CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes 🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME LIM NAME EXTENSION (JR., SR) FIRST NAME JOSELITO MIDDLE NAME DIONISIO 3. DATE OF BIRTH 05/05/1968 16 CITIZENSHIP ✓ Filipino (mm/dd/yyyy) Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MALABON CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female Single ✓ Married 17. RESIDENTIAL ADDRESS BLOCK 7 LOT 5 ST.MARGARET 6 CIVIL STATUS Widowed House/Block/Lot No Street Separated DECA HOMES LOMA DE GATO Other/s: Subdivision/Village Barangay MARII AO 7. HEIGHT (m) 1.67M BULACAN City/Municipality Province 8. WEIGHT (kg) 75kg 7IP CODE 3019 18. PERMANENT ADDRESS BLOCK 7 LOT 5 MARGARET 9. BLOOD TYPE AB House/Block/Lot No Street DECA HOMES LOMA DE GATO 10. GSIS ID NO. Subdivision/Village Barangay MARILAO BULACAN 11. PAG-IBIG ID NO 030234357508 City/Municipality Province 12. PHILHEALTH NO. 07-050390565-3 ZIP CODE 3019 13. SSS NO. 03-8899132-3 19 TELEPHONE NO 14 TIN NO 164-135-993 20. MOBILE NO. 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) joey_lim5@yahoo.com.ph 22. SPOUSE'S SURNAME LIM 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) JOSE KARLO RODRIGO B. LIM KAREN FIRST NAME 01/25/2002 BRIONES MIDDLE NAME OCCUPATION NONE EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME LIM NAME EXTENSION (JR., SR) ROGELIO FIRST NAME DE SILVA MIDDLE NAME 25. MOTHER'S MAIDEN NAME DIONISIO SURNAME MEDITA FIRST NAME BASCO MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL 26 PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YFAR ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED HONORS (Write in full) (if not graduated) RECEIVED From To ELEMENTARY TONSUYA ELEMENTARY SCHOOL 1975 1981 ELISA ESGUERRA HIGH SHOOL SECONDARY 1981 1985 VOCATIONAL / TRADE COURSE COLLEGE UNIVERSITY OF THE EAST **BSA ACCOUNTING** 1988 1993 **GRADUATE STUDIES** ate sheet if necessary SIGNATURE cóm, DATE 22 December ww

27. CARE	ER SERVICE/ RA 108	(BOARD/BAR) UNDER	RATING	DATE OF		83 00		LICENSE (if a	applicable)
ВА	SPECIAL LAWS. RANGAY ELIGIBILITY	/ CES/ CSEE / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of Validity
	EXPERIENCE			ntinue on separate sheet if					
28. INCL (n	USIVE DATES nm/dd/yyyy)	POSITION TO (Write in full/Do not a	TLE	DEPARTMENT / AGEN	indicated in the attach ICY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From 01/02/2005	To PRESENT	MANAGE	:R		TEACHERS MUTUAL SOCIATION INC.		INCREMENT		(III)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTAR	Y ORGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/d	VE DATES Id/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	From	То			
		ļ	-		
(Con VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PA	tinue on separate ROGRAMS A	sheet if necessa THENDED	ery)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	(mm/d	ld/yyyy) To	NOMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
	FIOIII	10			
			-		
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	tinue on separate	sheet if necessa	ary)		
VIII. OTHER INFORMATION	ACADELIIO EIO	NOTIONO (SS	OCNITION		NEW DEPOSITS IN ACCOUNTS
31. SPECIAL SKILLS and HOBBIES 32.	-ACADEMIC DISTII (Writ	e in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
					/
	tinue on separate	sheet if necess	ary)		
SIGNATURE			DA	TE	22 December 2021

34.	Are you related by consanguinity or affinity to the appointing	ng or recommending authority, or to the	
	chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	ate supervision over you in the Office,	
	a. within the third degree?		
		YES NO	
	b. within the fourth degree (for Local Government Unit - C	YES NO	
			If YES, give details:
25	a. Have you ever been found guilty of any administrative of	ffance?	
35.	a. Have you ever been lound guilty of any administrative of	nerise?	☐ YES ☑ NO
			If YES, give details:
			Annual Committee of the
	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 by any court or tribunal?	any law, decree, ordinance or regulation	☐ YES ☑ NO
	by any court of tribunar?		If YES, give details:
37.	Have you ever been separated from the service in any of t		☐ YES ✓ NO
	retirement, dropped from the rolls, dismissal, termination,	end of term, finished contract or phased	If YES, give details:
_	out (abolition) in the public or private sector?		
38.	a. Have you ever been a candidate in a national or local el Barangay election)?	ection held within the last year (except	☐ YES ☑ NO
	Balangay election)?		If YES, give details:
	b. Have you resigned from the government service during		YES NO
	election to promote/actively campaign for a national or loca	al candidate?	If YES, give details:
39.	Have you acquired the status of an immigrant or permaner	nt resident of another country?	YES NO
			If YES, give details (country):
			-
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M		
	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
b.	Are you a necessary with direct life O		If YES, please specify:
U.	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 specify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applica-	nt (annointea)	
_	NAME	ADDRESS	TEL. NO.
			1000
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			→ 1)
42.	porterior and trace related porterioris		
	complete statement pursuant to the provisions of perti		
	Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this doc		
	administrative/criminal case/s against me.	unient and its attachments shall caus	e tile ming of
Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		
	EASE INDICATE ID Number and Date of Issuance	/	
 	vernment Issued ID: SSS	- Com	
ID/	License/Passport No.: 03-8899132-3	ov)	
Da	te/Place of Issuance:	Signature (Sign inside the bo	U.A.
		Date Accomplished	Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	officent autilities	ing his/hor validly issued
		, amant exhibiti	ing his/her validly issued government ID as indicated above.
			1
		Person Administering Oath	

CS Form No. 212

SIGNATURE

A occessor

PERSONAL DATA SHEET Revised 2017 WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. ADELANTE 2. SURNAME NAME EXTENSION (JR., SR) RHEA FIRST NAME BERNANDINO MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 11/09/1977 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by naturalization by birth Pls. indicate country: PENARANDA, NUEVA ECIJA If holder of dual citizenship, 4. PLACE OF BIRTH please indicate the details ✓ Female Male 5. SEX CASTILLANO 65 17. RESIDENTIAL ADDRESS ✓ Married Single 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated SAN LEONARDO Other/s: Barangay Subdivision/Village NUEVA ECIJA 1.57M 7. HEIGHT (m) City/Municipality Province 85kg ZIP CODE 3102 8. WEIGHT (kg) CASTILI ANO 18. PERMANENT ADDRESS 65 9. BLOOD TYPE House/Block/Lot No Street SAN LEONARDO 10. GSIS ID NO Subdivision/Village Barangay NUEVA ECIJA 11. PAG-IBIG ID NO. 0302-34358102 City/Municipality Province ZIP CODE 3102 020500085348 12. PHILHEALTH NO. 19. TELEPHONE NO. 02-1650019-0 13. SSS NO 14. TIN NO 205-371-723 20 MORILE NO 21. E-MAIL ADDRESS (if any) rhea adelande@vahoo.com 15. AGENCY EMPLOYEE NO. 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) **ADELANTE** 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) YVAN GABRIEL B. ADELANTE 10/18/2005 FIRST NAME DENNIS Have you TIANGCO MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME BERNANDINO 05/01/1954 NAME EXTENSION (JR., SR) FELIPE FIRST NAME LORENZO MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME GABOY 01/29/1954 FLORIDA FIRST NAME MIDDLE NAME **AVES** (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS YEAR UNITS EARNED LEVEL GRADUATED (Write in full) (Write in full) (if not graduated) RECEIVED To From LAS PINAS ELEMENTARY SCHOOL 1984 1990 1990 ELEMENTARY PENARANDA NATIONAL HIGH SCHOOL 1995 1995 1990 SECONDARY VOCATIONAL / TRADE COURSE **BSA ACCOUNTING** 1995 1998 1998 WESLEYAN UNIVERSITY PHILS. COLLEGE GRADUATE STUDIES

2) December

DATE

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	RVICE ELIGI	80 (BOARD/ BAR) UNDER		DATE OF		ATT NOTE OF		LICENSE (if ap	oplicable)
	SPECIAL LAW	S/ CES/ CSEE Y / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFER	MENT	NUMBER	Date of Validity
WORK E	XPERIENCE		(Cc	ontinue on separate sheet it	recessary)				
lude priv	JSIVE DATES m/dd/yyyy)	nt. Start from your recent POSITION T (Write in full/Do not	TITLE	DEPARTMENT / AGE	nicated in the attache NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format '00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV SERVI (Y/ N
01/2005	PRESENT	ACCOUNT	ANT		TEACHERS MUTUAL SOCIATION INC.				
	IATURE	Proleen	NAME AND ADDRESS OF TAXABLE PARTY.	Continue on separate sheet	If necessary) DATE			cember 9	

	CIVIC / NON-GOVERNMENT	INCLUSIVE	DATES			
NAME & ADDRESS OF ORGA (Write in full)	NIZATION	(mm/dd/)	yyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	To			
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		tinue on separate si		ary)		
LEARNING AND DEVELOPMENT (L&D) IN		ROGRAMS AT	TENDED			
	ENTIONO FOARING SPACE	INCLUSIVE I			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
TITLE OF LEARNING AND DEVELOPMENT INTERV (Write in full)	ENTIONS/TRAINING PROGRAMS	(mm/dd		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)
		From	То		recontributer(c)	
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	NAME OF THE OWNER OWNER OF THE OWNER OWNE					
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I. OTHER INFORMATION						
11. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTIN		COGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZA
I. OF EVIAL ORILLS AND HUBBIES	32.		e in full)			33. (Write in full)
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	//0	ontinue on separate	sheet if neces	sary)		
	141					

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 supervision over you in the Office, Bureau or Department where you will be apppointed,	YES V NO
	a. within the third degree?b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ 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 any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
	Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:
38	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO 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 a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: Are you a member of any indigenous group? Are you a person with disability?	☐ YES
C.	Are you a solo parent?	If YES, please specify ID No:
41	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	
42	NAME ADDRESS I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents state agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	Republic of the ted herein.
-		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: SSS	
Н	D/License/Passport No.: 02-1650019-0 Signature (Sign inside the	box)
H	Date/Place of Issuance: Date Accomplished	Right Thumbmark
	SUBSCRIBED AND SWORN to before me this, affiant exhib	iting his/her validly issued government ID as indicated above.
	Person Administering Oa	ath

CS Form No. 212 Revised 2017							
7000	PERSO	NAL DAT	'A SI	HEET			
WARNING: Any misrepresent	ation made in the Personal Data Sheet and the				riminal case/s and	ings the person	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOME	N ISHING TH	E DOS EODM	Timinai cases aya	ainst the perso	on concernea
Print legibly. Tick appropriate boxe	es () and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE	1. CS ID No		(Do not fill up	. For CSC use on
2. SURNAME	BANIAGA						
FIRST NAME	MARCOS				NAME EXTENSION (J	D (D)	
MIDDLE NAME	JULIAN				Trant erreining	r., on)	
3. DATE OF BIRTH		T.		7			
(mm/dd/yyyy)	10/7/1978	16. CITIZENSHIP		☑ Filipino [Dual Citizenship	by natural	lization
4. PLACE OF BIRTH	ZARAGOZA, NUEVA ECIJA	If holder of dual citize			Pls. indicate	country:	
5. SEX	✓ Male ☐ Female	please indicate the d	letails.				-
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		iouse/Block/Lot No.		Street	
7. HEIGHT (m)	5'7"			Subdivision/Village		Barangay	
8. WEIGHT (kg)	75KG	ZIP CODE		City/Municipality		Province	
9. BLOOD TYPE		18. PERMANENT ADDRESS			- 31-		
10. GSIS ID NO			Н	ouse/Block/Lot No.		Street	
				Subdivision/Village		SAN ISIDRO Barangay	
11. PAG-IBIG ID NO.	1410-0005-6467		ZARAGO.	ZA City/Municipality		NUEVA E	CIJA
12. PHILHEALTH NO.	07-050221432-0	ZIP CODE		3110			
13. SSS NO.	33-4969876-9	19. TELEPHONE NO.			042 7249694		
4. TIN NO.	236-937-150	20. MOBILE NO.		09084618806			
5. AGENCY EMPLOYEE NO.	06-03-013	21. E-MAIL ADDRESS (if any)		marcos.baniaga@yahoo.com			
II. FAMILY BACKGROUND					nege (e, j		
2. SPOUSE'S SURNAME	BANIAGA		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yy)	
FIRST NAME	NICCI JOY	NAME EXTENSION (JR., SR)	MARTINA ALTHEA REACIGE R. BANAIGA		SA.	1/23/2012	
MIDDLE NAME	REYES						
OCCUPATION	SARI SARI STORE O	WNER					
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BE	NEFIT ASSOCIATION, INC.					
BUSINESS ADDRESS	228 GABALDON ST., BRGY. SAN ROQ	UE, CABANATUAN CITY		- Anna and a second	-		
TELEPHONE NO.	044 463 9112						
4. FATHER'S SURNAME	BANIAGA	NAME EXTENSION (JR., SR.)					
FIRST NAME	APOLONIO	TOWN DATE HOLD THE CONTROL OF THE CO					
MIDDLE NAME	VILORIA						
5. MOTHER'S MAIDEN NAME	PANIAGA			~~~~~			
SURNAME	BANIAGA						
FIRST NAME MIDDLE NAME	ESTELITA						
EDUCATIONAL BACKS							
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN ISIDRO ELEM. SCHOOL						
SECONDARY	ZARAGOZA NATIONAL HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE	ARAULLO UNIVERSITY						
GRADUATE STUDIES							

DATE

22 December 2007 CS FORM 212 (Rovised 2017), Page 1 of 4

SIGNATURE

SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable) EXAMINATION / CONFERMENT PLACE OF EXAMINATION / CONFERMENT NUMBER Date of Validity V. WORK EXPERIENCE (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet. 88 INCLUSIVE DATES (Immidd/yyyy) POSITION TITLE DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHY GRADE of GOVT	27. CARE	ER SERVICE/ RA 108	0 (BOARD/ BAR) UNDER		DATE OF				LICENSE /#	annicahla)
V WORK EXPERIENCE		SPECIAL LAWS	S/ CES/ CSEE		EXAMINATION /	PLACE OF EXAMINA	ATION / CONFE	RMENT		Date of
To Poin To Provided and the Provided Pr		7,5,611	- Caronitol		CONFERMENT				NUMBER	Validity
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From To	(mi	m/dd/yyyy)			DEPARTMENT / AGEN	CY / OFFICE / COMPANY		GRADE (if applicable) & STEP		GOV'T SERVICE
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					William Market Land Control					
SIGNATURE Mj6 amager DATE 22 December 2017. Page 2 of				7 55						
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CS FORM 212 (Revised 2017), Page 2 of	SIGNA	TURE	mb	amaga		DATE		as Dec	enles	2171

VI. VOLUNTART WORK OK INVOLVEMENT IN CIVIC / NON-GOVERNMENT /		ORGANIZATION	S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To	NUMBER OF HOURS		POSITION / NATURE OF WORK
·				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR	OGRAMS ATTENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	(mm/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
	From To			
VIII. OTHER INFORMATION				
31. SPECIAL SKILLS and HOBBIES 32. NON-	ACADEMIC DISTINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	(sauce in ion)		7156	(Write in run)
	SCHOOL SECTION SECTION		-	
	- American American Marie	***************************************		
	$\overline{\mathcal{O}}$	5.00		
SIGNATURE mj6ama	nga	DAT	E	22 Necember 2020
,	<i>V</i>			CS FORM 212 (Revised 2017), Page 3 of 4

54.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?			
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:		
35.	a. Have you ever been found guilty of any administrative of	YES 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.	by any court or tribunal?		YES NO If YES, give details:	
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	e following modes: resignation, nd of term, finished contract or phased	☐ YES ☑ NO If YES, give details:	
38.	a. Have you ever been a candidate in a national or local elements are supported by the support of the supp		☐ YES ☑ NO If YES, give details:	
	 b. Have you resigned from the government service during t election to promote/actively campaign for a national or loca 	I candidate?	YES NO If YES, give details:	
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	gna Carta for Disabled Persons (RA please answer the following items:		
а.	Are you a member of any indigenous group?		YES VO	
b.	Are you a person with disability?		If YES, please specify:	
C.	Are you a solo parent?		If YES, please specify ID No: YES NO If YES, please specify ID No:	
41.	REFERENCES	Contraction of the contraction o		
	NAME	ADDRESS	TEL. NO.	
	NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192	
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 repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the Resentative to verify/validate the contents	epublic of the stated herein.	
	pvernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance	mpaniaga		
Go	vernment Issued ID: SCC \D			
H	License/Passport No.: 33 _ 49698769	0		
Da	te/Place of Issuance:	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitir	ig his/her validly issued government ID as indicated above.	
	L	CS ECOM 919 (Boyleyd 9947). Reserved still		