CS Form No. 212 Revised 2017		PERSO	NAL DAT	A SH	EET		- Marianta Na		
WARNING: Any misrepresentation	on made in the Persons	l Data Sheet and the V	Vork Experience Sheet shall	cause the filin	g of admini	strative/crim	inal case/s agai	nst the perso	on concerned.
READ THE ATTACHED GUIDE T Print legibly. Tick appropriate boxes (	and use separate shee	at if necessary. Indicate N/	A If not applicable. DO NOT AB	LISHING THE I BREVIATE.	PDS FORM.	1. CS ID No.		(Do not fill up	o. For CSC use only
I. PERSONAL INFORMATION	V A A A A A A A A A A A A A A A A A A A	WED MILES	是为 <del>如</del>						
2. SURNAME	С	AMASIN							
FIRST NAME	N	IA. ASHLEY				-	NAME EXTENSION (	JR, SR)	NA
MIDDLE NAME	E	STUDILLO		-					
3. DATE OF BIRTH	03/08	/2000	16. CITIZENSHIP		☑ Filip	lno [	Dual Citizenshi		
(mm/dd/yyyy)	03/06	12000			LE TIMP		_	p by natural	lization
4. PLACE OF BIRTH	TACLOBAN	CITY, LEYTE	If holder of dual citizenship,		-	Pls. indicate country:			
5. SEX	☐ Male	✓ Female	please indicate the de	etalls.			N/A		_
	✓ Single	Married	17. RESIDENTIAL ADDRESS	D'PROMISI	E BAORDII	NG HOUSE		SALAZAR S	т.
6 CIVIL STATUS	Widowed	☐ Separated	Andrew Control of the Control		RRY DISTI			Street 43-A	
	Other/s:			Su	ibdivision/Ville	qe	Barangay		
7. HEIGHT (m)	1.	.51			CLOBAN C City/Municipality			LEYTE Province	
8. WEIGHT (kg)	3 cmm - 4 arms	12 1996/1996 13 (4)	ZIP CODE		6500	W0077869		(900/38)	mmi -
9. BLOOD TYPE	TO STATE OF	0	18. PERMANENT ADDRESS		N/A	0-		N/A Street	refl
	AW 80.000	NU FINANCE AN	ORIX METRO LEASING	House/Block/Lot No. N/A		NO.	BAGACAY EAST		
10. GSIS ID NO.	Attri DELEVI	W. W.	CORPORATE	Su	bdivision/Villag			Barangay LEYTE	
11. PAG-IBIG ID NO.	12131	2043287		City/Municipality			Province		
12. PHILHEALTH NO.	13250	6241530	ZIP CODE		6508				
13. SSS NO.	06-4511480-1		19. TELEPHONE NO.		N/A				
	610.070	595,00000	20. MOBILE NO.		09457639207 / 09922793519				
14. TIN NO.	619-979-585-00000				ashleycamasin03@gmail.com				
15. AGENCY EMPLOYEE NO.	'	N/A	21, E-MAIL ADDRESS (if any)		ash	ileycama	sinu3@gm	all.com	
II. FAMILY BACKGROUND					Decil att		I ti-a - III	DATE OF BU	RTH (mm/dd/yyyy)
22. SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR., SR)	23. NAME OF CH	23, NAME of CHILDREN (Write full name a		I list all)	DATEGRA	N/A
FIRST NAME		N/A	N/A				-		N/A
MIDDLE NAME		N/A		1					
OCCUPATION		N/A							+ 15
EMPLOYER/BUSINESS NAME		N/A			-				
BUSINESS ADDRESS		N/A							-
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME	CA	AMASIN	NAME EXTENSION (JR., SR) N/A						
FIRST NAME	JA	SON	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	TA	APACION							
25. MOTHER'S MAIDEN NAME	Ma	ARITES DE LA CERNA	A ESTUDILLO						
SURNAME	C	AMASIN							
FIRST NAME	M	ARITES							
MIDDLE NAME		STUDILLO			(0	Continue on se	parate sheet if nec	essary)	
III. EDUCATIONAL BACK	GROUND	Maria di Arabia					1		57.5
26. LEVEL		OF SCHOOL te in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	LA PAZ CEN	ITRAL SCHOOL	ELEMENTARY EDUC	ATION	2006	2012	N/A	2012	4TH HONORS
SECONDARY	SAINT PAUL SCHOOL S	S STATE UNIVERSITY CHOOL OF PROFESSIONAL TUDIES	JUNIOR HIGH SCH SENIOR HIGH SCH		2012 2016	2016 2018	N/A	2016 2018	4th HONORS WITH HIGH
VOCATIONAL / TRADE COURSE		N/A	N/A		N/A	N/A	N/A	N/A	HONORS N/A
COLLEGE		E PHILIPPINES VISAYAS AN COLLEGE	BACHELOR OF SCIENCE IN I	MANAGEMENT	2018	2022	N/A	2022	N/A
GRADUATE STUDIES	GRADUATE STUDIES  DR. V. ORESTES ROMUALDEZ EDUCATIONAL FOUNDATION, INC.		JURIS DOCTOR		2022	PRESENT	58 UNITS	N/A	N/A

tinue on separate sheet if necessary)

DATE

SIGNATURE

04/22/2024

-	ERVICE ELIG			DATE OF			The State of the S	LICENSE (if ap	plicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  CAREER SERVICE (PROFESSIONAL) SECOND LEVEL ELIGIBILITY  85.5			DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of Validity	
		85.5	06/19/2022	ATIONAL HIGH SCHOOL,		N/A	N/A		
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					0.00	i de			777
	party.	escentil	40						
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V. WORK E	XPERIENCE				THE PARTY OF THE	Work For	force chart		
	SIVE DATES	e. Start from your recent					GRADE (#	6747.5	GOVT
(mr	n/dd/yyyy)	POSITION TIT (Write in full/Do not a		DEPARTMENT / AGE (Write in full	ENCY / OFFICE / COMPANY VDo not abbreviate)	MONTHLY	applicable)& STEP (Format '00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To	SALES ADMINISTRATIO	N ASSOCIATE /	ORIX METRO LE	ASING AND FINANCE	15,000.00	N/A	REGULAR	NO
02/01/2023	03/15/2024	CASHIEF		COR	PORATION	13,000.00			
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	NAME & ADDRESS OF	ENT IN CIVIC / NON-GOVERNMENT OF ORGANIZATION	INCLUST	SIVE DATES	URGANIZATIO	DN/S	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
29.	(Write in		(mm/c	n/dd/yyyy)	NUMBER OF HOURS	Carlotte of State	POSITION / NATURE OF WORK
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Salta			alte fort five (5) yea	ears for Division	Chiel/Expoulive/Mena	Sycriff positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT IN (Write in 1		ATTEN	E DATES OF NDANCE (dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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	sent bond	(+63)9617496970	AN CHIY LEYT	TACLOBA		H. GAMEZ	SHANIA BELLET
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	HER INFORMATION	NON-/	ACADEMIC DISTINC	- IRECO		/20	MEMBERSHIP IN ASSOCIATION/OPERANIZATION
31.	SPECIAL SKILLS and HOBBIES	32. NUN-A(	(Write in	in full)		33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	READING	Telebra Selebra	N/A		1 1 4	IDEN TACLOBAN	Specific N/A to see 5
a constant	GRAPHIC DESIGN						KMI2 /NE ITSQUANGEUR
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	SIGNATURE	///		AUTHER	DATE	E	04/22/2024

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 apppointed, a, within the third degree?	or recommending authority, or to the supervision over you in the Office,					
b, within the fourth degree (for Local Government Unit - Card	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offe	YES  If YES, give details:	NO				
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 an any court or tribunal?	y law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find in the public or private sector?		If YES, give details:	NO letro Leasing & Finance Corp. on 03/15/2024.			
a. Have you ever been a candidate in a national or local election)?      b. Have you resigned from the government condex during the		If YES, give details:	☑ NO			
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>		☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>		☐ YES [ If YES, please specify: ☐ YES [ If YES, please specify ID N	✓ NO			
41. REFERENCES (Person not related by consanguinity or affinity to applicant I	(appointee)					
NAME	ADDRESS	TEL. NO.				
GIL CHRISTIAN T. CENTINA	BASEY, SAMAR	(+63)9369097045				
NOEL B. ELIZAGA, PH. D.	TACLOBAN CITY, LEYTE	(+63)9275464409	00			
SHANIA BELLE H. GAMEZ	TACLOBAN CITY, LEYTE	(+63)9617495970				
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 represer that any misrepresentation made in this document and its a case/s against me.	ent laws, rules and regulations of the stative to verify/validate the contents stated	Republic of the I herein, I agree	MA ASHLEY E CAMASIN.			
Government Issued ID (i.e. Passport, GSIS, BSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	7.					
Government Issued ID: PASSPORT						
ID/License/Passport No.: P5050169C	(xc)					
Date/Place of Issuance: 08/19/2023 DFA TACLOBAN		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	TTY. ERICL. DE KE	ng his/her validity issued govern	nment ID as indicated above.			
	NOTARY PUBLIC  NO NO. Person Administering Out	CLTT				
TA	ROLE OF ALTORNLYS No CLOBAN CITY PTR No. 849339 IBP O.R No. 418097 01-1	4, 01-09-24	CS FORM 212 (Revised 2017), Page 4 of 4			

## WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: 01 FEBRUARY 2023 15 MARCH 2024
- Position: SALES ADMINISTRATION ASSOCIATE / CASHIER
- Name of Office/Unit: ORIX METRO LEASING AND FINANCE CORPORATION PALO MEGA BRANCH
- Immediate Supervisor: ANGELIE V. BACATAN / RYAN JOY A. BLANZA
- Name of Agency/Organization and Location: ORIX METRO LEASING AND FINANCE CORPORATION – 2<sup>nd</sup> FLOOR, BLDG. B, METROBANK CENTER, BRGY. LUNTAD, PALO, LEYTE
- List of Accomplishments and Contributions (if any)
  - o N/A
- Summary of Actual Duties
  - Reviews Availment Sheet and its relevant attachments prior to preparation of loan documents.
  - Reviews and ensures that all required documents are correct and complete.
  - Monitors signing of loan documents and submission of dealer documents.
  - Execution of account and request of proceeds.
  - Prepares the registration of Promissory Note with Chattel Mortgage (PNCM) and LTO OR/CR for annotation or encumberance.
  - o Prepares monthly execution reports.
  - Prepares Release of Chattel Mortgage (ROCM) or Deed of Absolute Sale (DOAS) for fully paid or terminated accounts.
  - o Monitors RD cancellation of PNCMs and transfer of ownerships.
  - o Prepares and reviews Post-Dated Checks for Deposit, pull out/hold check requests.
  - o Generates Official Receipts for clients' monthly amortizations.
  - Monitors Petty Cash Fund and Revolving Cash Fund including its disbursements and replenishment.
  - Prepares Daily Collection and Disbursement Reports, Monthly Transaction Summaries, and monitoring for number of PDCs received for the Month.
  - Conducts inventory of Post-Dated Checks in Safety Deposit Box.

MA. ASHLEY E. CAMASIN

Date: 04/22/2024