CS Form No. 212 Revised 2017										
		PERS	ONAL DA	TA :	SHEE	Τ				
	a Latin Nivers	. Assessed to assess		01						
WARNING: Any misrepresent person concerned.	auon made in the i	rersonai Data Sn	eet and the Work Expenen	ce Sneet sna	n cause the min	g or adminis	uauve/crimii	iai case/s agail	nst tre	
READ THE ATTACHED GUID Print legibly. Tick appropriate boxe						PDS FORM.	10	(Do not fill up. Fo	r CSC use only)	
I. PERSONAL INFORMAT										
2 SURNAME	AMID									
FIRST NAME	SAMUEL						JR			
							<u> </u>			
MIDDLE NAME 3. DATE OF BIRTH	CESISTA			-					-	
(mm/dd/yyyy)	07/20/1999		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizer			1		
A DI ACE OF DIDTH	LADINIC NODTHEDNICAMAD		If holder of dual citize	bis			by naturalization			
4. PLACE OF BIRTH	LAPINIG, NORTHERN SAMAR		please indicate the details.		Pls. indicate country:			111111		
5. SEX	✓ Male	Female	pioso il raicato si o d	Atamo.						
6 CIVIL STATUS	✓ Single ☐ Widowed	☐ Married	17. RESIDENTIAL ADDRESS		20 House/Block/Lot No.			ESPERAS AVE Street		
THOS TO ATTACK	Other/s:	☐ Separated	OF STREET ASSESSMENT OF STREET		PAMPANGO	1000		35		
7. HEIGHT (m)		72	to, respectful at smile)	-	Subdivision/Villag TACLOBAN CIT			Barangay LEYTE		
8. WEIGHT (kg)	55		AM ZIP CODE		City/Municipality	2000	500	Province		
9. BLOOD TYPE		VA	18. PERMANENT ADDRESS		312			G.B. TAN		
	<u> </u>	WA			House/Block/Lot N	lo.		Street LAPINIG DEL SU	D.	
10. GSIS ID NO.	,	₩A			Subdivision/Villag	е		Barangay	K	
11. PAG-IBIG ID NO.		WA .			LAPINIG City/Municipality			NORTHER Province	N SAMAR	
12. PHILHEALTH NO.	N/A		ZIP CODE		6423					
13. SSS NO.	N/A		19 TELEPHONE NO.			N	/A			
14. TIN NO.	395-355-065-00000		20. MOBILE NO.		09454395000					
15. AGENCY EMPLOYEE NO.	N/A		21 E-MAIL ADDRESS (if any)		sar	muelamidi	r@gmail.d	com		
II. FAMILY BACKGROUN	D									
22. SPOUSE'S SURNAME		N/A	,	23. NAME of	CHILDREN (Write		t all)	DATE OF BIRTI	H (mm/dd/yyyy)	
FIRST NAME	,	VA	N/A		N/A			N/A		
MIDDLE NAME		N/A							7	
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A				100000000000000000000000000000000000000					
BUSINESS ADDRESS		N/A								
TELEPHONE NO.	N/A									
24. FATHER'S SURNAME	AMID)							
FIRST NAME	SAI	MUEL	N/A							
MIDDLE NAME	MENZO		ON							
25. MOTHER'S MAIDEN NAME										
SURNAME	1	CESIS	TΔ					†		
FIRST NAME	ROSA									
	MORALI				(Cool	lava on one or	la abant if asset			
MIDDLE NAME III. EDUCATIONAL BACK	GROUND	WUKALI			Cont	inue on separat	ander if nece	coary)		
			and the second s	DESCRIPTION OF THE RES		TTOPELIA	HIGHEST		SCHOLARSHIP	
26. LEVEL		F SCHOOL e in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	UNITS EARNED (if not	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY		RAL ELEMENTARY HOOL	ELEMENTARY		2006	2012	N/A	2012	Valedictor ian	
SECONDARY		MENZON AGRO - AL SCHOOL	HIGH SCHOOL		2012	2018	N/A	2018	Valedictor ian	
VOCATIONAL / TRADE COURSE		N/A	N/A		N/A	N/A	N/A	N/A	N/A	
2011 202	FACTERNICAMAR	ATATE	BACHELOR OF SECONDARY	EDUCATION -	2010	0000	I		Magna	

COLLEGE SCIENCES 2018 2012 Cum 2023 GRADUATE STUDIES LEYTE NORMAL UNIVERSITY MASTER OF SCIENCE IN BIOLOGY PRESENT N/A N/A N/A SIGNATURE DATE JULY 12, 2023

CS FORM 212 (Revised 2017), Page 1 of 4

CARE	EER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF	DI LOS OS SECULIOS	ION LOSS	DMCM	LICENSE (if a	
BA	SPECIAL LAWS/ (ARANGAY ELIGIBILITY /		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	KMENT	NUMBER	Date o
RA 1080 (LIECENSURE EXAMINATION FOR PROFESSIONAL TEACHERS)		86.20%	The state of the s		AN CITY	SAVE SON	N/A	N/A	
							Ten I	W2	
						<u> </u>	212.00	244	3000
	(EXPERIENCE	. Start from your rec		nue on seperate sheet if no		tached W	ork Experier	nce sheet.	
Include private employment. Start from your recent B. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITL! (Write in full/Do not abb		TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)	
\	N/A	N/A			N/A	N/A	N/A	N/A	N/A
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	VATURE	^	(Cont	inue on separate sheet if n	ecessary) DATE		JULY 12, 2023		

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	a. emino tre trato se pesso		
A	N/A	N/A	N/A	N/A		
				1 60	terroreago presion our rosensi d	
			sheet if necessary)			
I. LEARNING AND DEVELOPMENT (L&D)						
art from the most recent L&D/training program and include TITLE OF LEARNING AND DEVELOPMENT	INCLUS	IVE DATES OF	aken for the last five	Type of LD		
INTERVENTIONS/TRAINING PROGRAMS	ſm	ENDANCE m/dd/xxxx)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full) phrotoxicity in Cancer Treatment: Exploring the	From	То	dia 14 junier io oge	Technical/etc)	I NILL CRADUATE COLOCI	
Directive Effects of Plant Sources Beneath the Waves: An Exploration of the	11/3/2023	11/3/2023	3.0	Technical	LNU GRADUATE SCHOOL	
Fascinating Lives of Sea	9/5/2023	9/5/2023	7.0	Technical	LNU GRADUATE SCHOOL	
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	Printer.	To The Try	26		DATES VEDE	
V 0000 - 18721 1			No. of State	-11 176 1	tions of an Education	
	(Co	ntinue on separat	e sheet if necessary)		NAS THE COMMERCIAL TRANSPORT OF THE SECOND	
III. OTHER INFORMATION	30 位于46元				MEMBERSHIP IN	
31. SPECIAL SKILLS and HOBBIES	N	ION-ACADEMIC DI	33. ASSOCIATION/ORGANIZATION (Write in full)			
READING BOOKS	N/A				N/A	
EXPERIMENTING/DISCOVERING NEW THINGS	N/A				N/A	
WATCHING DOCUMENTARIES	N/A				N/A	
TEACHING AND LEARNING	the same and the s				N/A	
	1.1	erster e	THE STATE	177	30 Eg Bi	
po veces	-2-43-		111.11	1		
	100		-1 H M 801			
	TO CO	ontinue on separat	e sheet if necessary)			
SIGNATURE	THE E	c. O . A.	Hosi D	ATE	JULY 12, 2023	

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34. Are you related by consanguinity or affinity to the appointing	그리 아이들 아는 아이를 가지 않는 것이 없는 사람들이 아이들이 아니는 사람들이 되었다.					
chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,	e supervision over you in the	in any extend				
a. within the third degree?		YES 🗸	NO			
b. within the fourth degree (for Local Government Unit - Ca	YES 🗸					
AUE#	NIA NIA	If YES, give details:	Ayr			
		L_				
35. a. Have you ever been found guilty of any administrative of	iense?		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 a regulation by any court or tribunal?	ny law, decree, ordinance or	☐ YES ☑ NO				
		If YES, give details:				
37. Have you ever been separated from the service in any of th	e following modes: resignation,	☐ YES ☐	Z NO			
retirement, dropped from the rolls, dismissal, termination, e		If YES, give details:	(iii) at electric			
phased out (abolition) in the public or private sector?	od gmarke	cocount of the cooler	S Promise of secure 2 in medical and of			
 a. Have you ever been a candidate in a national or local ele (except Barangay election)? 	ection held within the last year	☐ YES ☑ NO				
		If YES, give details:	ad to Read and moped			
 b. Have you resigned from the government service during the last election to promote/actively campaign for a national 		☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanen						
39. Have you acquired the status of an infiningrant of permanen	resident of another country?	YES If YES, give details (co	☑ NO			
		II FES, give details (co	ountry).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma						
 (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group? 	972), please answer the following					
Are you a member or any indigenous group?		If YES, please specify:	☑ NO			
b. Are you a person with disability?		The state of the s	☑ NO			
		If YES, please specify ID	No:			
c. Are you a solo parent?		YES If YES, please specify ID	☑ NO No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
JOSHUA GARIANDO	BRGY. RAWIS, ARTECHE, EASTERN SAMAR	9151844223				
JUSTINE RAMILO	BRGY. GARDEN, ARTECHE,	9361738109	(a) (a)			
CHENY JATA-AS	BRGY. GARDEN, ARTECHE,	9533565571				
42. I declare under oath that I have personally accomplished the	EASTERN SAMAR					
complete statement pursuant to the provisions of pertinen						
Philippines. I authorize the agency head/authorized represe						
I agree that any misrepresentation made in this docum administrative/criminal case/s against me.	nent and its attachments shall ca	use the filing of				
administrative/climinal case/s against me.	ACCURACE DE LIBERTINOTIONES REED					
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		,				
PLEASE INDICATE ID Number and Date of Issuance	\a (10	\I	500			
Government Issued ID: PRC ID	WW Q	y samm	BAIRS A BAIRDING			
ID/License/Passport No.: 2056115	the box)					
Date/Place of Issuance: JUNE 15, 2023/TACLOBAN CITY	JULY 12, 2027 Date Accomplis	the same of the sa	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this 27 JUI	2023 ATTY, JERRY S.	UY	antad shave			
SUBSCRIBED AND SWORN to before me this	2022 ATTY. JEHRY S. 2022 ATTY. JEHRY S. Until December 31,	2023	called above.			
	Appointment No. NC 20	022-07-36				
3.5.	68 M. H. Del Pilar St., Ta	cloban City				
	PTR No. 1440317, Jan Taclobyn City	. 5, 2023				
TE JULY 12, 2023	Roll of exem Administering					
Na California (San Indonesia) (1970) (1970)	IBP Lifetime No. 0	6666				