S. Form No. 212										
Revised 2017	PER	SONAL D	ATA	A SHE	ET					
VARNING: Any misrepresenta	tion made in the Personal Data Si	heet and the Work Experience	ce Sheet sha	all cause the filin	g of admin	istrative/crin	ninal case/s aga	ainst the person		
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL	DATA SHEET (PDS) BEFOR	RE ACCOMP	LISHING THE PL	DS FORM.	STATE.	ALCONOMIC DELL			
Int legibly. Tick appropriate boxes	s (and use separate sheet if neces	sary. Indicate N/A if not applicat	ble. DO NOT	ABBREVIATE.	1. CS ID No.		(Do	not fill up. For CSC use only		
PERSONAL INFORMATIO		为 的人,我们就是他们的								
2. SURNAME	LAMO					NAME EXTENS	ION LIR SRI			
FIRST NAME	EMILY									
MIDDLE NAME	VENTURENA									
3. DATE OF BIRTH (mm/dd/yyyy)	9/20/1991	16. CITIZENSHIP				Dual Citizer	zenship rth			
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizens	ship,	Pls. indic			cate country:			
5. SEX	☐ Male	please indicate the det	lails.					V		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		N/A			N/A			
CONLONATOR	☐ Widowed ☐ Separated ☐ Other/s:			House/Block/Lof No. N/A Subdivision√illege			Stree CONCER Baran	PCION		
7. HEIGHT (cm)	147		HILONGOS				LEY	1.70 factors in the second of the second		
8. WEIGHT (kg)	50	ZIP CODE		City/Municipality 6524			Province			
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	46140	N/A	1,000	-	NA			
The supply standard	4-3-1-5-5	73 S/1001. TOA 10 3	House/Block/Lot No. N/A				Street CONCEPCION			
10. GSIS ID NO.	N/A	VENTEUMEDA SCIENCE MEN		Subdivision/Village				Barangay		
11. PAG-IBIG ID NO.	121329623111	BILIOTAL TO THEM THAT	3	HILONGOS City/Municipality				LEYTE Province		
12. PHILHEALTH NO.	326823937	ZIP CODE	2000			6524				
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A			216,28,01 - 210,011				
14. TIN NO.	N/A	20. MOBILE NO.	09066327282			200.00	DECAR			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		emilylamo1991@gmail.com						
II. FAMILY BACKGROUND			UR USE		WAR.			SHIP SHIP		
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of (CHILDREN (Write ful	I name and list	all)	DATE OF	BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	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	LAM									
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)						-		
MIDDLE NAME	VELMO	NTE	L - 1							
25. MOTHER'S MAIDEN NAME	LAM			W. C. C. W. W. J. C.		-				
SURNAME	VENTUR	RENA						1.		
FIRST NAME	IMELO	DA						1.17		
MIDDLE NAME	VERGA	RA	(Continue on separate sheet			if necessary)				
III. EDUCATIONAL BACK	GROUND	MARK THE RESERVE	A STATE OF		1	HILSHES	all or the	The server form		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COUR: (Write in full)		PERIOD OF ATT	To	LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	CONCEPCION ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	A CONTRACTOR OF THE PARTY OF TH	1998	2004	N/A	2004	NA		
SECONDARY	CONCEPCION NATIONAL HIGH	SECONDARY EDUCATION		2004	2008	N/A	2008	N/A		
VOCATIONAL /	SCHOOL N/A	N/A	-	N/A	N/A	N/A	N/A			
TRADE COURSE			DUCATION			200	2013	N/A		
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of EVELOPMENT E		2008	2013	N/A		N/A		
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS in Agriculture Exte		N/A sarv)	N/A	N/A	N/A	NA		
SIGNATURE	Jun Jun	like .		DAT	E		January 9	, 2024 1 212 (Revised 2017), Page 1 of		

	ERVICE ELIC	080 (BOARD/ BAR) UNDER	DATINO	DATE OF		OH / OON/E	POMENT	LICENSE (if a	Date of
SPECIAL I		VS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ERMENI	NUMBER	Validity	
LIC	LICENSURE EXAMINATION FOR AGRICULTURIST		76.8	7/1/2013	ITY LEY	TE	N/A	N/A	
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		and a resident				ret out			41.
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WORK	EXPERIENCE		STATE OF THE PARTY	AND DESIGNATION OF THE PERSON				de la	
INCL	USIVE DATES	ent. Start from your rec	At Tracing		be indicated in the atta ICY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (#	STATUS OF	GOVT
From	m/dd/yyyy) To	(Write in full/Do not			Oo not abbreviate)	SALARY	applicable)& STEP (Format '00-0")/ INCREMENT	APPOINTMENT	(Y/N)
09/06/23	12/20/23	PART-TIME INST	RUCTOR	VISAYAS STATE UNIVERSITY DWXI-PRAYER PARTNER FELLOWSHIP		12		Part-Time	Y
27/2020	9/30/2023	OFFICE ST	AFF	INT'L Inc.		N/A	N/A	Volunteer	N
1/2016	5/30/2018	SCIENCE RESEARC	H ASSISTANT	SCIENCE /VSU		8000.00	N/A	JOB ORDER	Y
1/2015	6/30/2016	SCIENCE RESEARC	H ASSISTANT		OF AGRICULTURE D EXTENSION/VSU	8000.00	N/A	JOB ORDER	Y
/1/2015	6/30/2015	AGRICULTURE T	ECHNICIAN	OFFICE OF THE MUNICIPAL AGRICULTURIST HILONGOS		4000.00	N/A	JOB ORDER	Y
/16/2013	6/30/2015	AGRICULTURE T	ECHNICIAN		THE MUNICIPAL RIST HILONGOS	N/A	N/A	VOLUNTEER	Y
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SIGN	ATURE		Quile	tinue on separate sheet if n	DATE		January 9, 20	24	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
				HOMBER OF HOURS		POSITION/ NATURE OF WORK	
DWXI-PPFI PRAYER PARTNERS FELLOWSHIP INT'L INC.				N/A	OFFICE STAFF (Secretary)		
OFFICE (OF THE MUNICIPAL AGRICULTURIST HILONGOS	6/16/2013	6/30/2015	N/A		GRICULTURE TECHNICIAN	
						and the second state groups	
	RNING AND DEVELOPMENT (L&D) I	NTERVENTIO	ONS/TRAININ				
	he most recent L&D/training program and include		L&D/training take	en for the last five (5)	years for Division Type of LD	Chief/Executive/Managerial positions)	
10.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTENDANCE (mm/dd/xxxx) From To		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	N/A	N/A	N/A	N/A	Technical/etc)	N/A TO SHOULD BE N/A TO SHOULD BE NOT THE SHOULD	
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		for the transfer of	and the same of	\$150 A. C.			
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II. OTH	IER INFORMATION					MENDEDOND N	
31.	SPECIAL SKILLS and HOBBIES	NON		INCTIONS / RECOGN ite in full)	IITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
	WA		7	N/A	1 1 5 1 5	N/A	
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		(Conti	nue on separate s	sheet if necessary)	1	Washington by Albaha Makania	
	SIGNATURE	1	Ty .	DA	TE	January 9, 2024 CS FORM 212 (Revised 2017), Page	

chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed,	supervision over you in the Office	9.		
a. within the third degree?	☐ YES ☑	NO		
b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑			
A SECOND SEAL STANKS	NO9 2023	If YES, give details:	Albertal and Ashara da	
a. Have you ever been found guilty of any administrative offer	nse?	☐ YES ☑ NO If YES, give details:		
b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:	NO		
Have you ever been convicted of any crime or violation of any regulation by any court or tribunal?	YES If YES, give details:			
Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end phased out (abolition) in the public or private sector?	YES If YES, give details:			
a. Have you ever been a candidate in a national or local elect (except Barangay election)?	YES If YES, give details:			
b. Have you resigned from the government service during the last election to promote/actively campaign for a national or lo	ne YES If YES, give details:			
Have you acquired the status of an immigrant or permanent r	YES NO If YES, give details (country):			
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p				
Are you a member of any indigenous group?	process and not to to to the first terms		[]	
Are you a member or any margenous group:		YES If YES, please specify:	✓ NO	
Are you a person with disability?		YES If YES, please specify ID	NO:	
Are you a solo parent?		YES If YES, please specify ID	NO No:	
. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
NAME	ADDRESS	TEL NO.		
ANITA VILLAHERMOSA	HILONGOS LEYTE	9995151711	38	
GRACIELDA NERIO	HILONGOS LEYTE	9757848349		
MARIFE SUAYBAGUIO	HILONGOS LEYTE	9632656463		
I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represei I agree that any misrepresentation made in this document.	laws, rules and regulations of to ntative to verify/validate the conf	he Republic of the tents stated herein.	PHOTO	
administrative/criminal case/s against me.				
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		d		
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Government Issued ID (i.e Passport, GSIs, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VOTER ID ID/License/Passport No.: VIN-3719-0066A-1209-EVL20000 Date/Place of Issuance: HILONGOS	JANUARÝ 09 Date Accompl), 2024 ished ly issued government ID as ind	Frontia and a financial of the Third	