/	A						- 10	
	N/	A							
N/A									
N/X									
			(Co	ntinus on separate sheet	H necessary)				
WORK E	XPERIENCE		t work) Description	on of duties should b	e indicated in the attach	ed Work Ezi	perience she		
	SIVE DATES				ENCY / OFFICE / COMPANY	MONTHLY	GRADE IE	STATUS OF	GOVT
	n/dd/yyyy)	POSITION T (Write in full/Do not	abbreviate)		/Do not abbreviate)	SALARY	epplicable)& STEP (Format 195-0") INCREMENT	APPOINTMENT	(V/N)
From	То			EAGLE SEC	WRITY NGEHCY	5,280.		PERM.	
1980	1891	SECURITY &			ZAINY COLD	1,850-	1	OFW	
1983	1990	MECHAHDIZ			D CORPORATION	10,500	1	PERM.	
2003	2005	SALE'S MAH	1	FREEPORT	MC MORAH	19,000.		PERM.	
2006	2014	COMPANY D		BRGY. PAH	H. IGASUGAN.	1,100-		, , , , ,	
2016	2018	CHIEF TAH	QO	BWYDAY	CITY			10	
2018	PRESENT	SECURITY	BUARD	VISAYAS	ERSITY	12,000		4.0.	
			41,24,10			,			
					2 12 24				
N HTL						_			
		to restrict							
			1741 9			-			
		ARTERIAL							
	M. H.								
		The Bridge	A 特定1786						
					- Control				
SIGNA	TUPE	(=	(Cont	unite on separate sheet if I	DATE	MARCI	1+ 4, 2	022	
SIGNA	UKE	7				THE		ORM 212 (Revised 201	70 70

W. VOLUNTARY WORK OR HAVELY				Mark March La				
NAME & ADDRESS OF C		(mm/dd/yyyy)		NAMED OF HOUSE	POSITION / NATURE OF WORK			
		From	To					
- ALANIA LA	PAURAU CITY	2016	2018	N/A	(HIEF THAD		
BRGY PAHGASUGAN	DRY DRY, City	2016	2010	14 12		WIEL INDO		
					HI IN THE			
	Enderthe VIII							
	Con	tinue on seperate	sheet if necessary					
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED					
VII. LEARNING AND DEVELOPMENT (Laby	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	INCLUSIVE	DATES OF		Type of LD	A STATE OF THE STA		
30. TITLE OF LEARNING AND DEVELOPMENT INTO	ERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
30 TITLE OF LEARNING AND DEVELOR Merite in full	0				Technical/stc)			
		From	, ,	211		THTERHATIONAL SUS		
FIRST AID LEVEL - Z T	PHILIPE	5/17/07	5/19/07	24	TECHNICAL	THIC HATE, RED CROSS		
FIRST AID LEVEL L		5/12/08	5/13/08	16	THECHICAL	PHELPPINES		
FIRST AID LEVEL-2	LANIHE WALL					CONSULTANCY SERVICE		
DEFENSIVE AND B	Edited Aturne	8/29/08	8/24/08	8	THECHICAL	LAND CRAFT ADVENTURE		
BASIC HWD DRIVING, R	ECOVERY & SARETY	8/24/09	8/25/08	16	THECHICAL	INC.		
TRAINING COURSE		1	1 1	10		PHILIPPINES		
5 5 1 1 1 CUG 2	TRAINING	5/27/09	5/28/09	16	THECHICAL	INTERNATIONAL SOS		
FIRST AID LEVEL 2.	Con Marian	5/13/10	5/14/10	16	THECHICAL	CITY DISASTER RISK		
FIRST AID LEVEL 2-	TRAINING			14		DEDIMINAL & DIAHAGEMENT OF		
SXILL'S TRAINING OF		4/10/18	4/11/18		THECHICAL	IVO DYHAMIC SECUPITY		
LEGILDITY SERVICES F		4/3/19	4/13/19	104	THECHEN	TRAIHING X CADEMY INC.		
COURGE	(BTC)	11	4/12/19	104	THECHICAL	TRAILING ACADEMY INC.		
TRAINING CO	URSE	4/3/19	71917			CHELLINE CIRE PROTECTION		
FIRE SUPPRESSION DRY	IL AT VSU BAYBAY	2/2/22	2/2/22	8	THECHICAL	BAYBAY CITY FIRE STATIOH		
FIRE - CITY.		-						
all a second								
						_		
Market State of the State of th								
			-					
		1 111						
	(Conti	nue on separate sh	eet If necessary)					
VIII. OTHER INFORMATION					Milde To			
	NON-A	CADEMIC DISTINC	TIONS / RECOGNIT	TION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33		
31 SPECIAL SKILLS and HOBBIES	32	(Write i				33. (Write in full)		
		1/4				4/4		
H/A		ALL						
MIX	+	A/A				N/A		
1214								
					427	The state of the s		
	Contin	ue on separate she	set if necessary)					
SIGNATURE				DAT	E			
SIGNATURE						CS FORM 212 (Revised 2017), Page 3 of 4		
						Com 212 (Revised 2017), Page 1 of A		

		or recommending authority, or to the	State of the last			
	to the person who has immediate					
	ere you will be apppointed,					
a. within the third degree?		☐ YES	☑ NO			
b. within the fourth degree	(for Local Government Unit - Care	er Employees)?	YES	E NO		
		If YES, give details				
		and give double				
35 a Have you over been to	und guilty of any administrative offe	nes2				
So - Have you ever been to	und guilty of any administrative one	YES	₽ NO			
			If YES, give details	8:		
h Haya yay hara				_		
b. Have you been crimina	lly charged before any court?	YES	₽ NO			
		If YES, give details	S;			
		Date Filed:				
		Status of Case/s:				
36 Have you ever been conv	ricted of any crime or violation of an	☐ YES	₽ NO			
any court or tribunal?		If YES, give details				
		ii i Lo, give detaile				
27 11						
37. Have you ever been sept	arated from the service in any of the	e following modes: resignation, retirement,	YES	□ NO		
the public or private sector	smissal, termination, end of term, fir	nished contract or phased out (abolition) in	If YES, give details	DETRELIZEMENT		
			-	RETREHCEMENT		
38. a. Have you ever been a	candidate in a national or local elec-	ction held within the last year (except	☐ YES	₽ NO		
Barangay election)?			If YES, give detail			
b. Have you resigned from	n the government service during the	ne three (3)-month period before the last				
election to promote/active	ely campaign for a national or local	candidate?	YES	■ NO		
			If YES, give detail	IIS.		
39. have you acquired the st	atus of an immigrant or permanent	resident of another country?	YES	NO NO		
			If YES, give details (country):			
40. Pursuant to: (a) Indigeno	us People's Act (RA 8371); (b) Mac	gna Carta for Disabled Persons (RA 7277);				
and (c) Solo Parents We	Ifare Act of 2000 (RA 8972), please	answer the following items:				
a. Are you a member of any						
			YES If YES, please specify	NO		
b. Are you a person with dis	sability?		YES	E 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 re	ated by consanguinity or affinity to applican	it /appointee)				
	NAME	ADDRESS	TEL. NO.	SUPER FICE for SECT		
TO THE RESIDENCE				400 × 20 × 100 × 400		
JAIME BERO	HDO	BREY. PAHEASUGAN				
PETER PAUL F	LEI ADMILIA	RPAN Philaballahi		SUPER FICE for SEC		
THIS TANK	SE-MEINI MO	BREY. PAHEASUBAH		SUPER FICE for SEC		
DEXTER S. MI	1CAN	BREY, PAHEASURAN				
42 I declare under path th	at I have personally accomplishe	d this Personal Data Sheet which is a tr	rue, correct and			
complete statement pur	suant to the provisions of pertir	nent laws, rules and regulations of the	Republic of the	1		
Philippines. I authorize to	ne agency head/authorized representation	entative to verify/validate the contents state	ed herein.	G YOKINGCO, LEONILO L.		
agree that any misre	presentation made in this docu	ument and its attachments shall caus	e the filing of	36 TORINGES, LEGINES E.		
administrative/criminal ca	ase/s against me.					
Government Issued ID (i.e Passo	ort, GSIS, SSS, PRC, Driver's License, etc.)			A STATE OF THE STA		
PLEASE INDICATE ID Numb	er and Date of Issuance	40		A STATE OF THE STA		
Government issued ID: DQ	IVER LICENCE	The state of the s				
ID/License/Passport No.: X 01		Signature (Sign inside the b				
		ox)				
Date/Place of Issuance: 04	/17/2017		Right Thumbmark			
		Date Accomplished				
SUBSCRIRED AND S	WORN to before me this MAP	Lett 4, 2022 affiant exhib	iting his/her validly issue	ed government ID as indicated above.		
GODGOTABLE AND O						
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		16 co				
		h				
		Person Administering Oat				
				CS FORM 212 (Revised 2017). Page 4-o		