| CS Form No. 212 Revised 2017 | PERSO | NAL DAT | A SH | EE1 | Γ | | | 1 |
|------------------------------------|--|---|---|---|-------------------------------|--|-----------------------------------|--|
| WARNING: Any misrepresentat | ion made in the Personal Data Sheet and the V | Vork Experience Sheet shall | cause the filin | g of adminis | strative/crim | inal case/s agains | st the person | concerned. |
| | TO FILLING OUT THE PERSONAL DATA SHEET | | | | 1. CS ID No. | | (Do not fill up. F | or CSC use only) |
| I. PERSONAL INFORMATIO | | A il not applicable. Bo not Ab | Quantity (| | 7. 00 10 10 | | Difference of the second | |
| 2 SURNAME | FERNANDEZ | | | | | | , | 1 |
| FIRST NAME | MARY GRACE | | MAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | CERDAN | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 06/25/1994 | 16. CITIZENSHIP | | ☑ Filipino ☐ Dual Citizenship ☐ by birth | | | by naturalization | |
| 4. PLACE OF BIRTH | MANILA | If holder of dual critizen | f holder of dual citizenship, | | | Pls, indicate o | ountry: | J. Janes |
| 5. SEX | ☐ Male | please indicate the details. | | | | | - | |
| 6 CIVIL STATUS | ✓ Single | 17. RESIDENTIAL ADDRESS | | ZCI E 4 | | | | |
| 7. HEIGHT (m) | 1.61 | | | BAYBAY | | LEYTE | | |
| 8. WEIGHT (kg) | 55 | ZIP CODE | | City/Municipality 6521 | | | Province | |
| 9. BLOOD TYPE | B+ | 18. PERMANENT ADDRESS | | | | ZONE 4 | | |
| 10. GSIS ID NO. | N/A | | | House/Block/Lat No | | | Street COGON | |
| 11. PAG-IBIG ID NO. | 121218556512 | | Sut | SubdivisionVillage BAYBAY | | | Barangay LEYTE | |
| | | | Ci | City/Municipality | | | Province | |
| 12. PHILHEALTH NO. | 130501620670 | ZIP CODE | | 6521 | | 4 | | |
| 13. SSS NO. | 06-3497295-7 | 19. TELEPHONE NO. | | N/A | | | | |
| 14. TIN NO. | NNO 756-212-955 | | I | 09319704885 | | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | | grad | efernand | ez625@gma | il.com | |
| II. FAMILY BACKGROUND | Property and the second | | NAVA NEW PO | | | 网络产业 | W 14-4-1 | N. WINE |
| 22. SPOUSE'S SURNAME | N/A | NAME EXTENSION (JR., SR) | 23. NAME of CHILDREN (Write full name and | | d list all) DATE OF BIRTH (mm | | H (mm/dd/yyyy) | |
| FIRST NAME | N/A | TOTAL EXPENSION (D.C., SIL) | | N/A | | | N/A | |
| MIDDLE NAME | N/A | | | | | | | |
| OCCUPATION EMPLOYER/BUSINESS NAME | N/A | | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | |
| TELEPHONE NO. | N/A N/A | | - | | + | | Karan and | - |
| 24. FATHER'S SURNAME | FERNANDEZ | | | | | | | |
| FIRST NAME | DENNIS | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | CASTILLO | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | THE SECOND STATES OF THE SECON | | Indiana participant | | | | | |
| SURNAME | CERDAN | errordades and said Salte Corp. Saltes and Saltes A. A. | | | | | | |
| FIRST NAME | ZENAIDA | | | | | | | |
| MIDDLE NAME | CAROLINO | | | (Continue on separate sheet if necessary) | | | | |
| III. EDUCATIONAL BACKGR | ROUND | | The state of | the Array | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | E/COURSE | PERIOD OF | ATTENDANCE To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| ELEMENTARY | BAYBAY II CENTRAL SCHOOL | N/A | | 3/6/2002 | 03/17/2006 | NA | N/A | N/A |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | N/A | | 5/6/2006 | 03/30/2010 | N/A | N/A | N/A |
| VOCATIONAL / TRADE COURSE | NA | . NA | 1 | N/A | N/A | NA | N/A | N/A |
| COLLEGE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BACHELOR OF SCIENCE IN II TECHNOLOGY | NFORMATION | 7/6/2010 | 03/16/2018 | N/A | 2018 | N/A |
| GRADUATE STUDIES | N/A | N/A Continue on separate sheet if nece | esserul | N/A | N/A | N/A | N/A | N/A |
| SIGNATURE | Jue 6 | and an acpurate sheet if flect | -sury) | DA | TE | 04/20 | 1022 FORM 212 (Revisee) | |



| CAR | | 1080 (BOARD/ BAR) UNDER | RATING | DATE OF EXAMINATION / | PLACE OF EXAMINA | TION (CONTES | MENT | LICENSE (if applicable) | |
|--|--|-------------------------------------|-------------------|--|--|--------------|--|------------------------------|------------------|
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) | | | CONFERMENT | HON / CONFER | MENT | NUMBER | Date of Validity | | |
| de Lui | N/A N/A | | | N/A | /A | | N/A | N/A | |
| | | | (Con | linue on separate sheet if | necossary) | | | | |
| | EXPERIENCE vate employme | ent. Start from your recent | work) Description | of duties should be in | dicated in the attached | Work Exper | ience sheet. | | |
| | LUSIVE DATES (mm/dd/yyyy) | POSITION T (Write in full/Do not | | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in fut/Do not abbreviate) | | SALARYII JOSI PAY GRACE (F sophushiya STEP Formal "03-0"/ BICPE MENT | STATUS OF APPOINTMENT | SERVIC (VIII) |
| /2013 | 04/30/2015 | COMPUTER AT | TENDANT | ICAFE DOT COM | P3,000.00 | N/A | PERMANENT | N | |
| /2016 | | VOTE COUNTING MACH | INE TECHNICIAN | VENTURE | SLINK INC. | P5,000.00 | N/A | CONTRACTUAL | N |
| 17/2017 | 02/16/2018 | ON THE JOB T | RAINING | LOCAL GOVERN | M/A | N/A | TEMPORARY | Y | |
| /2018 | 04/30/2022 | FRONTLINE ASSOCI | | A CONTRACTOR OF THE PARTY OF TH | PHILIPPINES | P9750.00 | N/A | PERMANENT | N |
| /2022 | | TRANSMISSION SUPPO | ORT TECHNICIAN | VENTURE | SLINK INC. | P7,000.00 | N/A | CONTRACTUAL | N |
| | | | | | | | | | |
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| 7.44 | | | | historia de la companya della companya della companya de la companya de la companya della compan | | | | | |
| A di | | | | | (1) | | | | |
| | A STATE OF THE STA | Market State and the second |) (Co. | ntinue on separate sheet i | necessary) | | | | - |
| SIGI | NATURE | لمل | 18 | | DATE | | | 2022 SFORM 212 (Revised 2 | |

| VOLUNTARY WORK OR INVOLVEMEN NAME & ADDRESS OF | ORGANIZATION | INCLUSIV | E DATES | | PRESENTATION OF THE PERSON | | |
|--|---|-------------------------------|--|--|---|--|--|
| (Write in | (ui) | (mm/dr | To | MARER OF HOURS | | POSITION / NATURE OF WORK | |
| N/A | Andrew Comments | N/A | N/A | N/A | | N/A | |
| | | | | | | | |
| | | | | | | | |
| LEADWING AND DESIGN CONTRACTOR | (Co | ntinue on separate s | theet if necessary | | | | |
| LEARNING AND DEVELOPMENT (LG TITLE OF LEARNING AND DEVELOPMENT II (Write in | TERVENTIONS/TRAINING PROGRAMS | INCLUSIVE ATTEN (mm/dx | DATES OF DANCE | MAMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) | |
| ANTI MONEY LAUDE | RING ACT | From To 02/28/2019 02/28/2019 | | 8.0 | N/A | | |
| KNOW YOUR MONEY AND COL | INTERFEIT SEMINAR | 05/16/2019 | 05/16/2019 | 8.0 | N/A | MLHUILLIER PHILIPPINES MLHUILLIER PHILIPPINES | |
| | | | | | | | |
| | | 7 | - | | | | |
| OTHER INFORMATION | (Cc | ntinue on separate : | sheet if necessary |) lattices | Assessed Co. | | |
| . SPECIAL SKILLS and HOBBIES | 32. NO | N-ACADEMIC DISTIN | ICTIONS / RECO | NITION | | | |
| A LO TRADECO | 32 | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full) | | | | |
| IMAGE EDITING | | | N/A | | | | |
| DATA ENTRY | | 4 | | | | | |
| MICROSOFT OFFICE SKILLS | A COLUMN TO A | | | | | | |
| CUSTOMER SERVICE | | | | | | | |
| TEAMWORK | | | | | | | |
| READING | | | | and the same of th | | | |
| THE RESERVE OF THE PERSON OF T |) (Co | ntinue on separate s | theet if necessary | Complete Complete | man of the second | the late of the same of the sa | |

| 34. Are you related by consanguinity or affinity to the appointing | or recommending authority or to the | | | | | | |
|--|--|--|---|--|--|--|--|
| 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? | ☐ YES | [7] NO | | | | | |
| b. within the fourth degree (for Local Government Unit - Can | | | | | | | |
| - 10 - 10 Lastin Control Coll - Coll | If YES, give details | ⊡ vo | | | | | |
| | ii 123, give detalis | | | | | | |
| 35. a. Have you ever been found guilty of any administrative off | ente? | - | | | | | |
| South tourid going of any administrative of | | ☑ NO | | | | | |
| | | If YES, give details: | | | | | |
| | | | | | | | |
| b. Have you been criminally charged before any court? | YES | ☑ NO | | | | | |
| | If YES, give details | | | | | | |
| | | Date Filed: | | | | | |
| | Status of Case/s: | | | | | | |
| 36. Have you ever been convicted of any crime or violation of a | ny law, decree, ordinance or regulation by | ☐ YES | ☑ 100 | | | | |
| any court or tribunal? | | If YES, give details: | | | | | |
| | | and the same and | | | | | |
| 37. Have you ever been separated from the service in any of the | e following modes: reclanation, retirement | C7 ves | O 115 | | | | |
| dropped from the rolls, dismissal, termination, end of term, fi | inished contract or phased out (abolition) | ✓ YES If YES, give details | □ 100 | | | | |
| in the public or private sector? | | | PESIGNATION | | | | |
| 38. a. Have you ever been a candidate in a national or local ele | ction held within the last year (except | ☐ YES | ☑ NO | | | | |
| Barangay election)? | | If YES, give detail | _ | | | | |
| b. Have you resigned from the government service during the | ne three (3)-month period before the last | ☐ YES | [7] NO | | | | |
| election to promote/actively campaign for a national or local | candidate? | If YES, give detail | | | | | |
| 39. Have you acquired the status of an immigrant or permanent | The state of the s | Total Control of the | | | | | |
| 35. There you doquited the small of all liming ant or parmanent | resident of another country? | YES, give details | □ NO | | | | |
| | 그 그 이번 가장 맛이 말하겠다면 맛하면 나가요 나가요 그렇다 | | | | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371): (b) Mac | | 2-6-1 | | | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please | ina Carta for Disabled Persons (RA 7277); answer the following items: | | | | | | |
| Are you a member of any indigenous group? | anonor are following items. | | | | | | |
| , sa a monitor of only indigentous group? | | If YES, please specify: | | | | | |
| Are you a person with disability? | | YES | | | | | |
| | | If YES INO If YES, please specify ID No: | | | | | |
| c. Are you a solo parent? | | ☐ YES | ☑ NO | | | | |
| | | If YES, please specify | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicar | nt /appointee) | | | | | | |
| | The Millian State of the State | the harmful described in the | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | |
| RONEL F. CHUA | A. BONIFACIO ST BAYBAY CITY, LEYTE | 9265025325 | | | | | |
| HON, TERESITA S. PIALAGO | PRCY COCON PAVRAY CITY I EVITE | 9979184903 | | | | | |
| HUR. IERESIIA S. FIALAGU | BRGY. COGON BAYBAY CITY, LEYTE | 3313104303 | 60 6 | | | | |
| ELEUTERIO M. CAINTIC | BRGY, COGON BAYBAY CITY, LEYTE | 9552490488 - | | | | | |
| 42. I declare under oath that I have personally accomplished | this Personal Data Sheet which is a tr | ue, correct and | | | | | |
| complete statement pursuant to the provisions of pertine | | | G _e | | | | |
| Philippines. I authorize the agency head/authorized represe | | and the second s | MARYGACE E TERMANDEZ | | | | |
| agree that any misrepresentation made in this docu- administrative/criminal case/s against me. | ment and its attachments shall cause | the filing of | Charles S. Lannier | | | | |
| autiline autoro inilia casers against tile. | | de la | | | | | |
| Government Issued ID (I a Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | W 1.5 | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | 1 | | San | | | | |
| Government Issued ID: UNIFIED MULTI-PURPOSE ID | | | | | | | |
| | | | | | | | |
| ID/License/Passport No.: 0111-9612063-1 |)X) | | | | | | |
| Date/Place of Issuance: SSS ORMOC LEYTE | Date Accomplished | THE STATE OF THE PARTY OF | Right Talmorrark | | | | |
| | | | | | | | |
| SUBSCRIBED AND SWORN to before me this | , affiant exhibiting | g his/her validly issued g | overnment ID as indicated above. | | | | |
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| | | 23.00 | - N- | | | | |
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| | | TO PERSONAL SECTION | 00 00001 312 (0 2007) (0 1 - 1 - 1 | | | | |
| | | | CS FORM 212 (Revised 2017), Page 4 of 4 | | | | |