| CS Form No. 212 Revised 2017 | DEDCO | MAL DAT | A 011 | | | | | e de la constitución de la const | |
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| | | NAL DAT | | | | | | | |
| NARNING: Any misrepresenta concerned. | tion made in the Personal Data Sheet and the | Work Experience Sheet sh | all cause the | filing of adn | ninistrative | criminal case/s | egainst the p | erson | |
| | TO FILLING OUT THE PERSONAL DATA SHE) and use separate sheet if necessary. Indicate N | EET (PDS) BEFORE ACCOM | PLISHING TH | | | | | | |
| PERSONAL INFORMATIO | Wasana sana sana sana sana sana sana san | A TIOT APPLIABLE DO NOT AL | BEREVIATE. | | 1. CS 10 No. | | (Do not fill up i | or CSC use on | |
| 2. SURNAME | PEROLINO | | | | | | | | |
| FIRST NAME | CLAIRE ANN | · · · · · · · · · · · · · · · · · · · | | | - | NA | | | |
| MIDDLE NAME | TAPAR | | | | أعيين | | | | |
| 3. DATE OF BIRTH | FEBRUARY 09,1999 | | | | | | | | |
| (mm/dd/yyyy) | 1 EDNOAN 1 03,1333 | 16. CITIZENSHIP | | ☑ Filipino □ Dual Citizenship | | | | | |
| 4. PLACE OF BIRTH | NAGHALIN KANANGA | If holder of dual citizen | rifracetin | | | by birth by naturalization Pls. indicate country: | | | |
| 5. SEX | ☐ Male ☐ Female | please indicate the details. | | | | | | | |
| 6 CML STATUS | n e i | | | Philippines | | | | | |
| U GINE GIATOS | ☐ Widowed ☐ Separated | 17. RESIDENTIAL ADDRESS | Hous | NONE se/Block/Lat No | | SITIO LARAY | BARANGAY NA Street | AGHALIN | |
| | ☐ Other/s: | Grand I | | NONE division/Village | | | NAGHALIN | | |
| 7. HEIGHT (m) | 1.56 m | 1 | | KANANGA | | Barangay LEYTE | | | |
| 8. WEIGHT (kg) | 48 kg | ZIP CODE | Ca | Ży/Municipality Province | | | | | |
| 9. BLOOD TYPE | O+ | 18. PERMANENT ADDRESS | | NONE | | 6531 SITIO LARAY BARANGAY NAGHALIN | | | |
| 10. GSIS ID NO. | | | Hous | se/Block/Lat No | ot No. Street | | | | |
| 10. 9313 ID NO. | NONE | 1 | Sub | NONE divisionVillage | | | NAGHALIN Barangay | | |
| 11. PAG-IBIG ID NO. | NONE | | Ca | KANANGA TryMunicipality | | | LEYTE Province | | |
| 12. PHILHEALTH NO. | 1325-0610-1674 | ZIP CODE | 6531 | | | FILVANCE | | | |
| 13. SSS NO. | 06-4340538-9 | 19. TELEPHONE NO. | NO | | NONE | | | | |
| 14. TIN NO. | 604-109-031 | 20. MOBILE NO. | | NONE | | | | | |
| | | | | 09060571360 | | | | | |
| 5. AGENCY EMPLOYEE NO. | NONE | 21. E-MAIL ADDRESS (If any) | | claire | eannpero | lino99@gmai | l.com | | |
| I, PAMILY BACKGROUND | | | CARL STAN | | 12.000 | 建 型等的 200.最高 | 4 84 (g) 1 May | No. | |
| 2. SPOUSE'S SURNAME | N/A | INA | 23. NAME of CHILDREN (Write full name and list all) | | ist all) | DATE OF BIRTH (mm/dd/yyyy) | | | |
| FIRST NAME | N/A | | | | | NIA | | 1 | |
| MIDDLE NAME | N/A | i compressione | | | | 7 10 10 10 | | - | |
| OCCUPATION | N/A | | | | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | | | |
| BUSINESS ADDRESS | NA | UA | | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | | |
| 24. FATHER'S SURNAME | PEROLINO | - | | | | an west as a | | | |
| FIRST NAME | PEDRO | JR. | | | | | | | |
| MIDDLE NAME | BUTASLAC | | | | | | | | |
| 5. MOTHER'S MAIDEN NAME | | | | | | | | | |
| SURNAME | TAPAR | | | | | | | | |
| FIRST NAME | MONALISA | | | | | | | | |
| MIDDLE NAME | CAMAY | | | (Co | ontinue on sej | parate sheet if neces | sary) | | |
| H. EDUCATIONAL BACKG | ROUND | THE WATER AND A LEE | | | | All Maria | | | |
| 26. LEVEL | NAME OF SCHOOL (Witte in full) | BASIC EDUCATION/DEGRE (Write in full) | EE/COURSE | PERIOD OF A | To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP ACADEMIC HONORS RECEIVED | |
| ELEMENTARY | MARIANO C.PONO ELEMENTARY SCHOOL | ELEMENTARY GRADUATE | | 2005-06-06 | 03/31/2010 | GRADUATE | 2010 | HONORS | |
| SECONDARY | KANANGA NATIONAL HIGH SCHOOL | HIGHSCHOOL GRADUATE | | 2010-07-06 | 03/27/2015 | GRADUATE | 2015 | ACHIEVER | |
| VOCATIONAL/ | NONE | NONE | | NONE | NONE | NONE | NONE | NONE | |
| TRADE COURSE COLLEGE | EASTERN VISAYAS STATE UNIVERSITY (OCC) | BSED BIOLOGICAL SC | CIENCES | 2015-08-06 | 07/22/2019 | GRADUATE | 2019 | N/A | |
| GRADUATE STUDIES | NONE | NONE | | NONE | NONE | NONE | NONE | NONE | |
| GIVENTIE CIVERE | | Cookieue on separate sheet if nec | essary) | | | | | | |
| SIGNATURE | | 4 | | DATE September 16, 2024 | | | | | |
| JUINIUL | | 10 | | | | cs | FORM 212 (Ravised | 12017), Page 1 of | |



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| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | EXAMINATION / PLACE OF EXAMINATION / CONFERMENT | | | | Date of Validity | | |
| | I PT D | | 86.2 | 09-26-2021 | Taclob | 1886453 | 2025-09-0 | | | |
| | | | | | | ionan City | | 1000433 | 2023-09-02 | |
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| | | | (6 | ontinue on separate sheet li | necessary) | Transition of the second | | | | |
| | XPERIENCE ate employmen | nt. Start from your recen | t work) Descriptio | n of dulles should be | adjested in the attached | Work Fund | deser deser | | | |
| 28. INCLU | JSIVE DATES m/dd/yyyy) | POSITION 1 (Write in full/Do not | TTLE | DEPARTMENT / AGE | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format '00-0')/ INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N) | |
| 09-29-2021 | 12-29-2021 | Cultural Ma | apper | Local Government Unit of Kananga Tourism | | 20000 (for the whole 3 | | contractual | 3 months | |
| 02-23-2021 | 06-14-2021 | Volunteer Fa | cilitator | The state of the s | artment ne Children | moonths) | | Volunteer | 4 months | |
| 10-31-2022 | 02-23-2023 | Community Based Mo Survey | | Philipppine Statistic | : Authority (PSA) Leyte | 8000.00 | | Contractual | 4months | |
| 08- 30- 2023 | 04-31-2024 | Sales Staff | | Link Digital Prin | Link Digital Printing & IT Solutions | | | Regular | | |
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| SIGN | ATURE | | 0/ | 1 | DATE | September 1 | | S FORM 212 (Revised | 2017), Page 2 of | |
| 100000 | | | 7 | | _ | | | | | |

| VI. VOLUNTARY WORK OR INVOLVEMEN 29. NAME & ADDRESS O | OF ORGANIZATION | INCLUSIVE DATES | | | | |
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| (Write i | n full) | (mm/dd/yyyy) | | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| Save The Children | | From | To | | | y see the second |
| pave the Children | | 02-23-2021 | 06-14-2021 | 413 hrs | Volunteer Fac | ilitator |
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| | (C | ontinue on separati | | | | |
| II. LEARNING AND DEVELOPMENT (LE | D) INTERVENTIONS/TRAINING | PROGRAMS A | i sneet II necessar Titanidiad | y) | | \$47, 500 (ACC) \$25, \$25, \$2, \$2, \$2, \$2, \$2, \$2, \$2, \$2, \$2, \$2 |
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| TITLE OF LEARNING AND DEVELOPMENT (Write it | INTERVENTIONS/TRAINING PROGRAMS n full) | ATTENDANCE (mm/dd/yyyy) From To | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY |
| | | | | | | (Write in full) |
| read and Pastry Production NCII | | 04-13-2021 | 05-20-2021 | 143 hirs. | | Energy Development Corporation (EDC) and |
| | | | | 140 1111 5. | | Kananga EDC Institute of Technology (KEITECH |
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| W OSUFO DESCRIPTION | | And the Control of the | | 类的表种的 | | |
| III. OTHER INFORMATION | LICE CONTRACTOR OF THE PARTY OF | N-ACADEMIC DIST | Control of the Contro | GNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI |
| 31. SPECIAL SKILLS and HOBBIES | 32. | (MI | ite in full) | | | 33. (Write in full) |
| COOKING | | N/ | Α | | | N/A |
| COOKING | | | | | | |
| DRAWING | | | | | | |
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| | | | | | ATE | September 16, 2024 |



| | chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? | | | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|--|--|--|
| | b, within the fourth degree (for Local Government Unit - Care | ☐ YES ☑ ☐ YES ☑ If YES, give details: | NO NO | | | | |
| 35. | a. Have you ever been found guilty of any administrative offer | ☐ YES ☑ If YES, give details: | NO | | | | |
| | b. Have you been criminally charged before any court? | ☐ YES ☑ If YES, give details: Date Filed: Status of Case/s: | If YES, give details: Date Filed: Status of Case/s: | | | | |
| 36. | Have you ever been convicted of any crime or violation of ar any court or tribunal? | by YES Z If YES, give details: | NO | | | | |
| 37. | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector? | ☐ YES ☑ ut If YES, give details: | | | | | |
| 38. | a. Have you ever been a candidate in a national or local election)? | If YES, give details: | | | | | |
| | b. Have you resigned from the government service during the election to promote/actively campaign for a national or local | ☐ YES If YES, give details: | ☑ NO | | | | |
| 39. | Have you acquired the status of an immigrant or permanent | ☐ YES ☑ NO If YES, give details (country): | | | | | |
| | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), | | | | | | |
| a. | Are you a member of any indigenous group? | | ☐ YES If YES, please specify: | ☑ NO | | | |
| b. | Are you a person with disability? | | ☐ YES If YES, please specify ID | ☑ NO . | | | |
| C. | Are you a solo parent? | | ☑ NO | | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant. | /appointee) | | | | | |
| arays a | NAME | ADDRESS | TEL NO. | | | | |
| | MARIANO M.PONO II BRGY.CAPTAIN) | BRGY.NAGHALIN | 9654526391 | 3 A | | | |
| | LILIBETH HARANI (BRGY.KAGAWAD) | BRGY.NAGHALIN | 9363212076 | 1 63 P | | | |
| | ARVIN CHRISTOPHER BOHOL | ORMOC | 9152946845 | | | | |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me. | ent laws, rules and regulations of tr ntative to verify/validate the contents s | tated herein. | CLAIRE ANN T. PEROLINO | | | |
| Go PL | overnment Issued ID (Le.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance | 0 | | | | | |
| Go | overnment Issued ID: PRC | Signature Sign inside | 5 | | | | |
| H | /License/Passport No.: 1886453 | | Right Thumbmark | | | | |
| Da | nte/Place of Issuance: 2-09-2022 | Date Accomplishe | to 1911 may be the section of | 1722 | | | |
| | SUBSCRIBED AND SWORN to before me this SEP | The second second | The second second | remment ID as indicated above. | | | |
| 19 | COSCIENT . | ATTY: KAREN ROLLEM Public Attorne PURSU Administra | AZAR-TALUA Y II SAMO6 | | | | |
| | (a) / (b) | L OMST Manustering | | CS FORM 212 (Revised 2017), Page 4 of | | | |

