CS Form No. 212	PERSO	NAL DATA	SH	IEE	T	THE CO.		22/20/20
concerned. READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHI S ()) and use separate sheet if necessary. Indicate	EET (PDS) BEFORE ACCOMP	JSHING TH	E POS FO				person For CSC use or
PERSONAL INFORMATIO		THE THOU APPEARS DO NOT AD	BRETOITE.	9-3/6	COUNC	De Salvado	(SO TON IN SP	100000
2 SURNAME	ALAO		1.					
FIRST NAME	KARLOS ANTON					NAME EXTENSION UR	L SFO NA	27.15
MIDDLE NAME	SORIA							
3 DATE OF BIRTH (mm/dd/yyyy)	3/13/1995	16. CITIZENSHIP				The natural	by naturalization untry:	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizensh						
5 SEX	☑ Male ☐ Female	please indicate the detail						
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		House/Block/Lat No. Street 241 Zone 1, Barangay Cogon				
7. HEIGHT (cm)	170.5		Sut	bdivision/Villag BAYBAY	9		Barangay LEYTE	
Section of the sectio		ZIP CODE ·	C	ily Municipality		6521	Province	
8. WEIGHT (kg)	70 kg.	18. PERMANENT ADDRESS	-			0321		-
9. BLOOD TYPE	0		Hou	se/Block/Lot N	lo.	-	Street	
10. GSIS ID NO.	N/A	State state and resemble	Sut	241 bdivision/Villag	е	Zone	1, Barangay Co Barangay	on
11. PAG-IBIG ID NO.	1212-7323-6718	g special energy		BAYBAY ity/Municipality	district St.		LEYTE Province	
12. PHILHEALTH NO.	13-025559210-7	ZIP CODE			cost pico	6521	1637	100
13. SSS NO.	34-9591565-5	19. TELEPHONE NO.	1			N/A		1
14. TIN NO.	N/A	20. MOBILE NO.	-		0	953-986-1605		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (If any)		ala	okarlosa	nton13@gma	il.com	
II. FAMILY BACKGROUNI	0							
22. SPOUSE'S SURNAME	ALAO	2	3. NAME of Ch	HILDREN (Wri	te full name ar	d list all)	DATE OF BIR	TH (mm/dd/yy)
FIRST NAME	MARA	NAME EXTENSION (JR., SR) N/A	L	JISA FAITH	MARIE M.	ALAO	5/31/2019	
MIDDLE NAME	MONTAJES		К	ARA AMAIA	MARIE M.	ALAO	9/1:	3/2024
OCCUPATION	HOUSEWIFE	A			N/A			N/A
EMPLOYER/BUSINESS NAME					N/A			WA
BUSINESS ADDRESS					N/A			N/A
TELEPHONE NO.			i -		N/A			WA AW
24. FATHER'S SURNAME	ALAO	present the re-			N/A			N/A
FIRST NAME	CARLITO ANTONIO	JR	N/A			WA		
MIDDLE NAME	BANDALAN				N/A			N/A
5. MOTHER'S MAIDEN NAME					N/A			N/A
SURNAME	SORIA				N/A			N/A
FIRST NAME	FLOREFINA		N/A N/A			N/A		
MIDDLE NAME	MEMBREBE			(Continue on s	eparate sheet if nece	ssary)	
H. EDUCATIONAL BACK	GROUND	The state of the s	V 100 C		NA S	moneor		SCHOLADO
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	COURSE		DD OF DANCE To	UNITS EARNED	YEAR GRADUA TED	SCHOLARSH ACADEMIC HONORS RECEIVED
ELEMENTARY	Baybay North Central School	Primary Education		2000	2006	Graduate	2006	NA
SECONDARY	International Christian School	Secondary Education	n	2006	2010	Graduate	2010	Salutatorian
COLLEGE	University of Cebu	Bachelor of Science in Commerce 2010 2011 Undergradual		Undergraduate	2011	N/A		

Seaferer (vocational Course TESDA) 2011 2012 Accedilla Technology Institute Graduate 2012 NA **Bachelor of Science Marine Engineering** 2012 2013 Undergraduate 2013 University of Visayas NA Franciscan College of the Immaculate Concepcion **Bachelor of Secondary Educatin** 2016 2020 Graduate 2020 N/A (Continue on separate sheet if necessary) 'IGNATURE DATE

2 8 MAR 2025 CS FORM 212 (Revised 2017), Page 1 of 4

CARE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER		DATE OF	AND THE PARTY	AND ADD	C Leading	LICENSE (I	(applicable)
	SPECIAL LAWS/	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICENSU	JRE EXAMINATION	N FOR TEACHER	75.0	2/10/2022	TACLOBAN CITY		2038593	3/13/2020	
		444					n P (0.00)		
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	- Vincelland	nite of							
				Continue on separate sheet	if necessary)				
	EXPERIENCE	Const from		n of duties abouted by	ndicated in the attache	d Work Eve	rionce sheet		
8. INCL	USIVE DATES nm/dd/yyyy)	POSITION 1 (Write in full/Do no	IITLE	DEPARTMENT / AGEN	CY/OFFICE/COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (# applicable)& STEP (Formal "00-0")/	STATUS OF APPOINTMENT	GOVT SERVIC
From 1/21/2023	To 1/20/2024	Administrati	va Staff	PNP Baybay City			NA	GIP	Y
12/2/2019	3/10/2020	Practice Te		Franciscan College of the Immacuate			N/A	ол	N
5/1/2017	4/1/2019	Encoder/Att	endant	Conception Gamer's Lounge Baybay			N/A	Part-Time Job	N
0/23/2014	3/1/2014	Catering Serv	ice Crew	ATI-MPC Catering Services			N/A	Regular	N
		14		1797		D	2000		NA.
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NAME	& ADDRESS OF ORGANIZATION (Write in MI)	(ment)	(mmiddinm)		Section 10	POSITION / NATURE OF WORK	
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LEARNING AND DEVELO	PMENT (L&D) INTERVENTIONS/TRAINING	Continue on separate PROGRAMS A		The state of	S S S S S S S S S S S S S S S S S S S		
	program and include only the relevant L&Otraining taken			d'Executive Manag	urtal positions)	and the second	
TITLE OF LEARNING AND D	EVELOPMENT INTERVENTIONS TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in kur)	(mm/c	(mm/dd/yyyy)		Supervisory/ Technical(etc)	(Write in full)	
DOMESTIC DEED	IGERATION AND AIRCONDITIONING	From	To	11.28	E LANDER	LGU/TECHVOC	
DOMESTIC REFR	GERATION AND AIRCONDITIONING	4/17/2024	5/27/2024	30 DAYS	Put	LGUTECHVOC	
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OTHER INFORMATION		a la com	200				
SPECIAL SKILLS and H	068/ES 32.	NON-ACADEMIC DISTIN	ICTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT	
Computer Literacy	AND DESCRIPTION					N/A	
Singing		Microsoft Office Specialist				MATAGE AND NA	
			PARTY NAMED IN				
Dancing		NA				N/A	
Cooking	The second secon		NIA			N/A	
Housekeeping		NIA	N/A		MEN E	N/A	
Hiking		NIA	N/A			N/A	
Reading/Listening		NVA				N/A	
		Confere 4 on 8 (p4 1 m)	h set if necessary	LOS L			
SIGNATURE	? Kaylos		ASSESSED FOR	DA	TE	2 8 MAR 2025	

Bureau or Department where you will be appointed,	g or recommending authority, or to the e supervision over you in the Office,	-			
a. within the third degree?	☐ YES ☐	NO -			
b. within the fourth degree (for Local Government Unit - Car		NO			
	ice. Employeesy.	If YES, give details:			
a. Have you ever been found guilty of any administrative off	fense?	□ YES □	NO NO		
		If YES, give details:			
b. Have you been criminally charged before any court?		☐ YES	☑ NO		
to the second		If YES, give details:			
		Date Filed: Status of Case/s:			
Have you ever been convicted of any crime or violation of a	any law doors ardinance or maulation				
by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
		ii 123, give details.			
. Have you ever been separated from the service in any of the		☐ YES	☑ NO		
retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	If YES, give details:				
a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES	✓ NO			
	If YES, give details:				
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☑ NO If YES, give details:				
Have you acquired the status of an immigrant or permanent	it resident of another country?	YES INO			
		If YES, give details (country):			
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma		A			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)), please answer the following items:				
Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:			
Are you a person with disability?					
Jos a person mun discounty;		☐ YES ☑ NO If YES, please specify ID No:			
Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
. REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)				
NAME	ADDRESS	TEL NO.			
PSSg. Flor Marijun S. Pontilla	Philippine Nationa Police-Baybay City, Leyte	(0919)7907013			
Mr. Romeo P. Alianza	Officer, Land Transportation Office-	(0999)8928414	725		
Hon. Teresita Pialago	Brgy. Captain, Brgy. Cogon, Baybay City, Leyte	(0967)7010968			
I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized representation made in this doctors.	nent laws, rules and regulations of the entative to verify/validate the contents stat	Republic of the ed herein.	ALAO, KARLOS ANTON S.		
administrative/criminal case/s against me.					
administrative/criminal case/s against me. Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)	Profes				
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Covernment Issued ID (** Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Covernment Issued ID. Passport	Signature (Sign inside the March 24, 2025 Date Accomplished	oox)	Right Thumbmark		
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