CS FORM 212 (Revised 2005)									
	PERSOI	NAL DA	ATA S	SHEET					
	,								
Print legibly. Mark appropriate bo	xes with " 🖍 and use separate sheet if necessary.			1. CS ID No.			(to be filled up by CSC)		
	I								
2. SURNAME	T ₁ A ₁ B ₁ I ₁ N ₁ G ₁		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
FIRST NAME	H ₁ O ₁ P ₁ E ₁ M ₁ A ₁ D ₁ E ₁ L	A N E	<u> </u>		EVTENDION (I	00)	<u> </u>		
MIDDLE NAME	N U N E Z	 16. RESIDENTIAL A	DDRESS	3. NAME	EXTENSION (e.g. Jr	., Sr.)			
4. DATE OF BIRTH (mm/dd/yyy		5 10. NEOIDEINTIAE A	DDINEGO						
	BAYBAY, LEYTE	_							
6. SEX 7. CIVIL STATUS	☐ Male ☑ Female	_							
	⊠ Single □ Widowed	.= -=: -=:	ZIP CODE						
	□ Married □ Separated □ Annulled □ Others, specify	17. TELEPHONE NO							
		-	DDNEOO						
8. CITIZENSHIP	FILIPINO	_							
9. HEIGHT (m)	1.549	_		17-30 DE DECIEMBRE ST., BABAY CITY. LEYTE 6521					
(0)	45		ZIP CODE						
11. BLOOD TYPE		19. TELEPHONE NO		4 - la i - a - la - a - a - a -		:!			
12. GSIS ID NO.		20. E-MAIL ADDRES		tabing.hopemadelane@gmail.com					
13. PAG-IBIG ID NO.	10.050044705.4	21. CELLPHONE NO	D. (if any)	0966 350 910)9				
14. PHILHEALTH NO.	13-250344725-1	22. AGENCY EMPL	OYEE NO.						
15. SSS NO.		23. TIN		470-569-478-	-000				
II. FAMILY BACKGROU						5.55.05			
24. SPOUSE'S SURNAME	N/A		25. NAME OF CHILD (Write full name and list a				F BIRTH (mm/dd/yyyy)		
	N/A		N/A				1 1		
	N/A						1 1		
	N/A						1 1		
	N/A						1 1		
	N/A N/A						1 1		
TELEPHONE NO.						1 1			
	(Continue on separate sheet if necessary)						1 1		
26. FATHER'S SURNAME	TABING						1 1		
FIRST NAME	FIDEL						1 1		
MIDDLE NAME	IBANEZ						1 1		
27. MOTHER'S MAIDEN NAME	NILINIE 7						1 1		
SURNAME	NUNEZ						1 1		
FIRST NAME	JEROMIA GEMMA				1 1				
MIDDLE NAME	BORBAJO			(Continu	e on separate shee	t if necessary)			
III. EDUCATIONAL BA	CKGROUND		ı	HIGHEST GRADE/	INCLUONE	DATECOE			
28. LEVEL	NAME OF SCHOOL	DEGREE COURSE	YEAR GRADUATED	LEVEL/	INCLUSIVE ATTEND		SCHOLARSHIP/ ACADEMIC HONORS		
	(Write in full)	(Write in full)	(if graduated)	UNITS EARNED (if not graduated)	From	То	RECEIVED		
ELEMENTARY	GRACE CHRISTIAN SCHOOL				06/04/2001	03/15/2007			
SECONDARY	VSU-LHS				06/04/2007	03/26/2011			
VOCATIONAL / TRADE COURSE									
COLLEGE	UNIVERSITY OF SAN CARLOS				06/13/2011	03/28/2015			
CDADUATE CTUDE C									
GRADUATE STUDIES									
			4.15						
	(Co	ntinue on separate she	ес IT песessary)				Page 1 of 4		

IV.	GIV	IL SI	-K V	/ICE	ELIC	BIBILITY							
29. CAREER SERVICE/ RA 1080 /ROARD/ RARN								DATE OF			LICENSE (if	applicable)	
	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING						RATING	EXAMINATION / CONFERMENT	NUMBER	DATE OF RELEASE			
							(Co	ntinue on separate	e sheet if necessary)				
V.	WO	RK E	ΧP	ERIE	ENCE	(Include private	employment	. Start from y	our current work)				
30.		INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full)				POSITION	TITLE		AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE
	Fron			Тс						10.000	(Format "00-0")	DE 01 11 A D	(Yes / No)
	/04	2 016				HR- ASSISTAN		HUMAN RE	SOURCE	10,600		REGULAR	
05	/02	2 017	08	/ 20	2 021	HR ASSISTAN ASSISTANT	1/ ADMIN	HCMD		13,500		REGULAR	NO
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							(60	папие оп ѕерагате	sincer ii necessary)		00 505:	040 /D 1 200	E) D 0 11
											CS FORM:	212 (Revised 200	b), ⊬age 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NOI	V-G(JVEI	KNMEN	II / F	'EUI	PLE / \	/OLUNIAR	Y ORGANIZATION/S	
31. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)						NUMBER OF	POSITION / NATURE OF WORK	
(write iii iuii)		From		То			HOURS			
GRACE DRIVE MINISTRY			/ 14	<i>2</i> 021		1	1		TRASPARENCY PERSONNEL	
			/	1		/	1		FERSONNEL	
			/	1		1	1			
			1	1		1	1			
			/	1		1	1			
	(Continue	on s	eparat	e sheet it	f nece:	ssary)				
VII. TRAINING PROGRAMS (Start from the n	nost recent tr	ainir	ng.)							
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHO (Write in full)						DANCE	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)		
		From				То)		,	
EMOTIONAL INTELLIGENCE TRAINING	}	08	/ 12	<i>[</i> 2019	80	/ 14	2 019	18	AVENTUS (COMPANY)	
CUSTOMER SERVICE SEMINAR		10	/ 09	<i> </i> 2018	10	/11	<i>[</i> 2018	18	AVENTUS (COMPANY)	
FORENSICS: STRESS MANAGEMENT	SEMNAR	02	/ 05	<i>2</i> 015	02	/ 05	<i>[</i> 2015	8	usc	
LEARN THE LAWS, KNOW YOUR RIGH	ITS	02	/ 13	<i>[</i> 2014	02	/ 13	2 014	6	usc	
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	(Continue	on s	eparat	e sheet it	nece	ssary)				
VIII. OTHER INFORMATION									MEMBERSHIP IN	
33. SPECIAL SKILLS / HOBBIES:	34. N	ION-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)						35. ASSOCIATION/ORGANIZATION (Write in full)		
									JPMAP	
									GRACE DRIVE MINISTRY	
	(Continue	on s	eparat	e sheet ii	nece	ssary)			CS FORM 212 (Revised 2005), Page 3 of 4	
									30 . 0 112 (1.01.000 2000), 1 ugo 0 01 7	

^{36.} Are you related by consanguinity or affinity to any of	the following :							
a. Within the third degree (for National Government Emappointing authority, recommending authority, chief has immediate supervision over you in the Office, Buappointed?	☐ YES ☑ NO If YES, give details:							
b. Within the fourth degree (for Local Government Emp appointing authority or recommending authority whe	☐ YES ☑ NO If YES, give details:							
37 a. Have you ever been formally charged?	 □YES ⊠NO							
b. Have you ever been guilty of any administrative of	If YES, give details: ☐ YES ☑ NO If YES, give details:							
38. Have you ever been convicted of any crime or violati regulation by any court or tribunal?	ion of any law, decree, ordinance or	☐ YES ☑ NO If YES, give details:						
39. Have you ever been separated from the service in an retirement, dropped from the rolls, dismissal, termina phased out, in the public or private sector?	MYES □ NO If YES, give details: RESIGNATION							
40. Have you ever been a candidate in a national or loca	☐YES ☑NO If YES, give details:							
41. Pursuant to: (a) Indigenous People's Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA	` ,							
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:							
b. Are you differently abled?		☐ YES ☑ NO If YES, please specify:						
^{c.} Are you a solo parent?	☐ YES, please specify ☐ YES ☑ NO If YES, please specify:							
42. REFERENCES (Person not related by consanguinity or affinity to	o applicant / appointee)							
NAME	ADDRESS	TEL. NO.						
MAUREEN M. LICYAYO	CEBU CITY	09171395154						
FEYJOHLEN LESLIE	MAKATI CITY	09457688450						
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. PHOTO								
COMMUNITY TAX CERTIFICATE NO.								
ISSUED AT	x)							
1 1								
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	RIGHT TH	IUMBMARK					
		20 505:12:17	10005) 5					
		CS FORM 212 (Revis	ed 2005), Page 4 of					