Revised 2017

## **PERSONAL DATA SHEET**

concerned.	ation made in the Personal Data Sheet and ti					re/criminal case/s	s against the	person
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	TO FILLING OUT THE PERSONAL DATA SH S [] ) and use separate sheet if necessary. Indicate	IEET (PDS) BEFORE ACCO e N/A if not applicable. DO NO	MPLISHING TI T ABBREVIATE	HE PD\$ FO	1. CSID No.		(Do not fill up. F	For CSC use only
I PERSONAL INFORMATIO			10.00	N. T.	e Vere			
2. SURNAME	LIM							
FIRST NAME	JOSELITO					NAME EXTENSION (JF	R, SR}	
MIDDLE NAME	DIONISIO							
3. DATE OF BIRTH	05/05/1968	16. CITIZENSHIP		☑ FI	ialaa [	Dual Citizenship		
(mm/dd/yyyy)				[J] F8	ipino [_	by birth	by natural	ization
4. PLACE OF BIRTH	MALABON CITY	If holder of dual citiz	enship,	enship, Pls. indic		Pls. indicate c	e country:	
5. SEX	☑ Male ☐ Female	please indicate the	details.				~	
6 CIVIL STATUS				LOCK 7 LOT 5 ST				
	☐ Widowed ☐ Separated ☐ Other/s:			DECA HOME		L	Street OMA DE GATO	
7. HEIGHT (m)	1.67M	-	Su	MARILAO	ige		Barangay BULACAN	
			- Sweet - All	ity/Municipali	ty		Province	
8. WEIGHT (kg)	75kg	ZIP CODE	3019	LOCK 7 LOT				
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	Hos	use/Block/Lot	No.		MARGARET Street	
10. GSIS ID NO.			1000	DECA HOME obdivision/Villa		U	OMA DE GATO Barangay	
11. PAG-IBIG ID NO:	030234357508			MARILAC ity/Municipali			BULACAN Province	
12. PHILHEALTH NO.	07-050390565-3	ZIP CODE	3019		*			
13. \$\$\$ NO.	03-8899132-3	19. TELEPHONE NO.						
14. TIN NO.	164-135-993	20. MOBILE NO.			- 1 C - 2 C - 1 C			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	joey_lim5@	Dvahoo o	om nh			
II. FAMILY BACKGROUND		C SAVE TO SAVE	Joey_milog	g yanoo.c	om.pn			65,10
22. SPOUSE'S SURNAME	LIM		23, NAME of Ch	HLDREN (W	rite full name and	l list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	JOSE KARLO	RODRIGO B.	LIM		01/2	5/2002
MIDDLE NAME	BRIONES							
OCCUPATION	NONE							
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	LIM							
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	DE SILVA							
25. MOTHER'S MAIDEN NAME								
SURNAME	DIONISIO							
FIRST NAME	MEDITA							
MIDDLE NAME	BASCO			- (	Continue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK			A CANADA		one and	100 CO		
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGR	REPUBLIE	PERIOD O	F ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/ ACADEMIC
LEVEL	(Write in full)	(Write in full)		Feen	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	TONSUYA ELEMENTARY SCHOOL			From 1975	1981			
SECONDARY	ELISA ESGUERRA HIGH SHOOL			1981	1985			
VOCATIONAL / TRADE COURSE								
COLLEGE	UNIVERSITY OF THE EAST	BSA ACCOUNT	ING	1988	1993			
GRADUATE STUDIES								
	1	Continue on separate sheet if ne	cessary)	1				Table Sept.
SIGNATURE	Jam			0	ATE			

N CML	SERVICE ELIGIE	BILITY							umen //
		0 (BOARD/ BAR) UNDER	DATINO	DATE OF	DATE OF			LICENSE (if a	pplicable)
	SPECIAL LAWS	N CES/ CSEE // DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of Validity
1									
v work	EXPERIENCE		(Co	ntinue on separate sheet i	f necessary)				
		Start from your recen	(work) Descriptio	n of duties should be	e indicated in the attach	ed Work Ex	_		
	USIVE DATES nm/dd/yyyy)	POSITION TI			NCY / OFFICE / COMPANY	MONTHLY SALARY/ JOB/ PAY GRADE (7 applicable)& STEP		STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not a	aboreviate)	(Write in full/Do not abbreviate)		SALARY	(Format '00-0') INCREMENT	APPOINTMENT	(Y/N)
01/02/2005	PRESENT	MANAGE	R	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.					
\									
SIGN	ATURE	Jain		ntinue on separate sheet i	DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / GOVERNMENT	/PEOPLE/V	OLUNTAR	ORGANIZAT	8	
29. NAME & ADDRESS OF O	RGANIZATION I)	INCLUSIV (mm/do	E DATES Vyyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
VII. LEARNING AND DEVELOPMENT (L&D)	(Con TINTERVENTIONS/TRAINING P	tinue on separate s	heet if necessa (EUD)ED	n/		
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE ATTEND	ANCE	NUMBER OF HOURS	Type of L(D ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in full		(mm/dd From	nnn) To		Supervisory/ Technical/etc)	(Write in full)
	7					
VIII. OTHER INFORMATION	(Con	linue on separate si	heet if necessal	N)		
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTING (Write	CTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
SIGNATURE	(Cont	inue on separate st	eet if necessar	DA	TE	
						CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	or recommending authority, or to the e supervision over you in the Office,					
	a. within the third degree?		☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES NO				
			If YES, give details:				
35	a. Have you ever been found guilty of any administrative offer	ense?					
	and any country of the country of th	01001	☐ YES ☑ NO If YES, give details:				
			TEO, give details.				
	b. Have you been criminally charged before any court?		☐ YES ☑ NO				
	, and got bololo dily south		If YES, give details:				
			Date Filed:				
020		and the second second second	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar- by any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO				
			If YES, give details:				
37.	Have you ever been separated from the service in any of the	e following modes: resignation.	☐ YES ☑ NO				
	retirement, dropped from the rolls, dismissal, termination, en		☐ YES ☑ NO If YES, give details:				
	out (abolition) in the public or private sector?		<u> </u>				
38.	a. Have you ever been a candidate in a national or local election and a national or local election.	ction held within the last year (except	☐ YES ☑ NO				
			If YES, give details:				
Í	<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	resident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	and Code for Disabled Dawney /DA	( <u> </u>				
	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?	Anna captum garan ana pangana da Valence da	YES NO				
b.	Assume a sesse with dischille A		If YES, please specify:				
	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 applicant /	(annointee)	in the production in the				
	NAME .	ADDRESS	TELNO				
	TO THE STATE OF TH	ADDRESS	TEL. NO.				
			( ) ( )				
			0				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	rue, correct and				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document.	Mative to verify/validate the contents state nent and its attachments shall cause	ed herein.				
	administrative/criminal case/s against me.	non, and no attachments shall caus	e the ming of				
G	our ment legand ID a		The second secon				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	1					
Go	overnment Issued ID: SSS	COO					
ID	License/Passport No.: 03-8899132-3	Search on (Cinn inside the b					
Da	rte/Place of Issuance:	Signature (Sign inside the bo	x)				
_	CAN CASE OF CHARACTERS	Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above.				
			1				
		Person Administering Oath					

CS Form No. 212 Revised 2017	PERSO	NAL DATA	A SI					
WARNING A								
I .	ation made in the Personal Data Sheet and the				iminal case/s aga	inst the perso	n concerned.	
Print legibly. Tick appropriate bax	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOMPL NA if not applicable. DO NOT A	SHING THE BBREVIATE	PDS FORM.		(Do not Sill up.	For CSC use only	
L PERSONAL INFORMATI	ON STATE OF THE ST		A 12	E LEGISLAND				
2 SURNAME	BANIAGA							
FIRST NAME	MARCOS	NAME EXTE				TENSION (JRL SR)		
MIDDLENAME	JULIAN							
3. DATE OF BRITH (mm/safyyy)	10/7/1978	18. CITIZENSHIP		☑ Filiplino □	Dual Citizenship		itation	
4. PLACE OF BIRTH	ZARAGOZA, NUEVA ECUA	If holder of dual officers	hip.	by birth by naturalization by naturalization by naturalization by naturalization by naturalization by birth by naturalization by birth by naturalization by birth by naturalization by birth by naturalization by			zation	
5 SEX	✓ Male Female	please indicate the data	alla .				~	
6 CAVIL STATUS	Single  Married  Separated	17. RESIDENTIAL ADDRESS	Noveo-Blocks of No			Street		
T HENRY CO.	Other/s:		\$	sbdivisionVidage		Berangay Province		
7 HEIGHT (ct)	57*			CayAturopatry				
8 WEIGHT [lig]	75KG	ZIP CODE						
9 BLOOD TYPE		18 PERMANENT ADDRESS	H	ouse/Bihokit of No		Street		
10. GSIS ID NO.			\$	ubdivision/Village		SANISIDRO Barangay		
11 PAG-IBIG ID NO	1410-0005-6467		ZARAGO2	ZA		NUEVA E	CIJA	
12. PHILHEALTH NO	07-050221432-0	ZIP CODE	-	Oth/Municipality 3110		Province		
13. 555 NO.	33-4969876-9	19. TELEPHONE NO.			142 7249694			
14 TIN NO.	236-937-150	20. MOBILE NO.			9084618806			
15 AGENCY EMPLOYEE NO.	06-03-013	21. E MAIL ADDRESS [d arv]		marcos har	iiaga@yahoo	com		
IN EACH LY DAOK GROUN			SEGRE	Harry var	and the same of	ESCHER SER		
22. SPOUSE'S SURNAME	BANIAGA		23. NAME of CH	ILDREN (Write full name and)	ist ell)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	NICCI JOY	NAME EXTENSION (JR., SR)		DANTING ALTHOUGH PROCESS SHOW		1/23	/2012	
W-OOLE 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						
TELEPHONE NO	044 463 9112							
24 FATHER'S SURHAME	BANIAGA							
FIRST NAME	APOLONIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	VILORIA							
25 MOTHER'S MAIDEN NAME								
SURNAME	BANIAGA							
FIRST NAME	ESTELITA							
MIDOLE NAME	JULIAN			gia-mai and	e e e e e e e e	-2	Sail In	
THE EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Viote in full)	BASIC EDUCATION DEGREE (Wilterin full)	COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEU UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHPI ACADEMIC HONORS RECEIVED	
ELEMENTARY	SAN ISIDRO ELEM. SCHOOL							
SECONDARY	ZARAGOZA NATIONAL HIGH SCHOOL							
VOCATIONAL / TRADE COURSE								
COLLEGE	ARAULLO UNIVERSITY							

GRADUATE STUDIES

SIGNATURE

DATE

77 CAREER	SERVICE/ RA 108	NO (BOARD/ BAR) UNIC	RATING	DATE OF				LICENSE (if applicable)	
BARA	SPECIAL LAWS	S/ CES/ CSFE Y / DRIVER'S LICENSE	(if Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of Validity
									Value
		1155							
									1
V. WORK EX	(BEDIENDE			THE RESERVE AND A STREET					
		Start from your recent	work! Description	: of dupes should be a	ndicated in the attached	Wierk Einen	once sheet		
28. INCLUS	IVE DATES	Position T					SALARY) JOB: PAY ORACE (#		COVT
	(d.5/yyy)	(Write in ful/Do not		(Write in full	NCY / OFFICE / COMPANY Do not sobreviate)	MONTHLY	applicable (6.97EP Format 100.0") INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	То						INCREMENT	THE ST	
-						-			
	_								
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-	-								
	-								
	-								
COLUMN TO SERVICE STATE OF THE			0					Control of the Contro	
SIGNAT	TURE	mpa	Marga		DATE				
			-				C	FORW 212 (Revised 2)	117), Page 2 of 4

A TO COMPANY TO COMPANY THE TAXABLE PROPERTY OF THE PROPERTY O	NCJUSIM.	CONTCE	JITS AMIZATION		
29. NAME & ADDRESS OF ORCANIZATION (WHILE IN NET)	(mm/dd	(vere)	NUMBER OF HOUSE		POSITION / NATURE OF WORK
	From	To			
		De Sainte			
VIL LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS:TRAINING P	OGRAMS ATT	EKDED			
30 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	WCLUSVE I	DATES OF		Type of LD	
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in Aul).</li> </ol>	ATTENE (mm/6d		MANAGES OF HOURS	(Managedali Supervisory)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		Technicalists)	
		<u> </u>			
		-			
				-	
	40 HOLDER			Sept. 10.65	A Part No. 2011 The Section Section 1
VIII. OTHER INFORMATION	Digital St				
31. SPECIAL SKILLS and HOBBIES 32 NON	ACADEMIC DISTING		INITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION
at a conclusion nodes	(Write	in full)			33 (Wite in 54)
				-	
		Al Sumi		and the same	
SIGNATURE mitamage			DA	TE	
			100	100	CS FORM 212 (Revised 2017), Page 3 of 4

L	Person Administering Oa	D CS FORM 212 (Revised 2017	
	Dames Administration Co.		
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ing his/her validly issued government ID as indicated above.	
Date/Place of issuance	Date Accomplished	Right Trumbmark	15115
IDA.icensePassport No	00)		
Government Issued ID.			
Government Issued ID (i.e. Popport, GSIS, SSS, PRC, Diver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	mitamaga		
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 doce administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the stated herein.	
NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192	
NAME	ADDRESS	TEL NO.	
REFERENCES			
Are you a solo parent?		If YES, please specify ID No:  YES NO If YES, please specify ID No:	
Are you a person with disability?	If YES, please specify:		
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma: 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	gna Carta for Disabled Persons (RA please answer the following items:	☐ YES ☑ NO	
Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):		
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	1907 100 GDG 140 SANDERS OF SANDE		
A. Have you ever been a candidate in a national or local ele Barangay election)?	YES NO If YES, give details:		
Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES NO If YES, give details:		
Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny law, decree, ordinance or regulation	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:		
a. Have you ever been found guilty of any administrative off	ense?	YES NO If YES, give details:	
b. within the fourth degree (for Local Government Unit - Can		☐ YES ☑ NO If YES, give details:	
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	

## 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 1. CS ID No. Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2. SURNAME ADELANTE NAME EXTENSION (JR., SR) FIRST NAME RHEA MIDDLE NAME BERNANDINO 3. DATE OF BIRTH 11/09/1977 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/www) by birth by naturalization 4. PLACE OF BIRTH PENARANDA, NUEVA ECIJA If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX Male ✓ Female W ✓ Married Single 17. RESIDENTIAL ADDRESS. 65 CASTILLANO 6 CIVIL STATUS Widowed House/Block/Lot No Street Separated SAN LEONARDO Other/s: Subdivision/Village Barangay NUEVA ECUA 1.57M 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 85kg ZIP CODE 3102 18. PERMANENT ADDRESS 65 CASTILLANO 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 12. PHILHEALTH NO. 020500085348 ZIP CODE 3102 13. SSS NO. 02-1650019-0 19. TELEPHONE NO. 14. TIN NO 205-371-723 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) rhea\_adelande@yahoo.com 22. SPOUSE'S SURNAME **ADELANTE** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) YVAN GABRIEL B. ADELANTE Have you DENNIS FIRST NAME 10/18/2005 MIDDLE NAME TIANGCO OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. BERNANDINO 24 FATHER'S SURNAME 05/01/1954 NAME EXTENSION (JR., SR) FIRST NAME FELIPE LORENZO MIDDLE NAME 25. MOTHER'S MAIDEN NAME GABOY 01/29/1954 SURNAME FIRST NAME **FLORIDA AVES** (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP ACADEMIC GHEST LEVEL PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL UNITS EARNED HONORS RECEIVED (Write in full) (Write in full) GRADUATED (if not graduated) From To **FLEMENTARY** LAS PINAS ELEMENTARY SCHOOL 1984 1990 1990 SECONDARY PENARANDA NATIONAL HIGH SCHOOL 1990 1995 1995 VOCATIONAL / TRADE COURSE COLLEGE WESLEYAN UNIVERSITY PHILS **BSA ACCOUNTING** 1995 1998 1998 GRADUATE STUDIES (Continue on separate sheet if necessary) SIGNATURE DATE XERRO15

ev caus	SERVICE ELIC	Cibii itay 11					STONE AND LOST OF THE PARTY OF			
		1080 (BOARD/BAR) UNDER		DATE OF				LICENSE (II.	neoficable)	
	SPECIAL LA	AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFI	ERMENT	LICENSE (if applicable)  NUMBER Date of		
	TOWNS TELEVISION	STITUMEN O LICENSE		CONFERMENT		132		NUMBER	Validity	
		-								
	1,50							1.11		
	EXPERIENCE			ontinue on separate shee						
28. INCI	Vale entrologome LUSIVE DATES mm/dd/yyyy)	nt Sent from your mean			be incleased in the siline.  SENCY / OFFICE / COMPANY	MONTHLY	SALARW JOR/ PAY GRADE (I	A SECTION AND ADDRESS OF THE PERSON AND ADDR	GOVT	
From To		(Write in full/Do not a		(Write in fu	il/Do not abbreviate)	SALARY	applicable)& STEP (Format '00-0") INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)	
01/01/2005	PRESENT ACCOUNTANT NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.									
			<i>x</i> )							
									=-1-	
SIGN	ATURE	Ω	(Con	tinue on separate sheet					17.7	
O/GH/	TORL	to cocoo	-		DATE					

			ORGANIZATI		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSI (mm/r	IVE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
,					
			-		
			1		
(Cc	ontinue on separate	sheet if necessa	ary)		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I	PROGRAMS A	TITENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTEN	E DATES OF NDANCE	NUMBER OF HOURS	Type of LID ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	From	dd/yyyy) To	-	Supervisory/ Technics/letc)	(Write in full)
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		1000000			
	1				
	-				
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(Co	ntinue on separate	sheet if necessa	ry)		
VIII. OTHER INFORMATION				450	
31. SPECIAL SKILLS and HOBBIES 32. NO.	N-ACADEMIC DISTIN	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
			***		
			31 - C III		
	ntinue on separate s	sheet if necessar			
SIGNATURE RECEIPED.			DAT	E	CS FORM 212 (Revised 2017), Page 3 of 4

4	1 L 4 F					
34.	Are you related by consanguinity or affinity to the pinting chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	or recommending authority, or to the supervision over you in the Office,				
	a. within the third degree?		☐ YES □	7 NO		
	b. within the fourth degree (for Local Government Unit - Car	eer Employees\2		NO NO		
1	and the second s	our Employous.	If YES, give details:	<del>7</del> .1000000		
1			ii i neo, givo dotaio.			
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES SIFYES, give details:	NO NO		
			2			
	b. Have you been criminally charged before any court?		YES [	√ NO		
			If YES, give details:			
			Date Filed:			
	Here you was been assisted of an about the state of		Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of ar by any court or tribunal?	YES If YES, give details:	☑ NO			
37.	Have you ever been separated from the service in any of the	e following modes: resignation.	☐ YES	✓ NO		
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election and a national or local election.	YES If YES, give details	☑ NO			
	b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES	☑ NO		
	election to promote/actively campaign for a national or local	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	YES If YES, give details	Ocountry):			
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?			N. O. M.		
	Are you a member of any margenous group?		YES If YES, please specify:	☑ NO		
b.	Are you a person with disability?		YES NO If YES, please specify ID No:			
C.	Are you a cale person!?					
	Are you a solo parent?		YES NO If YES, please specify ID No:			
41	DEFEDENCES (Darros not solvind by accounting to a silicity to an in-	translation)				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	appointee)				
	NAME	ADDRESS	TEL. NO.			
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 the stative to verify/validate the contents state	Republic of the ed herein.	PHOTO		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	550				
	overnment Issued ID: SSS	Para				
ID	/License/Passport No.: 02-1650019-0					
$\vdash$	Ite/Place of Issuance:	Signature (Sign inside the bo	(x)	- Control of the Cont		
Ľ	tor see of issuance.	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued go	vernment ID as indicated above.		
		Person Administering Oath				

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