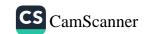
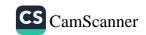
CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	HEE'	Т				
WARNING: Any misrepreser	ntation made in the Personal Data Sheet and th				_	Indiminal case/s	acainst the p	erson	
READ THE ATTACHED GUIL	DE TO FILLING OUT THE DEDCOMAL DATE OF					ycnminai cases			
Print legibly. Tick appropriate box 1. PERSONAL INFORMAT		N/A if not applicable. DO NOT A	BBREVIATE.	IE PUS POP	1 CS ID No	A.	(Do not fill up	For CSC use	
2. SURNAME									
FIRST NAME	PENING					NAME EXTENSION (IR. SR)		
MIDDLE NAME	PENIA FE					NAME EXTENSION (J	I/A		
3. DATE OF BIRTH	PEDRA								
(mm/dd/yyyy)	02 13 2000	16. CITIZENSHIP		☐ Filip	oino [Dual Citizenship			
4. PLACE OF BIRTH	CADALIWAN, MERIDA, LE YTE	If holder of dual citizenship,		by birth Pls. indicate			by naturalization		
5. SEX		please indicate the de				ris. Ilidicate	country.		
		47 DECIDENTIAL ADDRESS					Phoret		
6 CIVIL STATUS	✓ Single Married Widowed Separated	17 RESIDENTIAL ADDRESS		House/Block/Lat No.			PROPER Street		
	Other/s:		Se	ubdivision/Villa	ge .	CAN	UBANTUG Barangay		
7. HEIGHT (m)	1-48			MERIDA City/Municipality	v		LE TE Province		
8. WEIGHT (kg)	42	ZIP CODE	Скуминараку		6.540		Province		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS					PROPER		
10. GSIS ID NO.	N/A			use/Block/Lot I		(Street CANDANTU	G	
11. PAG-IBIG ID NO.		1		ibdivision/Villeg MFFIDA) 0		Barangay UF YTE		
	121305972698				ty/Municipality		Province		
12. PHILHEALTH NO.	13-250708640-7	ZIP CODE			(5540			
13. SSS NO.	06-4459765-2	19. TELEPHONE NO.	N/A						
14. TIN NO.	613-554-967-00000	20. MOBILE NO.	09475	09475579282					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	Peninan	eliared	edva13	egnail-com)		
I. FAMILY BACKGROUNL	0								
2. SPOUSE'S SURNAME	WA		23. NAME of CH	ILDREN (Writ	e full name and	d list all)	DATE OF BIR	TH (mm/dd/yyy	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A		A	1		N/A	
MIDDLE NAME	N/A								
OCCUPATION	NIA								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	NIA								
TELEPHONE NO.	N/A								
4. FATHER'S SURNAME	PENING								
FIRST NAME	FFLIX	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CUSTOPIO								
. MOTHER'S MAIDEN NAME					-				
SURNAME	PEDRA								
FIRST NAME	NILDA								
MIDDLE NAME	PIZALDE			(Ce	ontinue on se	parate sheet if neces	ssary)		
. EDUCATIONAL BACKG	ROUND	THE PERSON NAMED IN		1 STREET				COHOL FDD.	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	COURSE	PERIOD OF /	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHI ACADEMIC HONORS RECEIVED	
ELEMENTARY	CANBANTUG, FREMENTARY SCHOOL	PRIMARY EDUCA	NON	2006	2012	NIA	2012	FOURTH	
SECONDARY	PUERTO BEWO NATIONAL HIGH	JUNIOR HIGH S	CHOOL	2012	2018	NA	298	HONOR	
VOCATIONAL /	NA	NIA		NIA	N/A	NIA	NIA		
TRADE COURSE COLLEGE	VISAYAS STATE UNIVERSITY ISADEL CAMPUS		SUENCE	2018	2022	N/A	NIA 2022	CUM	
GRADUATE STUDIES	NIA	NIA		NIA	NA	NA	PLA	N/A	
	(Co	ntinue on separate sheet if neces:	sary)			7.300			
SIGNATURE	Stant			DA	TE	OCTO BE	R 12, 20	123	



77 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	KAMINATION / PLACE OF EXAMINATION ONFERMENT			LICENSE (If a	Date of Validity	
HONOR (GRADUATE	EUGIBILITY	NA	JANUARY 16,2013	CIVIL SPRVICE VIIII - PALO,	COMMISSIO	ON REGION	100108230028	AUGUCT 5,202
					4111				
	XPERIENCE ate employmen	t. Start from your recen		ntinue on separate shee of duties should be	iff necessary) Indicated in the attached	l Work Exper	ience sheet.		
	JSIVE DATES m/dd/yyyy)	POSITION 7 (Write in full/Do not			ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	09/15/2023	BRANCH ADMINIS	STRATIVE	FINANCE DEPLECONOMIC VEN	PRTMENT / COMMUNIT DTURES INCORMOC	P8,782	SAVARY GRADE 10	PPO BATIONARY	N
								4	
SIGNA	TURE	Homb	(Co	ntinue on separate shee	if necessary) DATE		OCTOBED	12,2023	



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	IT / PEOPLE / Y	OLUNTARY (ORGANIZAT	IONS		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
NIA A	From	То				
NIA	NA	NIA	NIA		NIA	
(Co. II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING int from the most income LAD/training program and Include any the reterior LAD/training program.	ontinue on separate s	TENDED	100	risgerial positions)	1 1 1 1 1 1 1 1	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTENI (mm/do	DATES OF DANCE	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY (Write in full)	
COMMUNITY THNANCE TRAINING	11/10/2022		16	POUNDATION	KALAHI-CIDES NC PDP, MERIDA	
ON-THE - JOB TRAINING	11/11/2017	12/20/2013	80	COOPERATIVE	KALAHI-CIDGE NCPDP, MERIDA ORMOC VENDORS MULTI-PURPOS GODERATIVE COPUTMPCO)	
			7-1			
(Co	ontinue on separate s	haet if nacessary)				
III. OTHER INFORMATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
31. SPECIAL SKILLS and HOBBIES 32.	N-ACADEMIC DISTIN (Write		HIION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
BASIC ACCOUNTING BASIC COMPUTER LITERATE	71 17				μ/A	
ACCOUNTABILITY						
TOMMUNICATION CKILLS						
Children 110th arms						
	ontinue on separate s	heet if necessary)			0.640.5	
SIGNATURE Slamb			D	ATE	OCtOBER 12, 2023 CS FORM 212 (Revised 2017). Page 3 of	



Bureau or Department where you will be apppointed,	te supervision over you in the Office,				
a. within the third degree?	☐ YES Ø	NO			
b. within the fourth degree (for Local Government Unit - Ca	YES If YES, give details:	NO			
A. Have you ever been found guilty of any administrative or	☐ 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:				
Have you ever been convicted of any crime or violation of by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
Have you ever been separated from the service in any of tretirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	YES NO If YES, give details:				
a. Have you ever been a candidate in a national or local el Barangay election)?	YES If YES, give details:	≥ NO			
b. Have you resigned from the government service during 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 permaner	☐ YES NO If YES, give details (country):				
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	YES				
REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
NAME	ADDRESS	TEL. NO.			
LWIN P. GARCIA	BAYBAY , CITY, LEYTE	09380230472			
ESSE MICA CACERES	ORMOC , CITY	09453607158			
ECIL N. WANAGBANAG	BAYBAY, CITY, LETTE	09319708087			
I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the resentative to verify/validate the contents	Republic of the s stated herein.	NENIA FE P. PENING		
Soverment Issued ID (i.e. Passoor GSis. SSS. PRC. Divers License. etc.) PLEASE INDICATE ID Number and Date of Issuance increment Issued ID PAILLHEAUTH ID DUcense Passport No. 13-25070 8 (40 -7	oax)				
Table Place of Issuance 03/21/2022 /OPAIOC CITY	Signature (Sign inside the b OCTUBER 12, W Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued oo	vernment ID as indicated above		
			anny douve		