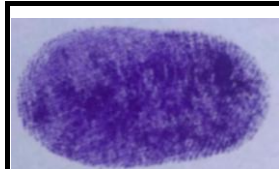
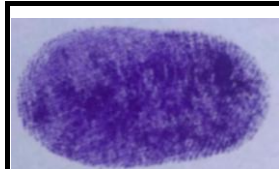
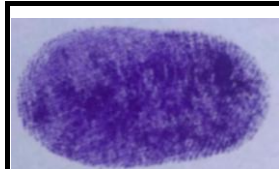


| <p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>                                                                                                                                                                                                                                 | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                         |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------|----------|-----------------------|------------------------------|--------------------------|--------------------------|-----------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|------------|-------------------|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p><br><br><p>b. Have you been criminally charged before any court?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>                  |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                                                                                                         |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>                                                                                                                                                                                                                                                                                                                                                              | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                                                                                                         |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>                                                                                                                                                                                                                                                                                                   | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                 |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>                                                                                                                                                                                                                                               |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>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 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>                                                                                                                                                                                                                                                                                  | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>HON. IAN GIL MENDEZ</td> <td>POBLACION, SAN MIGUEL, BOHOL</td> <td></td> </tr> <tr> <td>HON. MAXIMIANO DUMANAYOS</td> <td>BAYONGAN, SAN MIGUEL, BOHOL</td> <td></td> </tr> <tr> <td>MARIA SALOME A. NUEZ, PhD</td> <td>POBLACION, SAN MIGUEL, BOHOL</td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                            | NAME                                                                                  | ADDRESS                                        | TEL. NO. | HON. IAN GIL MENDEZ   | POBLACION, SAN MIGUEL, BOHOL |                          | HON. MAXIMIANO DUMANAYOS | BAYONGAN, SAN MIGUEL, BOHOL |                                 | MARIA SALOME A. NUEZ, PhD                                                                                                                                                                                                                                                                                                                                                                                                                     | POBLACION, SAN MIGUEL, BOHOL                                                        |                                 |            |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ADDRESS                                                                                                                                                                                                                                                                                                                                                                    | TEL. NO.                                                                              |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| HON. IAN GIL MENDEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POBLACION, SAN MIGUEL, BOHOL                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| HON. MAXIMIANO DUMANAYOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BAYONGAN, SAN MIGUEL, BOHOL                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| MARIA SALOME A. NUEZ, PhD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POBLACION, SAN MIGUEL, BOHOL                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>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.</p>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>NATIONAL ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>5682-6325-0460-8590</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>JUNE 12 2021/ SAN MIGUEL, BOHOL</td> </tr> </table>                                                                                                                   | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                               |                                                                                       | PLEASE INDICATE ID Number and Date of Issuance |          | Government Issued ID: | NATIONAL ID                  | ID/License/Passport No.: | 5682-6325-0460-8590      | Date/Place of Issuance:     | JUNE 12 2021/ SAN MIGUEL, BOHOL | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">07/19/2024</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table> |  | Signature (Sign inside the box) | 07/19/2024 | Date Accomplished |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| PLEASE INDICATE ID Number and Date of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| Government Issued ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NATIONAL ID                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| ID/License/Passport No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5682-6325-0460-8590                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| Date/Place of Issuance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JUNE 12 2021/ SAN MIGUEL, BOHOL                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
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| Signature (Sign inside the box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| 07/19/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| Date Accomplished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Right Thumbmark</td> </tr> </table>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |  | Right Thumbmark                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
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| Right Thumbmark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
| <p>SUBSCRIBED AND SWORN to before me this <u>JULY 19, 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Person Administering Oath</td> </tr> </table>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                            |    | Person Administering Oath                      |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |
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| Person Administering Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                |          |                       |                              |                          |                          |                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 |            |                   |