CS Form No. 212 Revised 2017										
	PE	RSO	NAL DAT	A SI	IEE'					
WARNING: Any microprocent										
WARNING: Any misrepresenta concerned.							ve/criminal case/	's against the	person	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONS IN and use separate sheet if no	DNAL DATA SI ecessary. Indicat	HEET (PDS) BEFORE ACCO	MPLISHING	THE PDS F	1. CS ID No.		(Do not fill up. I	For CSC use on	
I. PERSONAL INFORMATIO										
2. SURNAME	DIMAGIBA									
FIRST NAME	EARIEL FORT						NAME EXTENSION (J	R., SR)		
MIDDLE NAME	VALLE									
3. DATE OF BIRTH			La CITATIVOUE		T					
(mm/dd/yyyy)	11/25/1993		16. CITIZENSHIP		Filipino Dual Citizenship					
4. PLACE OF BIRTH	MAKATI PHILIPPI	NES	If holder of dual citizer				by natural	ization		
	<u> </u>		please indicate the de		-		1 is, indicate	Country.		
5. SEX	☐ Male	✓ Female							_	
6 CIVIL STATUS	✓ Single		17. RESIDENTIAL ADDRESS	Hor	13A ise/Block/Lot N	lo		ZIPPER Street		
	☐ Widowed ☐ Other/s;	Separated		SAN LORENZO VILLAGE		SAN LORENZO				
7. HEIGHT (m)	1.68m			Su	bdivision/Villag MAKATI	е		Barangay		
8. WEIGHT (kg)	61kg		ZIP CODE	С	ity/Municipality		1000	Province		
			18. PERMANENT ADDRESS		13A	-	1223	ZIPPER		
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS		House/Block/Lot No.			Street		
10. GSIS ID NO.	N/A				SAN LORENZO VILLAGE Subdivision/Village			SAN LORENZO Barangay		
11. PAG-IBIG ID NO.	1211-6308-2543				MAKATI City/Municipality			Province		
12. PHILHEALTH NO.	01-052196623-3		ZIP CODE		1223		***************************************			
13. SSS NO.	34-4939962-5		19. TELEPHONE NO.		+632 88170547					
14. TIN NO.	326 124 254 0000		20. MOBILE NO.		+639175361125					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		efvdimagiba@yahoo.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		N/A		23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIRT	FH (mm/dd/yyyy	
FIRST NAME			NAME EXTENSION (JR., SR)		N/A					
MIDDLE NAME							11			
OCCUPATION										
EMPLOYER/BUSINESS NAME									-	
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME		DIMAGIBA								
FIRST NAME	FORTUNATO		JR.							
MIDDLE NAME		LACSON								
25. MOTHER'S MAIDEN NAME										
SURNAME		VALLE								
FIRST NAME	- M	ARIA ELOISA								
MIDDLE NAME	NEYRA			(C)	antinua on ca	parate sheet if neces	eand.			
III. EDUCATIONAL BACKG	ROUND	NETION			lo	manus on se	parate sheet in neces	sery)		
26.					DEDICE -	***	HIGHEST LEVEL/		SCHOLARSHIP	
LEVEL LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	RSE PERIOD OF ATTENDANCE From To		UNITS EARNED (if not graduated)		ACADEMIC HONORS RECEIVED	
ELEMENTARY	COLEGIO SAN AGUSTIN	MAKATI	BASIC EDUCATIO	N	2001	2007				
SECONDARY	COLEGIO SAN AGUSTIN	MAKATI	BASIC EDUCATION		2007	2011				
VOCATIONAL / TRADE COURSE	N/A									
COLLEGE	ATENEO DE MANII A LINIO	/EDSITY	AR EUROPEAN STU	DIFE	2014	2015				

GRADUATE STUDIES

SIGNATURE

N/A

Rmagh

DATE

	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING		DATE OF EXAMINATION /	TION / CONEC	DMENT	LICENSE (if applicable)				
BA		LITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity	
	N/A	A							
				-					
	Yang di Sandan ka			1	 		- Canada Cara Cara Cara Cara Cara Cara Cara C		
			(Co	ontinue on separate shee	t if necessary)				
the state of the last of the l	EXPERIENCE								
	vate employme USIVE DATES	ent. Start from your recei	nt work) Descript	ion of duties should	be indicated in the attacl	ned Work E	SALARY/JOB/PAY	et.	
	nm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То						(Format "00-0")/ INCREMENT	7 SHIMEN	(Y/N)
3/1/2019	PRESENT	COMPLIANCE	OFFICER		TEACHERS MUTUAL SSOCIATION, INC. RNATIONAL EDUCATION	PHP 30,000.00		PERMAMENT	N
26/02/2016	26/02/2019	ADMISSIONS ADM	INISTRATOR		INATIONAL EDUCATION JLTANTS INC.	PHP 25,000.00		RESIGNED	N
	 								
				1					
				-					
	-								
	-				TO AND THE PARTY OF THE PARTY O				
	-								
			*1551-041-043-04-05-05-05-05-05-05-05-05-05-05-05-05-05-						
			ng victor and the property						
01011	ATURE	7 . 0 .	(Co	ntinue on separate sheet					
SIGN	ATURE	Earl 1	lingh		DATE	22	Decembe	er 2020	

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNME	NT / PEOPLE	/ VOLUNTAR	Y ORGANIZATI	ON/\$		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A							
			1				
							
			-				
			1				
		+	+				
	(Co	ontinue on separat	e sheet if necessar	ry)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	PROGRAMS	ATTENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INT	ERVENTIONS/TRAINING PROGRAMS		VE DATES OF ENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in fu			/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)		
AML/CTF TRAINING FOR IC REGULATED ENTITIES		29/10/2019	To 29/10/2019	7 HOURS		BANGKO SENTRAL NG PILIPINAS	
CORPORATE GOVERNANCE ORIENTATION PROGR	PAM	19/11/2019	19/11/2019				
ANTI-MONEY LAUNDERING (AML) AND COUNTER-		-		8 HOURS		INSTITUTE OF CORPORATE DIRECTORS	
MODULE I: AML/CTF STANDARDS AND BASELINE ANTI-MONEY LAUNDERING (AML) AND COUNTER-	TRAINING	16/10/2020	16/10/2020	2.5 HOURS		SGV&CO.	
MODULE II: AML/CTF RISK MANAGEMENT FRAME		27/11/2020	27/11/2020	2.5 HOURS		SGV&CO.	
		1					
			<u> </u>				
		 	 				
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	STATE OF THE STATE						
	(Co	ontinue on separat	e sheet if necessar	γ)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIAT (Write in full)						
N/A		N/A					
			The state of the s				
				5.611-5			
	(Co	ntinue on separate	sheet if necessar	y)			
SIGNATURE	Earl Dina		DAT	DATE 22 December 2020			

34.	Are you related by consanguinity or affinity to the appoint 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	☑ NO					
	b. within the fourth degree (for Local Government Unit -	- Career Employees)?	☐ YES	✓ NO				
		If YES, give detail	s:					
			-					
35.	a. Have you ever been found guilty of any administrative	e offense?	☐ YES	☑ NO				
			If YES, give detail	s:				
	b. Have you been criminally charged before any court?		☐ YES	☑ NO				
	b. Have you been diffillially charged before any count?			If YES, give details:				
			Date Filed:					
			Status of Case/s:					
36.	Have you ever been convicted of any crime or violation	of any law, decree, ordinance or regulation						
	by any court or tribunal?		☐ YES ☑ NO If YES, give details:					
			, , , , g, , o uo uo					
37	Have you ever been separated from the service in any	of the following modes: resignation						
Ur.	retirement, dropped from the rolls, dismissal, terminatio		YES If YES, give detail	s. NO				
	out (abolition) in the public or private sector?	n, one or torm, militare contract of phacou	ii 120, give detail	0.				
38	a. Have you ever been a candidate in a national or loca	I election held within the last year (except						
	Barangay election)?		YES If YES, give detail	ile. ✓ NO				
	h University of the second first the							
	 b. Have you resigned from the government service duri election to promote/actively campaign for a national or I 		YES If YES, give detail	Ide: NO				
_			11 1L3, give deta					
39.	Have you acquired the status of an immigrant or perma	nent resident of another country?	☐ YES	☑ NO				
			If YES, give details (country):					
40	D	M 0 - + 6 - D' 11 - 12 (DA						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 85)							
a.	Are you a member of any indigenous group?	27, please another the following notice.		П но				
	, we you a monate of any margoniate group.		☐ YES ☑ NO If YES, please specify:					
b.	Are you a person with disability?		YES NO					
			If YES, please specify ID No:					
C.	Are you a solo parent?		☐ YES	☑ NO				
			If YES, please specifi	y ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to approximately approxima	oplicant /appointee)						
	NAME	ADDRESS	TEL. NO.					
_								
12	I de les controls de la							
42.	I declare under oath that I have personally accompli- complete statement pursuant to the provisions of per-							
	Philippines. I authorize the agency head/authorized rep			444				
	agree that any misrepresentation made in this of			РНОТО				
	administrative/criminal case/s against me.							
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
	LEASE INDICATE ID Number and Date of Issuance							
G	overnment Issued ID: DRIVER 'S LICENSE	Rail amag	L					
	/License/Passport No.: NO2 - II - NO0 433							
Ιŀ		20						
	ate/Place of Issuance: 2010 /10 / 25		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	-16 A 1.71.7	fing hig/hor velidadio	government ID i-dit-dt				
	CORPORATE VIAN CAACULA IN DRING HIE (III)	, affiant exhibi	ung mismer validiy issued	government ID as indicated above.				
			j					
		th						