CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

concerned. READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA Sh 1 and use separate sheet if necessary, indicate	EET (POS) BEFORE ACCO	MPLISHING THE	PDS FOR				For CSC use only)	
L PERSONAL INFORMATION	ON								
2. SURNAME	PASTORIL				- Parity	70			
FIRST NAME	MARK ANTHONY								
MIDDLE NAME	N/A				-				
3. DATE OF BIRTH	6/1/1990	18. CITIZENSHIP		P-12					
(mn/dd/yyyy)			Filipino Dual Citizenship. Dual Citizenship. Pls. indicate please indicate the details. Philippines			[by birth	by naturalization		
4. PLACE OF BIRTH	MANILA					Pls. indicate cor	country		
5. SEX	✓ Male Female	please indicate the o						~	
€ CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:			kousin/Block/Lof No. POLONIA VILLAGE Subdivision/Village			Street POBLACION Barangay		
7. HEIGHT (m)	1.6 m	Action Lines	-	ALBUERA		LEYTE Province			
				Municipality					
8. WEIGHT (kg)	65 KG	ZIP CODE	6542						
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	House	562 e/Block/Lat No			Street SAN PEDRO		
10. GSIS ID NO.	2005473383		_	CALINGATNA					
		16. TH		division/Village		Barangay LEYTE Province			
11. PAG-ISIG ID NO.	121169143923			y/Municipality					
12. PHILHEALTH NO.	13-252582271-4	ZIP CODE	6542						
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.	474-040-401	20. MOBILE NO	09481263879						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	- LIVER		markpas	toril@gmail.c	<u>om</u>		
II. FAMILY BACKGROUNI			Aut Williams - Grand			Car Police Co.	SHE CHILD		
22 SPOUSE'S SURNAME	ANDO	23. NAME OF CHILDREN NAME EXTENSION (JR., SR) ROQUE A. PASTOI			OREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy				
FIRST NAME	CINDY	is see Extended (see Gry		The State of the S			8/6/2016		
MIDDLE NAME	NABRE		FAITH JOSEF	JOSEPHINE A. PASTORIL			3/19/2021		
OCCUPATION	N/A		SOFIA A. PAS	STORIL			4/30	/2022	
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A					7-1			
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ALMEROS (DECEASED)			- 11				-	
FIRST NAME	JOHN	NAME EXTENSION (JR., SR)	-						
MIDDLE NAME	MANABIT		-	-	_		-	-	
25 MOTHER'S MAIDEN NAME					_				
SURNAME	PASTORIL								
FIRST NAME									
	AMALIA								
MIDDLE NAME HE SUUGANIONAL SAGK	ANTIGUA		STATE OF		Continue on s	reparate sheet if nec	rssaryj		
III EUGGATTURAL SAUK	GROUND						1100000		
26 LEVEL	NAME OF SCHOOL (Write in fulf)	BASIC EDUCATION/DEG (Write in full		PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONO RECEIVED	
ELEMENTARY	ALBUERA NORTH CENTRAL SCHOOL	N/A		1997	2003	N/A	2003	N/A	
SECONDARY	ALBUERA PRIVATE HIGH SCHOOL	N/A		2003	2007	N/A	2007	N/A	
VOCATIONAL / TRADE COURSE	AMA COMPUTER LEARNING CENTER	BASIC BUSINESS APPLICATIONS (Apr-07	May-07	N/A	2007	N/A	
COLLEGE	SYSTEMS TECHNOLOGY INSTITUTE	MS OFFICE) DIPLOMA IN INFORMATION TECHNOLOGY		2007	2009	N/A	2009	N/A	
GRADUATE STUDIES	N/A	NA		N/A	N/A	N/A	N/A	N/A	
		(Continue on separate sheet in	(necessary)			The state of			
SIGNATURE	ments	N		D	ATE	NOVEMIS	EK 12,20	24	

7 CAREE	R SERVICE/ RA 1080	(BOARO/BAR) UNDER	IR) UNDER DATE OF		ITION / CONFERMENT		LICENSE (if applicable)		
	SPECIAL LAWS	CES/ CSEE / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date o Validit
Carrer S	ervice Profession	nal Eligible(CSPE)	81.1	AUGUST 11,2024	MAASI	MAASIN, CITY		N/A	N/A
/ WORK E	XPERIENCE		(0	ontique on separate sheet if	necessary)		and a		
		Start from your recent	work) Descriptio	n of cluties should be in	ndicated in the attached	Work Exper	ience sheet		
	SIVE DATES n/dd/yyyy) To	POSITION T (Write in full/Do not		The state of the s	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY) JOB/ PAY GRADE (# applicable)& STEP (Format 100-0") INCREMENT	STATUS OF APPOINTMENT	GOV SERVI (Y/ N
7/1/2024	PRESENT	ADMINISTRATIV	E AIDE III	MUNICIPAL TRE	ASURER'S OFFICE	P 11,742.00	emiste (CASUAL	Y
01/03/2024	06/30/2024	ADMINISTRATIV	E AIDE III	MUNICIPAL TRE	ASURER'S OFFICE	P 10,858.00		CASUAL	Y
07/01/2023	12/31/2023	ADMINISTRATIV		MUNICIPAL TRI	ASURER'S OFFICE	P 10,858.00		CASUAL	Y
01/02/2023	06/30/2023	ADMINISTRATIV		Contract Shirts	EASURER'S OFFICE	P 10,858.00		CASUAL	Y
7/1/2021	12/29/2022	ADMINISTRATIV			EASURER'S OFFICE	P 10,858.00		CASUAL	Y
1/03/2021	12/31/2021 6/30/2021	ADMINISTRATIV ADMINISTRATIV			EASURER'S OFFICE	P 10,858.00		CASUAL	٧
7/1/2020	12/31/2020	ADMINISTRATIV			WATER SUPPLY SYSTEM	P 10,858.00		CASUAL	<u> </u>
1/1/2020	6/30/2020	ADMINISTRATIV			ALBUERA MUNICIPAL WATER SUPPLY SYSTEM ALBUERA MUNICIPAL WATER SUPPLY SYSTEM		-	CASUAL	Y
7/1/2019	12/31/2019	ADMINISTRATIV		1 7,55 proceduction and		P 9,500.00		CASUAL	· ·
1/3/2019	6/30/2019	ADMINISTRATIV			ALBUERA MUNICIPAL WATER SUPPLY SYSTEM ALBUERA MUNICIPAL WATER SUPPLY SYSTEM			CASUAL	Y Y
9/3/2018	12/31/2018	ADMINISTRATIV			ALBUERA MUNICIPAL WATER SUPPLY SYSTEM			CASUAL	Υ
11/13/2016	8/31/2018	CLERK			WATER SUPPLY SYSTEM	P 4,800.00		J.0	Y
1/3/2016	8/31/2016	FORESTRY TECHNIC	AL ASSISTANT	DENR-CEI	IRO ALBUERA	P 12,000.00		CONTRACTUAL	· ·
8/3/2015	12/31/2015	ADMINISTRATIV			NRO ALBUERA	P 8,000.00		CONTRACTUAL	Υ
7/1/2013	7/31/2015	CLERK	(ALBUERA MUNICIPAL	WATER SUPPLY SYSTEM	P 4,000.00		J.O	Y
8/1/2011	3/31/2012	COMPUTER OP	ERATOR	DENR-CENA	DENR-CENRO BAYBAY CITY			CONTRACTUAL	Y
				1					
				Mayor.				P	
							-		

	VOLVEMENT IN CIVIC / NON-GOVE		The second second	ORGANIZATIO	11/5	
29. NAME	& ADDRESS OF ORGANIZATION (Write in full)	U	INCLUSIVE DATES (mm/ddlyyyy) No. Assess of the control From To			POSITION/NATURE OF WORK
	N/A	NIA	N/A	N/A	N/A	

			-	1		
	N 410-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		_			
				-		
Annual Control of the			rate effect if necess	sary)		
	PMENT (L&D) INTERVENTIONS/TRA			Chieffonidae		
	EVELOPMENT INTERVENTIONS/TRAINING PROG	RAMS AT	ISIVE DATES OF ITENDANCE inm/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial) Supervisory)	CONDUCTED SPONSOPED BY (Write in full)
		From			Technicalists)	
N/A		N/A	N/A	N/A	N/A	N/A
			_	-		
		-	-	+		
			-	-		
				-		
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	entra de la companya		-	+		
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	is a second seco	2002. 2 (10.16)				1000
			-	8 3	-2.15	
		(Continue on sens	rate sheet if necess	Larvi .	11-25	7 15579 7
MIL OTHER INFORMATION	THE SECOND SECOND		80000	178		
31. SPECIAL SKILLS and H	DEBIES 32	NON-ACADEMIC D	ISTINCTIONS / REC (Write in full)	OGNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Wille in full)
FILEMAKER DEVELOPER	(CLARIS)		N/A			N/A
			700			HORSE ALCOHOL
						TABLE F W
					in.	- 194 1 PA
e e promoto de la compa	Marin Carlos Company	THE RESIDENCE	Permet			
	rices (Fig. 1)					Market Harries
SIGNATURE	taken d	Day toril	rate shapt if necess		ATE	NOVEMBER 12, 2024
SIGNATURE		- India	434-1-5			CS FORM 212 (Revised 2017), Page 1

34. Are you related by consanguinity or affinity to the appointing	ng or recommending authority, or to the				
chief of bureau or office or to the person who has immedia					
Bureau or Department where you will be apppointed,					
a. within the third degree?	YES NO				
b. within the fourth degree (for Local Government Unit - Ca	YES NO				
3-	If YES, give details:				
		, and give doubles	U James James		
35 a. Have you ever been found guilty of any administrative of	ffense?	YES NO			
	If YES, give details:				
		ii res, give details.			
b. Have you been criminally charged before any court?	YES INO				
	If YES, give details:				
		Date Filed:			
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of	☐ YES ☑ NO)			
any court or tribunal?		If YES, give details:			
37 Have you ever been separated from the service in any of	the following modes: resignation, retirement.	☐ YES ☑ NO	2		
dropped from the rolls, dismissal, termination, end of term		YES NO If YES, give details:			
in the public or private sector?		ATA:			
38. a. Have you ever been a candidate in a national or local e	lection held within the last year (except	YES J	NO		
Barangay election)?		If YES, give details:			
b. Have you resigned from the government service during	the three (3)-month period before the last	☐ YES ☑	NO		
election to promote/actively campaign for a national or loc		If YES, give details:			
39. Have you acquired the status of an immigrant or permane	nt resident of another country?				
	,	YES NO			
		If YES, give details (countr	y).		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	anna Carta for Disabled Persons (PA				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972					
a. Are you a member of any indigenous group?					
, , , , , , , , , , , , , , , , , , , ,		If YES, please specify:	NO		
b. Are you a person with disability?	☐ YES ☑	NO -			
	If YES, please specify ID No:	107			
Are you a solo parent?		☐ YES ☑	NO		
		If YES, please specify ID No:			
41. REFERENCES (Person not related by consumpainty or affinity to applica	ant /appointse)				
NAME	ADDRESS	TEL NO.			
		PERLANCE			
RODOLFO A. CASANE JR.,	BRGY. POBLACION, ALBUERA, LEYTE	562-9155	36		
FLORDELIZ A. PARRILLA	BRGY. POBLACION, ALBUERA, LEYTE	562-9466			
A					
42. I declare under oath that I have personally accomplish			Makutal		
complete statement pursuant to the provisions of per			MARK ANTHONY PRSTOPIL		
Philippines. I authorize the agency head/authorized repre- agree that any misrepresentation made in this do		ed fielelfi.	PHOTO		
administrative/criminal case/s against me.	content and its attachments shall caus	se the ming of	78010		
			4		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance	2				
Government Issued ID: PHILHEALTH	maston				
D/License/Passport No.: 13-252582271-4	Signature (Sign inside the	S2-34			
	50X)				
Date/Place of Issuance: ORMOC, CITY	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued government	nent ID as indicated above.		
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AND DESCRIPTION OF THE PARTY OF	th				