PERSONAL DATA SHEET

WARNING: Any misrepresentate concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	II cause the fil	ing of admi	nistrative/c	riminal case/s ag	ainst the pers	son	
	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMP	LISHING THE						
	and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT A	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATIO									
2. SURNAME	TRIPOLE					NAME EXTENSION (IE) (D)	N/A	
FIRST NAME	MARK RYAN					NAME EXTENSION (JF	c, or,	N/A	
MIDDLE NAME	ROSAL								
DATE OF BIRTH (mm/dd/yyyy)	3/25/1989	3/25/1989 16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth			☐ by naturaliz	ation	
4. PLACE OF BIRTH	DUBAI, UNITED ARAB EMIRATES	If holder of dual citizenship,				Pls. indicate country:			
5. SEX	✓ Male ☐ Female	please indicate the details.						•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS					N/A		
	☐ Widowed ☐ Separated ☐ Other/s:		Hous	se/Block/Lot N N/A	0.		Street SEGUINON		
			Subdivision		9		Barangay LEYTE		
7. HEIGHT (m)	1.70		ALBUERA City/Municipality			Province			
8. WEIGHT (kg)	77	ZIP CODE			6542				
9. BLOOD TYPE		18. PERMANENT ADDRESS	N/A House/Block/Lot No.		0.	N/A Street			
10. GSIS ID NO.	2005468744		Sub	N/A adivision/Village			SEGUINON Barangay		
11. PAG-IBIG ID NO.	121058335874			ALBUERA City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	120252864321	120252864321 ZIP CODE				6542			
13. SSS NO.		19. TELEPHONE NO.	PHONE NO.			N/A			
14. TIN NO.	351324181	20. MOBILE NO.			+63 9	920 119 6784			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mark.rtripole			ole@gmail.co	ole@gmail.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	e full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A				N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	TRIPOLE								
FIRST NAME	MARIETO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CABINTOY								
	NYMPHA SOTTO RO	NCA1							
25. MOTHER'S MAIDEN NAME		JOAL							
SURNAME	TRIPOLE								
FIRST NAME	NYMPHA								
MIDDLE NAME	ROSAL			(Co	ontinue on sej	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKG	ROUND							COLIOL A DOLLIDA	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF /	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	ST. MARY'S CATHOLIC SCHOOL	PRIMARY SCHOOL	_	1996	2001	N/A	2001	N/A	
SECONDARY	ST. MARY'S CATHOLIC HIGH SCHOO HIGH SCHOOL			2001	2005	N/A	2005	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	DE LA SALLE UNIVERSITY, DASMARIÑAS	VERSITY, DASMARIÑAS ELECTRONICS AND COMMUNICATI		2005	2009	4th Year	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN CAMPUS)	BACHELOR OF SCIENCE IN (CHEMISTRY	2013	2017	N/A	2017	UNIVERSITY SCHOLAR (3 SEMESTERS)	
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS, TALAMBAN CAMPUS	MASTER OF SCIENCE IN CH	HEMISTRY	2019	2022	N/A	2022	DoST ASTHRDP RECIPIENT	
	(C	ontinue on separate sheet if nece	essary)				I	I	
SIGNATURE				DA	TE	Sep	tember 1, 202	22	

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING		DATE OF EXAMINATION /	TION / CONFEE	RMENT	LICENSE (if a	,			
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If		(If Applicable)	CONFERMENT	ENT			NUMBER	Date of Validity	
	PROFESSIONAL LICENSE (CHEMIST) [CHEMIST LICENCURE EXAM 2017] 81.3		81.3	OCTOBER 10-11, 2017	SAMPALO		0013731	MAR. 25, 2023	
	DRIVER'S	LICENSE		JUNE, 2019	19 CEBU CITY		H0316002996	MAR. 25, 2024	
V WORKE	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	rience sheet.		
	SIVE DATES n/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not			I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
8/16/2021	7/1/2022	Part-Time Inst	ructor		rsity, Department of Pure &	P156.00 /	N/A	CONTRACTUAL	Y
					ed Chemistry	contact hour 20\$ / AUDIO			
2/10/2020	8/15/2020	L1 TRANSCRIPTION	SPECIALIST	DEE	EPGRAM AI	HOUR	N/A	FREELANCE	N
8/1/2018	8/31/2019	DRUG FORENSIC	CHEMIST I		FORCEMENT AGENCY ROVII	P25,000	11-1	PLANTILLA	Y
2/19/2010	6/13/2013	SENIOR DOCUMENTATION	NS COORDINATOR		IOLOGY MIDDLE EAST / ERING, ABU DHABI, U.A.E.	AED 4000 P52,864	N/A	CONTRACTUAL	N
			16	41	# nooner 1				
SIGNATURE			(Cor	ntinue on separate sheet	if necessary) DATE		Sentem	ber 1, 2022	
JIGHA	. ONL				DATE		-	FORM 212 (Revised 20	

VI. VO	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29.	NAME & ADDRESS OF OI (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
	N/A			N/A	N/A		N/A	
VII I	EARNING AND DEVELOPMENT (L&D		tinue on separate)			
	om the most recent L&D/training program and inclu				Chief/Executive/Ma	nagerial positions)		
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	DRUG FORENSIC CHEMIST BASIC	TRAINING COURSE	8/3/2018	11/9/2018	3 months	TECHNICAL	PHILIPPINE DRUG ENFORCMENT AGENCY	
VIII. C	OTHER INFORMATION	(Con	tinue on separate :	sheet if necessary)			
		NON	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31.	SPECIAL SKILLS and HOBBIES	32.	(Write	e in full)		ident of VSII	33. (Write in full) VISAYAS STATE UNIVERSITY ALUMNI	
	Musical Inclination (Guitar and Drums)	3rd Placer Best Course Related Organization (Visayas State University - As President of VSU Chemical Society, 2016) 2018 日本語能力試験 (JLPT – Japanese Language Proficiency Test) N3 相当 (Intermediate					ASSOCIATION	
	Language Learning	Level)					UNIVERSITY OF SAN CARLOS ALUMNI	
	Teaching/Tutoring	Resource Speaker for Re-Orientation of PNP ROVII CDEU Personnel					ASSOCIATION	
		(Con	tinue on separate :	sheet if necessary)			
	SIGNATURE					ATE	September 1, 2022	

34. 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?	☐ YES ☑	NO				
b. within the fourth degree (for Local Government Unit - Care		NO NO				
35. a. Have you ever been found guilty of any administrative offe	☐ 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 are 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 out (abolition) in the public or private sector?	d of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election. Barangay election)?	ction held within the last year (except	☐ YES If YES, give details:	✓ NO			
b. Have you resigned from the government service during th election to promote/actively campaign for a national or local		☐ YES If YES, give details:	✓ NO			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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 ☑ NO If YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO					
41. REFERENCES (Person not related by consanguinity or affinity to applicant.	/appointee)					
NAME	ADDRESS	TEL. NO.	ID picture taken within			
DR. CANDELARIO L. CALIBO	VSU, BAYBAY CITY, LEYTE	0917-634-1486	the last 6 months 3.5 cm. X 4.5 cm (passport size)			
DR. ALICE A. ACABAL	VSU, BAYBAY CITY, LEYTE	0921-410-4206	With full and handwritten name tag and signature over			
DR. ELIZABETH S. QUEVEDO VSU, BAYBAY CITY, LEYTE 0917-890-5658 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 Government Issued ID: PRC-ID						
ID/License/Passport No.: 0013731	Signature (Sign inside the b	JUX)				
Date/Place of Issuance: OCTOBER 24, 2017 (SAMPALOC, MANILA)		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit, affiant exhibit, affiant exhibit, affiant exhibit		overnment ID as indicated above.			