CS Form No. 212 Revised 2017	PERSO	DNAL DA	TA S	SHEE	Т			
NARNING: Anv misrepresenta	tion made in the Personal Data S					inistrative/c	eriminal case/s	s against
he person concerned.	TO FILLING OUT THE PERSONA				_			o ugumot
Print legibly. Tick appropriate boxes) and use separate sheet if neces						(Do not fill up. For	CSC use only)
. PERSONAL INFORMATIO	N .							
2. SURNAME	TOBILLA				ı			
FIRST NAME	JAMES BENNETTE					NAME EXTENSI	ON (JR., SR)	N/A
MIDDLE NAME	ALMADEN							
3. DATE OF BIRTH (mm/dd/yyyy)	4/11/2000	16. CITIZENSHIP		✓ Filipino		Dual Citizer	nship	lization
4. PLACE OF BIRTH	PALO LEYTE	If holder of dual citizens	ship,			Pls. indica	ate country:	
5. SEX	✓ Male Female	please indicate the deta	ails.					•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		BLOCK 8 LOT 6	6		PHASE 1	
	☐ Widowed ☐ Separated			House/Block/Lot No. ST. SCHOLASTICA VILLAGE		Street GUINDAPUNAN		
	U Other/s:			Subdivision/Village PALO			Barangay LEYTE	
7. HEIGHT (m)	1.57 M			City/Municipality			Province	
8. WEIGHT (kg)	55 KG	ZIP CODE		DI COM OL OT O	650)1	DUAGE 4	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		BLOCK 8 LOT 6 House/Block/Lot No.			PHASE 1 Street	
10. GSIS ID NO.	N/A		ST. SO	CHOLASTICA VI Subdivision/Village	LLAGE	(GUINDAPUNA Barangay	N
11. PAG-IBIG ID NO.	121326307252			PALO			LEYTE	
12. PHILHEALTH NO.	13-250813580-0	ZIP CODE		City/Municipality 6501			Province	
13. SSS NO.	06-4647952-9	19. TELEPHONE NO.			N/A	Α		
4. TIN NO.	632-099-684-00000	20. MOBILE NO.			091921	93301		
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jb	tobilla0@	gmail.cor	 n	
I. FAMILY BACKGROUND								
I. FAMILY BACKGROUND 2. SPOUSE'S SURNAME	N/A		23. NAME of 0	CHILDREN (Write fu	ıll name and list	all)	DATE OF BIRTH	H (mm/dd/yyyy)
	N/A	NAME EXTENSION (JR., SR)	23. NAME of 0	CHILDREN (Write fu		all)	DATE OF BIRTH	, ,,,,,,
2. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of 0			all)		, ,,,,,,
2. SPOUSE'S SURNAME FIRST NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of 0			all)		, ,,,,,,
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of 0			all)		, ,,,,,,
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of (all)		, ,,,,,,
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22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A N/A N/A		23. NAME of (all)		, ,,,,,,
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	N/A N/A N/A N/A N/A N/A		23. NAME of C			all)		, ,,,,,,
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	N/A N/A N/A N/A N/A N/A TOBILL	A NAME EXTENSION (JR., SR)	23. NAME of 0			all)		, ,,,,,,
2. 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 N/A N/A N/A TOBILL BENDEL BENNETTE	A NAME EXTENSION (JR., SR)	23. NAME of 0			all)		, ,,,,,,
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2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A N/A N/A TOBILL BENDEL BENNETTE PACHEC	A NAME EXTENSION (JR., SR) CO EN	23. NAME of 0			all)		, ,,,,,,
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 55. MOTHER'S MAIDEN NAME SURNAME	N/A N/A N/A N/A N/A N/A N/A TOBILL BENDEL BENNETTE PACHEC ALMADI	A NAME EXTENSION (JR., SR) CO EN	23. NAME of C	N/A			N/A	, ,,,,,,
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SIGNATURE

DATE

22	IV. CIVIL S	SERVICE ELI	GIBILITY							
CAREER SERVICE PROFESSIONAL LEVEL 81.76 AUGUST 70, 2021 TACLOBAN CITY NA 311/2/23 AUGUST 70, 2021 AUGUS	SPECIAL	SPECIAL LAWS/ CES/ CSEE			EXAMINATION / PLACE OF EXAMINATION /		ON / CONF	ERMENT	·	Date of
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Marie Mari										
Michael Service Michael Michae										
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Include on viate conclowment. Start from your recent work) Description of duties should be indicated in the attached Work Excellent				(Contin	ue on separate sheet if n	ecessary)				
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Figure 10							cried vvo	SALARY/ JOB/	ce sneet.	SERVICE
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OKTINE O	From	То	full/Do not abb	reviate)				INCREMENT		
NOVEMBER DECEMBER STUDENT TRAINEE DENR-PENRO, PALO, LEYTE N/A			ON-THE-JOB	TRAINEE			N/A	N/A	N/A	N
			STUDENT TF	RAINEE			N/A	N/A	N/A	Υ
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VI. VOLUNTARY WORK OR INVOLVEMENT II	N CIVIC / NON	I-GOVERNME	NT / PEOPLE .	/VOLUNTARY	ORGANIZATION/S		
29. (Write in full)	INCLUSIVE DATES (mm/de		NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A	From N/A	To N/A	N/A		N/A		
VIII. I FARNING AND REVELORMENT // ORV		nue on separate si		ATTENDED			
VII. LEARNING AND DEVELOPMENT (L&D) In (Start from the most recent L&D/training program and include					Chief/Executive/Managerial positions)		
	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
N/A	From N/A	To N/A	N/A	Technical/etc)	N/A		
VIII. OTHER INFORMATION	(Contin	ue on separate si	neet if necessary)				
	NON-ACADEMIC D	DISTINCTIONS / PE	ECOGNITION		ASSOCIATION/ORGANIZATION		
31. SPECIAL SKILLS and HOBBIES	NON-AOADENIO E	JOHNOHONO / RE	LOOGNITION	(Write in full)	33. (Write		
COMPUTER LITERACY							
RESILIENCY							
COOKING							
HIKING/JOGGING							
BASKETBALL							
	(0		and if manager				
SIGNATURE		nue on separate si		ATE	5/7/2024		

 Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care 	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	☐ 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 ar regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?		YES If YES, give details:	NO NO		
a. Have you ever been a candidate in a national or local electron (except Barangay election)? b. Have you resigned from the government service during the servi	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
the last election to promote/actively campaign for a national 39. Have you acquired the status of an immigrant or permanent		If YES, give details: ☐ YES ☑ NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
NAME	ADDRESS	TEL. NO.			
EMILY JILL T. NIVAL	TACLOBAN CITY 9328854878				
FATIMA KRIZIA C. ASISTIN	PALO, LEYTE	9757596063			
JUSTIN KIRBY D. JAVELLANA	PALO, LEYTE	9950143174			
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Z N (9			
Government Issued ID: DRIVER'S LICENSE					
ID/License/Passport No.: H02-21-000766	Signature (Sign inside	the box)			
Date/Place of Issuance: 2021/LTO TACLOBAN CITY	07/05/2024 Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly		dicated above.		
	Vali	CS FORM 212 (Revised 2017), Page 4 of 4			