CS Form No. 212									
PERSONAL DATA SHEET									
WARNING Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person							erson		
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SE	MEET (POS) BEFORE ACCO	MPLISHING T	HE POS FO	RM.				
Tree legisly. Tick appropriate boxes	nd use reporte short if necessary indicate	N/A if not applicable. DO NOT	ABBREVATE.		1 CS ID No.		(Do not 91 up Fo	r CBC use arty)	
2 RUNANE									
	SOLAPO					NAME EXTENSION (JR.	NP)		
FIRST NAME	LOCLYN						WA		
MODE NAME  3 DATE OF BETTE	TARCULAS			,					
(mmAtdlyyyy)	02/15/1996	16. CITUZENSHEP						by naturalization	
4. PLACE OF BIRTH	BUNGA, BAYBAY CHY	If holder of dual citize	nship,						
s sex	☐ Male ☐ Female	please indicate the d	otais.					•	
6 CIML STATUS	Single Married	17. RESIDENTIAL ADDRESS	1				PUKOK	7	
	Widowed Separated		Hou	House/Block Lot No.			Street BUNUA		
	Other/s:		94	division/Village			Barangay		
7. HEIGHT (m)	1.6m		- d	BA-IDA-I CityMunicipality			Province		
8. WEGHT (kg)	57 49	ZIP CODE	65	21					
9 BLOOD TYPE	01	18. PERMANENT ADDRESS	Hou	House/BlackLot Na			PUROK	1	
10. GSIS ID NO	N/A	1		xdivision/Village			BUNGA Barangay		
11. PAG-IBIG ID NO.	1212 - 5567 - 8206	1	1	SAMBAY			LEYTE		
		-		h/Municipality			Province		
12. PHILHEALTH NO.	1302-5540-1328	ZIP CODE 19. TELEPHONE NO.	652						
	749-128-668-000		N/A						
14. TIN NO.	749-128-008-000	20. MOBILE NO.	09755737285 voslynsolano 22 @ gmail.c						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	voslyv	rsolani	22 @	gmail-u	w		
II. FAMILY BACKGROUND							2475.05.00		
22. SPOUSE'S SURNAME	D/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all)			list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME		WA	N/A			N/A			
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	SOLAND	•							
FIRST NAME	PEPITU	NAME EXTENSION (JR., SR) NA							
MIDDLE NAME	FLOMENTEKA								
25. MOTHER'S MAIDEN NAME	TARCULAS								
SURNAME	SOLAND								
FIRST NAME	FELICISIMA								
MIDOLE NAME	TAKCULAS			(C	ontinua on sa	parate sheet if neces	ssary)		
III. EDUGATIONAL BACKGR	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEINED	
ELEMENTARY	BUNGA ELEM-SCHOOL	PRIMARY		2002	2008		2008	184	
SECONDARY	VSULHS	SEWNDARY		2008	242		2012	w/ Honor	
VOCATIONAL / TRADE COURSE									
COLLEGE	VIGAYAS STATE UNIVERSIT	TERTIARY/B	400	2012	2016		2016		
GRADUATE STUDIES	4								
0/01/17/15	A	ontinue on separate sheet if nec	essary)	-	75	0/11	1/200	1	
SIGNATURE	474			1	NTE .	-	03/202 FORM 212 (Revised		
	1 00							1-0 -50	

A CIVILE	ERVICE ELK	BILITY	ALC: NO. OF		ALL STREET, ST	Panis.	By The Later of th		11 200
. CAR	ER SERVICE/RA	1000 /0/ADDADADADA	a entra bratage de	DATE OF	And the second second	11122		LICENSE (II A	pplication) Date of
BV	RANGAY ELIGIBI	AWS/CES/CSEE LITY/DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFEI	RMENT	NUMBER	Validity
LE			79.60	STPT . 2016	TACLOBAN	utt		1487911	02/1:12
WORK	∋XPERIENGE		DONE DAY MADE AND A PARTY OF THE PARTY OF TH	ntinue on separate sheet	HOSE HELDER TO THE PERSON NAMED IN			14	
clude pri	rate employme	nt. Start from your recen	work) Description	1		1	SALARYI JORV PAY GRADE (#	STATUS OF	GOVT
	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGE (Write in full	NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY	applicable)& STEP (Format '00-0') PACREMENT	APPOINTMENT	SERVICE (Y/N)
	PRESENT	Assistant Statia	n Head	NINJA	JAN	الرعى		Kegular	N
								vounteer	7
UG 2018	NAE 7019	CHILD DOVELOPNE	nt norker	CSWDO @ BU	NGA CDC			Volume	<u>'</u>
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		7)	(Cont	inue on separate sheet il	necessary)				
		//	Cont	c especiale arrest il		_	09/03/		

VOLUNTARY WORK OR INVOLVEMEN	IT IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY O	RGANIZATIO	V/S		
NAME & ADDRESS OF ORGANIZATION (With in AD)		INCLUSIVE DATES (mmAki/yyyy) Markettor is		HARRI OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		NA	
1417		N/#	17/4	19771			
		-					
. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING P	ntinue on separate ROGRAMS AT	TENDED		nerial positions)		
of from the most recent LED training program and in		INCLUSIVE	E DATES OF		Type of LD (Managerial)	CONDUCTED/ SPONSORED BY	
TITLE OF LEARNING AND DEVELOPMENT I (Write in			tdyyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in fulf)	
READ & PASTRY PRODI	MCDON INO.	9/0/17		14143		Palenno Hotel Institute	
1,110,1110,000		1				of Tourism and	
						Hospitality Inc.	
						(TES DA)	
OMPUTER LITERACY	1	04/27/17	æ/æ/Ia	80 hrs.		Acedilla Technological	
VV						Institute, Inc.	
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	(Co)	ntinue on separate	sheet if necessary)				
OTHER INFORMATION					100		
SPECIAL SKILLS and HOBBIES	32. NON	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)					
COOK 1 NG	N/A				N/A		
CIONATURE	(Con	tinue on separate :	theef if necessary)		ITE	04/01/221	
SIGNATURE			DA	115			

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 appointed,					
	a within the third degree?	☐ YES 🔝 NO				
	<ol> <li>within the fourth degree (for Local Government Unit - Car</li> </ol>	YES NO				
		If YES, give details:				
*****						
15	a Have you ever been found guilty of any administrative off	ense?	☐ YES ☐ NO If YES, give details:			
		II 1 Co. give decans.				
			☐ YES ☐ NO			
	b. Have you been criminally charged before any court?		☐ YES ☐ NO If YES, give details:			
			Date Filed:			
			Status of Case/s:			
.x.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	☐ YES			
	by any court or tribunal?		If YES, give details:			
		-				
37.	Have you ever been separated from the service in any of the	e following modes: resignation,	☐ YES			
	retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	II 1EO, give detailo.			
-	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES    ☑ NO			
38.	Barangay election)?		If YES, give details:			
	b. Have you resigned from the government service during the	ne three (3)-month period before the last	YES NO			
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:			
39	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☐ NO If YES, give details (country):			
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA				
1	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	please answer the following items:				
a	Are you a member of any indigenous group?		☐ YES ☐ NO If YES, please specify:			
b.	Are you a person with disability?		☐ YES ☐ NO If YES, please specify ID No:			
1			☐ YES			
C.	Are you a solo parent?		If YES, please specify ID No:			
1	. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)	4			
F	NAME	ADDRESS	TEL NO.			
$\vdash$	JOVIE MAKIEL DEGOKIO	VSU LHS_	2 E			
H	JUVIC NIFFIEL DOUBLE	VSU CHS	4.			
L	SHALOM GRACE SUGANO	VSU LHS				
	NANCY DONAYICE	this Personal Data Sheet which is a tr	ue, correct and			
42	I declare under oath that I have personally accomplished	ent laws, rules and regulations of the	Republic of the			
	Philippines. I authorize the agency head/authorized repre- I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	IMENT AND ITS AUGUMENTS SHAN CAUS	ROSLYN T. SOLANO			
L						
F	Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)	Δ	, []			
	PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: PRC	1/2-01				
1 L		ox)				
	D/License/Passport No.: 1487 911	20 - 1 Right Thumbmark				
	tate/Place of Issuance: TACLOBAN 12/09/2016					
r	SUBSCRIBED AND SWORN to before me this	ting his/her validly issued government ID as indicated above.				
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L			CS FORM 212 (Revised 2017), Page 4 of			