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. (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. DIMAGIBA 2. SURNAME NAME EXTENSION (JR., SR) **FORTUNATO** FIRST NAME LACSON MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 09/21/1961 √ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: MALABON RIZAL If holder of dual citizenship 4. PLACE OF BIRTH please indicate the details ✓ Female 5. SEX ✓ Male ZIPPER 13 A ✓ Married 17 RESIDENTIAL ADDRESS Single 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated SAN LORENZO Other/s: Subdivision/Village Barangay MAKATI NCR 5'8' 7. HEIGHT (m) Province City/Municipality ZIP CODE 1223 8. WEIGHT (kg) 165lbs ZIPPER 13 A 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ Street House/Block/Lot No SAN LORENZO 10. GSIS ID NO Subdivision/Village Barangay NCR MAKATI 11. PAG-IBIG ID NO. 030241764809 City/Municipality **Province** 1223 ZIP CODE 01-050451160-5 12. PHILHEALTH NO. 19. TELEPHONE NO. 13. SSS NO. 03-8119585-4 136-167-071 20. MOBILE NO. 14. TIN NO. 05-01-001 21, E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. MILY BACKGRO DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) DIMAGIBA 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR FRANCIS EMIL FORT V. DIMAGIBA 03/10/1991 MARIA ELOISA FIRST NAME EARIEL FORT V. DIMAGIBA 11/25/1993 VALLE MIDDLE NAME ERIN MARIE FORT V. DIMAGIBA 09/01/1998 OCCUPATION CORPORATE SECRETARY ELLENA FORT V. DIMAGIBA 03/02/2001 NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. EMPLOYER/BUSINESS NAME 228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, **BUSINESS ADDRESS NUEVA ECIJA** (044) 4642063/463-9112 TELEPHONE NO DIMAGIBA 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FORTUNATO FIRST NAME CRUZ MIDDLE NAME 25. MOTHER'S MAIDEN NAME LACSON SURNAME AURORA FIRST NAME (Continue on separate sheet if necessary) **JACOB** MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE YEAR GRADUATED BASIC EDUCATION/DEGREE/COURSE ACADEMIC 26 NAME OF SCHOOL UNITS EARNED LEVEL HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To 1975 ST. JAMES ACADEMY ELEMENTARY 1979 ST.JAMES ACADEMY SECONDARY VOCATIONAL / TRADE COURSE 1990 **BA MANAGEMENT** COLLEGE DE LA SALLE UNIVERSITY GRADUATE STUDIES ue on separate sheet if necessary) Alimagelic 22 December DATE 200 SIGNATURE

CS FORM 212 (Revised 2017), Page 1 of 4

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| | mm/dd/yyyy) | POSITION T (Write in full/Do not | | | ENCY / OFFICE / COMPANY ft/Do not abbreviate) | MONTHLY SALARY | GRADE (II applicable)& STEP (Formal '00-0') | STATUS OF APPOINTMENT | SERVICE |
| From | То | | | | TEACHERS MUTUAL | | INCREMENT | | (Y/N) |
| 02 | PRESENT | PRESIDE | NT | BENEFIT A | SSOCIATION INC. | | | | |
| 01 | 2002 | TREASU | RER | BENEFIT A | SSOCIATION INC. | | | | |
| 184 | 2001 | SPECIAL LOAN | OFFICER | | RS SAVINGS AND LOAN SOCIATION | | | | |
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| VI. VOLUNI ARY WORK OR INVOLVEMENT IN | | A STATE OF THE PARTY OF THE PAR | | URISARAZATIK | | |
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| 29. NAME & ADDRESS OF ORGAL (Write in full) | NIZATION | (mm | (dd/yyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
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| | | | e sheet if necessar | γ) | | |
| W. LEARNING AND DEVELOPMENT (L&D) IN | TERVENTIONS/TRAINING | | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVE | INTIONS/TRAINING PROGRAMS | ATTE | VE DATES OF ENDANCE | NUMBER OF HOURS | Type of LD (Managerial/ | CONDUCTED/ SPONSORED BY |
| (Write in full) | | From | /dd/yyyy) | - | Supervisory/ Technical/etc) | (Write in full) |
| 2015 ASIAN CORPORATE GOVERNANCE SCORECARD(| ACGS) WORKSHOP | 03/26/2015 | 03/26/2015 | | | INSTITUTE OF CORPORATE DIRECTORS |
| | | State Control of the | Company works | - FURUES | | PHIL.CORPORATE ENHANCEMENT AND |
| CORPORATE GOVERNANCE AND AMLA SEMINAR ANTI-MONEY LAUNDERING (AML) AND COUNTER-TERR | ORIST FINANCING (CTF) | 06/21/2016 | 06/21/2016 | 5 HOURS | | GOVERNANCE, INC. |
| MODULE I: AML/CTF STANDARDS AND BASELINE TRAI | NING | 16/10/2020 | 16/10/2020 | 2.5 HOURS | | SGV&CO. |
| ANTI-MONEY LAUNDERING (AML) AND COUNTER-TERR MODULE II: AMLICTF RISK MANAGEMENT FRAMEWORI | | 27/11/2020 | 27/11/2020 | 2.5 HOURS | | SGV&CO. |
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| VIIL OTHER INFORMATION | | manue on sepera | A guidet II, Illenessel | | - | |
| | NO | N-ACADEMIC DIS | TINCTIONS / RECO | GNITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
| 31 SPECIAL SKILLS and HOBBIES 3. | 2. | | nite in fulf) | | | 33. (Write in full) |
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| DIGUATURE | | | te sheet if necessa | | TE | ar vecember 2020 |
| SIGNATURE | Minight | ٠١(٢ | | DA | | CS FORM 212 (Revised 2017), Page 3 of 4 |
| | | | | | | |

| 34. | Are you related by consanguinity or affinity to appointing of chief of bureau or office or to the person who was immediate s Bureau or Department where you will be apppointed, a. within the third degree? | | ☐ YES ② | NO. |
|-----------------|---|--|---|---|
| | b. within the fourth degree (for Local Government Unit - Care | er Employees)? | ☐ YES ☑ If YES, give details: | NO |
| 35. | a. Have you ever been found guilty of any administrative offer | nse? | YES If YES, give details: | NO |
| | b. Have you been criminally charged before any court? | | YES Z If YES, give details: Date Filed: Status of Case/s: | NO |
| 36. | Have you ever been convicted of any crime or violation of any by any court or tribunal? | y law, decree, ordinance or regulation | YES [2] If YES, give details: | ON [|
| 37. | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector? | | YES If YES, give details: | NO NO |
| 38. | A. Have you ever been a candidate in a national or local elect Barangay election)? | | If YES, give details: | ☑ NO |
| | b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or | A STATE OF THE STA | YES If YES, give details: | ☑ NO |
| 39. | Have you acquired the status of an immigrant or permanent r | YES If YES, give details (or | ✓ NO ountry): | |
| 40. a. b. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), pare you a member of any indigenous group? Are you a person with disability? | | If YES If YES, please specify: YES If YES, please specify ID | ☑ NO ☑ NO No: |
| C. | Are you a solo parent? | | YES If YES, please specify ID | No: |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant) | 'appointee) | | |
| | NAME: | ADDRESS | TEL. NO. | ID picture taken within the last 6 months 4.5 cm; X.3.5 cm (passport size) Computer generated or photocopied picture |
| 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 represult agree that any misrepresentation made in this docu administrative/criminal case/s against me. | nt laws, rules and regulations of the sentative to verify/validate the content | Republic of the ts stated herein. | is not acceptable FHOTO |
| G | overnment Issued ID (Lo Passport GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: SSS | Minagibe | | |
| H | ALicense/Passport No.: 03-8119585-4 atta/Place of Issuance: | Signature (Sign inside the Date Accomplished | bax) | Right Thumbmark |
| _ | SUBSCRIBED AND SWORN to before me this | | ting his/her validly issued gov | ernment ID as indicated above. |
| | | Person Administering Oa | ith | |
| | | | | CS FORM 212 (Ravised 2017). Page 4 of 4 |

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 EUGENIO NAME EXTENSION (JR., SR FIRST NAME **EMELITA** MIDDLE NAME MERCADO 3. DATE OF BIRTH 03/13/1964 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH CABUYAO, LAGUNA If holder of dual citizenship Pls. indicate country: please indicate the details. 5. SEX ☐ Male √ Female Single ✓ Married 17. RESIDENTIAL ADDRESS 2209 NARRA 6 CIVIL STATUS House/Block/Lot No Widowed Separated Street UNITED HILLS VILLAGE ST. MATIN DE PORRES Other/s: Subdivision/Village Barangay PARANAOUE NCR 7. HEIGHT (m) 160CM City/Municipality Province 8. WEIGHT (kg) 150Kg ZIP CODE 1713 18. PERMANENT ADDRESS 2209 NARRA 0 9. BLOOD TYPE House/Block/Lot No. Street UNITED HILLS VILLAGE ST. MATIN DE PORRES 10. GSIS ID NO. Subdivision/Village Barangay PARANAQUE NCR 11. PAG-IBIG ID NO City/Municipality Province 12. PHILHEALTH NO. ZIP CODE 1713 0391983454 13. SSS NO. 19. TELEPHONE NO. 6591285 14 TIN NO 211-938-841 20. MOBILE NO. 09176251121 15. AGENCY EMPLOYEE NO CENTURY PROP.127425 21. E-MAIL ADDRESS (if any) eugenioemelita@gmail.com FAMILY BACKGRO 22 SPOUSE'S SURNAME EUGENIO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) EMERY M. EUGENIO FIRST NAME REYNALDO 11/11/1991 MEYER M. EUGENIO ALVAREZ MIDDLE NAME 12/09/1996 JEREMY M. EUGENIO OCCUPATION RETIRED 03/13/1998 EMPLOYER/BUSINESS NAME N/A NIA BUSINESS ADDRESS TELEPHONE NO 9564772957 24. FATHER'S SURNAME MERCADO NAME EXTENSION (JR., SR) FIRST NAME GERARDO **ESCRIMADONA** MIDDLE NAME 25. MOTHER'S MAIDEN NAME MERCADO SURNAME **AMPARO** FIRST NAME LAUREL MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL 26 PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED To VALEDICTO ELEMENTARY ST. CECILIA'S ELEMENTARY SCHOOL ELEMENTARY 1976 1970 1976 RIAN 3RD SECONDARY ST. CECILIAS HIGH SCHOOL HIGH SCHOOL 1976 1981 1981 HORONABLE VOCATIONAL / TRADE COURSE COLLEGE ST. SCHOLASTICA'S COLLEGE AB MASS COMMUNICATION 1981 1986 1986 GRADUATE STUDIES brilite m. SIGNATURE DATE mi

CS FORM 212 (Revised 2017), Page 1 of 4

| | SPECIAL LA | 1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE | RATING (If Applicable) | DATE OF EXAMINATION / | PLACE OF EXAMINA | ATION / CONFE | RMENT | LICENSE (if a | 1 |
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| В | ARANGAY ELIGIBIL | JTY / DRIVER'S LICENSE | (If Applicable) | CONFERMENT | 1 Diot of Evilling | THORY CONFE | NACKI | NUMBER | Date of Validity |
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| | EXPERIENCE vale employme | nt. Start from your recon | work) Descriptk | on of duties should be | indicated in the attach | ed Work Ex | perience sheet | | |
| INCL | USIVE DATES mm/dd/yyyy) | POSITION TI (Write in full/Do not a | TLE | DEPARTMENT / AGEN | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (# applicable)& STEP (Format '00-0')/ | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N) |
| 86 | 2005 | PART OWN | IER | RA EUGENIO'S B | EAUTY SPECIALIST | 150K | INCREMENT | | |
| 0 | 2016 | MARKETING MA | NAGER | TO TO TO TO THE TAIL THE | M WAREHOUSE PORATED | 60K | | | |
| 16 | Jul-16 | MARKETING MA | NAGER | | CORPORATION | NONE | | | |
| 15 | PRESENT | OWNER | | | LINE BUSINESS | | | | |
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| 29. NAME & ADDRESS OF | A STATE OF THE STA | NT (PEOPLE) | Æ DATES | THE PERSON NAMED IN | | |
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| N. LEARNING AND DEVELOPMENT (L& |) | ntinue on separate s | hoet if necessar | V) | | |
| | A distribution of the control of the | INCLUSIVE | | | | |
| 0. TITLE OF LEARNING AND DEVELOPMENT IN | TERVENTIONS/TRAINING PROGRAMS | ATTEN | DANCE | NUMBER OF HOURS | Type of LD (Managerial/ | CONDUCTED/ SPONSORED BY |
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| SPECIAL SKILLS and HOBBIES | 32. NON | N-ACADEMIC DISTIN | | GNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
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| 34. | chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed, | or recommending authority, or to the supervision over you in the Office, | ☐ YES ☑ NO | |
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| | a. within the third degree? | es Employaça\2 | | |
| | b. within the fourth degree (for Local Government Unit - Care | er Employees) ? | ☐ YES ☑ NO | |
| | | | If YES, give details: | |
| 35. | a. Have you ever been found guilty of any administrative offer | nse? | ☐ YES ☑ NO | |
| SAC. | annous et transformatiere exposertione backung betrough betrough 186 | | If YES, give details: | |
| | | | 1 NOVE - 1800 | |
| | 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 | y law, decree, ordinance or regulation | ☐ YES ☑ NO | |
| | by any court or tribunal? | | If YES, give details: | |
| 37. | Have you ever been separated from the service in any of the | following modes: resignation, | ☐ YES ☑ NO | |
| | retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector? | d of term, finished contract or phased | If YES, give details: | |
| 38 | a. Have you ever been a candidate in a national or local election. Barangay election)? | ction held within the last year (except | ☐ YES ☑ NO If YES, give details: | |
| | 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 | candidate? | 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 | gna Carta for Disabled Persons (RA | | |
| | 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 If YES, please specify: | |
| b. | Are you a person with disability? | | YES VO | |
| c. | Are you a solo parent? | | YES NO | |
| 1350 | The law areas have | | If YES, please specify ID No: | |
| 4 | REFERENCES (Person not related by consanguinity or affinity to applicant | t /appointee) | | |
| | NAME | ADDRESS | TEL. NO. | |
| L | MA. LUISA F. VALDECANAS | HORSESHOE DRIVE, QC | 9175007889 | 30 |
| L | ROSALHEE S. SEDARO | LEXINGTON, PASIG | 9178007213 | - |
| | VIVIAN CORTES | ENRIQUE ST. MALATE MANILA | 9178172582 | |
| 4 | 2. I declare under oath that I have personally accomplisher complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this doct administrative/criminal case/s against me. | nent laws, rules and regulations of the entative to verify/validate the contents star | Republic of the led herein. | РНОТО |
| | Government Issued ID (Le.Passport, GSIS, SSS, PRC, Driver's License, etc.) | 0 | | To The state of th |
| | PLEASE INDICATE ID Number and Date of Issuance | Melita M. Mus | mo Mala | |
| | Government Issued ID: TIN ID ID/License/Passport No.: 211-938-841-000 | / / / | had a second | |
| | Date/Place of Issuance: 07/10/2003 | Signature (Sign inside the | | Thumbmark |
| L | AND | Date Accomplished | | |
| | SUBSCRIBED AND SWORN to before me this | , affiant exhit | iting his/her validly issued government ID as in | dicated above. |
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| person concerned. READ THE ATTACHED GU | entation made in the Personal Data Sheet ar | A SHEET (PDS) BEFORE A | COMPLISH | IING THE P | DS FORM. | strative/criminal | case/s again: | st the |
| Print legibly. Tick appropriate I | tes () and use separate sheet if necessary. In | | | | | (De | o not fill up. For (| CSC use only) |
| I. PERSONAL INFORMA | | | | | | | | |
| | PINEDA | | - | | | NAME EXTENSION (JR. | , SR) | 4.00 |
| FIRST NAME | JOSELITO | | | | | | | |
| MIDDLE NAME | CAMAYA | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 10/19/1964 | 16. CITIZENSHIP FILIPINO | | √ Filipi | no 🗌 | Dual Citizenship by birth | by naturali | ization |
| 4. PLACE OF BIRTH | CABANATUAN CITY, NUEVA ECIJA | If holder of dual citizens | | | | Pls. indicate of | ountry: | |
| 5. SEX | ✓ Male ☐ Female | please indicate the deb | nts. | | 10000 | | | |
| 6 CIVIL STATUS | ☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s: | 17. RESIDENTIAL ADDRESS | Ho | PUROK 5 use/Block/Lot / ubdivision/Villa | No. | 1077100 | Street A. MARIA Barangay | |
| 7. HEIGHT (m) | 1.79 | | | LICAB | 10/0 | NUE | VA ECIJA | |
| 8. WEIGHT (kg) | 73 | ZIP CODE | | City/Municipalit | γ | 3112 | Province | |
| Control of the Contro | 3 | 18. PERMANENT ADDRESS | | PUROK 5 | 3 | 0112 | | |
| 9. BLOOD TYPE | В | | | use/Block/Lot | | CAL | Street N MIGUEL | |
| 10. GSIS ID NO. | 2002939544 | | St | ubdivision/Villa | | | Barangay | |
| 11. PAG-IBIG ID NO. | 030106251210 | | | QUEZON City/Municipals | | 25 L 5200 | NUEVA EO | CIJA |
| 12. PHILHEALTH NO. | 07000051994-2 | ZIP CODE | | | | 3113 | | |
| 13. SSS NO | N/A | 19. TELEPHONE NO. | N/A | | | | | |
| 14. TIN NO. | 154-306-842 | 20, MOBILE NO. | 0917914 | 5642 | | | | |
| 15. AGENCY EMPLOYEE NO. | 4146766 | 21. E-MAIL ADDRESS (if any) | jojopine | da19@ya | ahoo.com | | | |
| II. FAMILY BACKGRO | UND | | and the same of | | | | DATE OF | BIRTH |
| 22. SPOUSE'S SURNAME | PINEDA | NAME EXTENSION (JR., SR) | 23. NAME of | | Vrite full name : | The State of the S | (mm/dd | P))))))) |
| FIRST NAME | LEONISA | INVESTIGATION (SIL.) SIV | <u></u> . | | A. PINED | | 05/02/ | |
| MIDDLE NAME | ALARCON | 12.7 | | MARIVIC . | JOY A. PII | NEDA | 03/07/ | 1998 |
| OCCUPATION | TEACHING | | | | | | | |
| EMPLOYER/BUSINESS NA | DEPED STA. MARIA NATIONAL HIC | SH SCHOOL | | | | | | |
| BUSINESS ADDRESS | STA. MARIA, LICAB, NUEVA ECIJA | 13 | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | |
| 24 FATHER'S SURNAME | PINEDA | | | | | | | |
| FIRST NAME | MANUEL | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | PONCE | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | CAMAYA | | | | | | | |
| FIRST NAME | MARIA | | | | | | | |
| MIDDLE NAME | VILLAFLOR | | | (0 | ontinue on sej | parate sheet if neces | sary) | |
| III. EDUCATIONAL BA | CKGROUND | | 100000 | | No. (500 0500) | | | |
| 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 | SCHOLARSH P/ACADEMIX HOWORS RECEIVED |
| ELEMENTARY | CABANATUAN WEST CENTRAL SCHOOL | PRIMARY | | 1971 | 1977 | GRADUATED | 1977 | NONE |
| SECONDARY | TALAVERA NATIONAL HIGH SCHOOL | SECONDAR | Υ | 1977 | 1981 | GRADUATED | 1981 | NONE |
| VOCATIONAL / TRADE COURSE | N/A | N/A | | N/A | N/A | N/A | N/A | NONE |
| COLLEGE | MANUEL V. GALLEGO FOUNDATION COLLEGES | BACHELOR OF SECONDARY MAJOR IN AGRICULT | | 1981 | 1985 | GRADUATED | 1985 | NONE |
| GRADUATE STUDIES | PHILIPPINE STATESMAN COLLEGES | MASTER OF ART MA PSYCHOLOGY | 1 | 1995 | 1996 | 36 UNITS | | NONE |
| SIGNATURE | Journal " | Continue on separate sheet if neo | essary) | DA | NTE . | Nove | mber 19, 202 | 0 |

| | RVICE ELIGIBII | 111 | | | 10000 | 914 | | | and the |
|------------|------------------------------------|---|-------------------|--|--|-------------------|---|--------------------------|--------------------------|
| 7. CAREE | R SERVICE/RA 1080 SPECIAL LAWS/ | (BOARD/BAR) UNDER CES/CSEE | RATING | DATE OF EXAMINATION / | PLACE OF EXAMIN | ATION / CONFER | OMENT | LICENSE (if a | pplicable) Date of |
| | ANGAY ELIGIBILITY / | *************************************** | (If Applicable) | CONFERMENT | | | 52000 | NUMBER | Validity |
| PROFESS | TEACHER: | KAMINATION FOR S | 70.63 | 12/10/1989 | CABANA | TUAN CITY | | 0391104 | 19/10/202 |
| | | | | | | | | | |
| / WORK E | XPERIENCE | | (Cor | ntinue on separate shee | if necessary) | | | | |
| | | Start from your recei | t work) Descripti | on of duties should | be indicated in the atta | ched Work E | | et. | |
| | SIVE DATES udd/yyyy) To | POSITION TI (Write in full/Do not : | | | ENCY / OFFICE / COMPANY M/Do not abbreviate) | MONTHLY SALARY | SALATY/ JOB/ PAY GRADE (II applicable) & STEP (Format 100-0"/ INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N) |
| 01/01/2020 | PRESENT | TEACHER | : III | | ARIA NATIONAL HIGH SCHOOL | 28,688.00 | 13 STEP 7 | PERMANENT | YES |
| 01/01/2019 | 12/31/2019 | TEACHER | : III | DEPED STA. M | ARIA NATIONAL HIGH | 27,166.00 | 13 STEP 7 | PERMANENT | YES |
| 8/16/2018 | 12/31/2018 | TEACHER | : III | DEPED STA. M | ARIA NATIONAL HIGH | 25,989.00 | 13 STEP 7 | PERMANENT | YES |
| 01/01/2018 | 08/15/2018 | TEACHER | 111 | DEPED STA. M | ARIA NATIONAL HIGH | 25,387.00 | 13 STEP 6 | PERMANENT | YES |
| 01/01/2017 | 12/31/2017 | TEACHER | : 101 | DEPED STA. M | ARIA NATIONAL HIGH | 24,315.00 | 13 STEP 6 | PERMANENT | YES |
| 08/16/2015 | 12/31/2016 | TEACHER | : 111 | DEPED STA. M | ARIA NATIONAL HIGH | 23,536.00 | 13 STEP 6 | PERMANENT | YES |
| 08/16/2013 | 08/15/2015 | TEACHER | :III | DEPED STA. M | ARIA NATIONAL HIGH | 22,306.00 | 13 STEP 5 | PERMANENT | YES |
| | 15/08/2013 | TEACHER | 1111 | DEPED STA. M | SCHOOL ARIA NATIONAL HIGH | 22086.00 | 13 STEP 5 | PERMANENT | YES |
| | 15/08/2012 | TEACHER | | DEPED STA. M | SCHOOL ARIA NATIONAL HIGH | 20420.00 | 13 STEP 4 | PERMANENT | YES |
| | 31/05/2011 | TEACHER | | DEPED STA. M | SCHOOL ARIA NATIONAL HIGH | 18755.00 | 13 STEP 4 | PERMANENT | YES |
| 16/08/2009 | 23/06/2010 | TEACHER | | DEPED STA. M | SCHOOL ARIA NATIONAL HIGH | 17089.00 | 13 STEP 4 | PERMANENT | YES |
| 01/07/2009 | 15/08/2009 | TEACHER | | DEPED STA. M | SCHOOL ARIA NATIONAL HIGH | 16753.00 | 13 STEP 3 | PERMANENT | YES |
| 01/07/2008 | 30/06/2009 | TEACHER | 5.000 S.000 | | SCHOOL ARIA NATIONAL HIGH | 14197.00 | 12 STEP 3 | PERMANENT | YES |
| 01/07/2007 | | TEACHER | 2.5. | | SCHOOL ARIA NATIONAL HIGH | 12906.00 | 12 STEP 3 | PERMANENT | YES |
| | 30/06/2008 | | | | SCHOOL ARIA NATIONAL HIGH | | (0) | | - |
| 16/08/2006 | 30/06/2007 | TEACHER | 226 | | SCHOOL ARIA NATIONAL HIGH | 11733.00 | 12 STEP 3 | PERMANENT | YES |
| 16/08/2003 | 15/08/2006 | TEACHER | 1000 | | SCHOOL ARIA NATIONAL HIGH | 11446.00 | 12 STEP2 | PERMANENT | YES |
| 01/07/2001 | 15/08/2003 | TEACHE | RI | | SCHOOL ARIA NATIONAL HIGH | 11167.00 | 12 STEP 1 | PERMANENT | YES |
| 16/08/2000 | 30/06/2001 | TEACHE | RI | | SCHOOL ARIA NATIONAL HIGH | 10635.00 | 12 STEP 1 | PERMANENT | YES |
| 01/01/2000 | 15/08/2000 | TEACHE | RI | 3 5000 18-0 50-001 | SCHOOL ARIA NATIONAL HIGH | 9945.00 | 10 STEP 3 | PERMANENT | YES |
| 20/12/1997 | 31/12/1999 | TEACHE | RI | | SCHOOL | 9041.00 | 10 STEP 3 | PERMANENT | YES |
| 01/11/1997 | 19/12/1997 | TEACHE | RI | | ARIA NATIONAL HIGH SCHOOL | 8571.00 | 10 STEP 2 | PERMANENT | YES |
| 01/01/1997 | 31/10/1997 | TEACHE | RI | | ARIA NATIONAL HIGH SCHOOL | 7433.00 | 10 STEP 2 | PERMANENT | YES |
| 01/01/1996 | 19/12/1996 | TEACHE | RI | | ARIA NATIONAL HIGH SCHOOL | 6044.00 | 10 STEP 2 | PERMANENT | YES |
| 01/01/1995 | 31/12/1995 | TEACHE | RI | | ARIA NATIONAL HIGH SCHOOL | 4933.00 | 10 STEP 1 | PERMANENT | YES |
| 20/12/1994 | 31/12/1994 | TEACHE | RI | | ARIA NATIONAL HIGH SCHOOL | 3933.00 | 10 STEP 1 | PERMANENT | YES |
| 01/01/1994 | 19/12/1994 | TEACHE | RI | DEPED STA. M | ARIA NATIONAL HIGH SCHOOL | 3902.00 | 10 STEP 1 | PERMANENT | YES |
| 20/12/1991 | 31/12/1993 | TEACHE | RI | DEPED STA. M | ARIA NATIONAL HIGH SCHOOL | 3102.00 | 10 STEP 1 | PERMANENT | YES |
| 15/10/1990 | 13/12/1990 | TEACHE | RI | DEPED STA. M | ARIA NATIONAL HIGH SCHOOL | 3102.00 | | R. SUB. | YES |
| | | | 100 | | THE RESERVE OF THE PERSON OF T | | | | |
| | | | | - Value - Valu | | | | | |
| | | | | | | | | | - |

| NAME & ADDRESS OF ORGANIZAT (Write in full) | ION | 5 10 30 30 30 30 | E DATES Dyyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
|--|--|-------------------|-----------------------|-----------------|---|--|
| (analy as the) | | From | То | | 1 | roomon room |
| LICAB DISTRICT TEACHER INC., LICAB, N | UEVA EÇIJA | 12/20/1991 | PRESENT | | | |
| | | | | | | |
| L. LEARNING AND DEVELOPMENT (L&D) INTER at less the boot recent LAD training program and architectury to | VENTIONS/TRAINING P Delayari LSD training Lakes Sar | INCLUSIVE | TTENDED | 1 | TypeofLD | |
| TITLE OF LEARNING AND DEVELOPMENT INTERVENTIO (Write in full) | NS/TRAINING PROGRAMS | ATTEN (mm/di | DANCE d/yyy) To | NUMBER OF HOURS | (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| NATIONAL CONFERENCE AND TRAINING IN | LEADERSHIP | 01/10/2020 | 01/12/2020 | 24 | | DEPED-REGION I |
| CAPABILITY TRAINING AND ACCREDITATION O TECHNICAL OFFICIALS IN DIFFERENT SPO | | 05/27/2019 | 05/29/2019 | 24 | | DEPED DIVISION OF NUEVA ECIJA |
| DIVISION TRAINING FOR SSG/SSP ADVISERS AND DIS | STRICT COORDINATORS | 10/23/2017 | 10/24/2017 | 16 | | DEPED DIVISION OF NUEVA ECIJA |
| DIVISION SUPREME STUDENT GOVERNMENT LEA | | 11/24/2016 | 11/25/2016 | 16 | | DEPED REGION |
| MASS TRAINING FOR GRADE 10 TEACHERS ON THE IMPLEMENTATION OF THE ENHANCED K-12 BASIC EDUCATION PROGRAM ANSANGAY NA SEMINAR WORKSHOP SA ARALING PANLIPUNAN SA ANATAS NG SEKUNDARYA DIVISION SEMINAR WORKSHOP ON THE FLAG AND HERALDIC CODE OF THE | | 05/11/2015 | 05/16/2015 | 48 | | DEPED DIVISION OF NUEVA ECIJA |
| | | 01/14/2015 | 01/16/2015 | 24 | | DEPED DIVISION OF NUEVA ECIJA |
| PHILIPPINES | | | 11/20/2015 | 8 | | DEPED DIVISION OF NUEVA ECIJA |
| IVISION LEADERSHIP TRAINING OF THE SSG OFFICE | RS | | 10/29/2014 | 8 | | DEPED DIVISION OF NUEVA ECIJA |
| N-SERVICE TRAINING | | 10/21/2014 | 10/22/2014 | 16 | | DEPED DIVISION OF NUEVA ECIJA |
| MASS TRAINING FOR GRADE 9 TEACHERS ON THE IM REGIONAL TRAINING FOR GRADE 8 TEACHERS OF A 12 CURRICULUM | | 05/17/2014 | 05/21/2014 | 54 54 | | DEPED DIVISION OF NUEVA ECIJA DEPED DIVISION OF NUEVA ECIJA |
| | | | | | | |
| | | | | | | |
| | (Con | finue on separate | sheet if necessary | A | | |
| III. OTHER INFORMATION | Mun | ACADEMIC DISTIR | NCTIONS / RECOV | SNITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
| 31. SPECIAL SKILLS and HOBBIES 32. FARMING | 18018 | | e in full) | | | 23. (Write in full) LICAB DISTRIC TEACHERS INCORPORAT |
| COACHING AND PLAYING CHESS | | | | | | STA. MARIA NHS FACULTY |
| | | | | | | |
| | (Con | tinue on separate | sheet if necessary | 0 | | |
| The state of the s | | | | | - | 11/19/2020 |

| 34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed, a. within the third degree? | ing or recommending authority, or to the ate supervision over you in the Office, | ☐ YES ☑ NO |
|---|--|--|
| b. within the fourth degree (for Local Government Unit - C | Career Employees)? | YES NO |
| | | If YES, give details: |
| | | 313 |
| 35. a. Have you ever been found guilty of any administrative | offense? | YES V NO |
| | | If YES, give details: |
| | | |
| | | |
| b. Have you been criminally charged before any court? | | ☐ YES ☑ NO |
| | | |
| | | If YES, give details: |
| | | Date Filed: |
| as Union your gives been consisted of any science as detailed as | Constant days and the second of the | 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 If YES, give details: |
| | | ii i Lo, gire details. |
| | | |
| Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, | | ☐ YES ☑ NO If YES, give details: |
| out (abolition) in the public or private sector? | and or term, missing contract or present | 11 FLS, give details. |
| 38. a. Have you ever been a candidate in a national or local of Barangay election)? | election held within the last year (except | YES NO |
| | the three (2) weeth anded before the | If YES, give details: |
| b. Have you resigned from the government service during last election to promote/actively campaign for a national of | | ☐ YES ☑ NO If YES, give details: |
| 39. Have you acquired the status of an immigrant or permane | ent resident of another country? | YES NO |
| | | If YES, give details (country): |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N | Agona Carta for Disabled Persons (RA | - |
| 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897 | | |
| a Are you a member of any indigenous group? | | ☐ YES ☑ NO If YES, please specify: |
| b. Are you a person with disability? | | ☐ YES ☑ NO |
| c. Are you a solo parent? | | If YES, please specify ID No: |
| Me you a solo parent? | | If YES, please specify ID No: |
| 41. REFERENCES (Person not related by consenguinity or affinity to applic | ant /appointee) | |
| NAME | ADDRESS | TEL. NO. |
| ALBERT M. LOPEZ | STA. MARIA, LICAB, NUEVA ECIJA | N/A |
| MARIA ROWENA V. CONSTANTINO | STA. MNHS/ STA. MARIA, LICAB, NUEVA ECIJA | N/A |
| MAYOR FEMY D. DOMINGO | LICAB, NUEVA ECIJA | N/A |
| 42. I declare under oath that I have personally accomplished | ed this Personal Data Sheet which is a t | rue, correct and |
| complete statement pursuant to the provisions of perti- | nent laws, rules and regulations of the | Republic of the |
| Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do | | |
| administrative/criminal case/s against me. | | |
| | | |
| Government Issued ID (La Passport GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | | |
| Government Issued ID: PRC | | |
| ID/License/Passport No.: 0391104 | Signature (Sign inside the b | od) |
| Date/Place of Issurance: 06/26/1996 MANILA | November 19,2020 Date Accomplished | |
| SUBSCRIBED AND SWORN to before me this | affiant exhibi | ting his/her validly issued government ID as indicated above. |
| Γ | The state of the s | South of the state |
| | | |
| | Person Administering Oat | h |

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person

| Print legibly. Tick appropriate boxes | TO FILLING OUT THE PERSONAL DATA SH ([]) and use separate sheet if necessary. Indicate | | | | io. | (Do not fill up. Fo | r CSC use only) |
|---------------------------------------|---|---|--|---------------------------------|------------------------------------|---------------------|---|
| . PERSONAL INFORMATIO 2. SURNAME | FELICIANO | | ALL STATE OF THE S | | | | |
| FIRST NAME | | | | | NAME EXTENSION (JR. | , \$R) | |
| | PONCIANO | | | | | | |
| MIDDLE NAME 3. DATE OF BIRTH | CASIMIRO | | | | | | |
| (mm/dd/yyyy) | DEC. 03, 1955 | 16. CITIZENSHIP | | ✓ Filipino | Dual Citizenship | ٦. | 200 |
| 4. PLACE OF BIRTH | TALAVERA N. E. | If holder of dual citizen | ship. | | ☐ by birth ☐ Pls. indicate co | by naturalizat | ion |
| ******* | | please indicate the de | plic | Phillipping | | | _ |
| 5. SEX | Male Female | AN DECIDENTIAL ADDDESS | | Philippines ANDAL ALINO, | | | |
| 6 CIVIL STATUS | ☐ Single ☐ Married ☐ Separated | 17. RESIDENTIAL ADDRESS | | se/Block/Lot No. | | Street | |
| | Other/s: | | Sur | TALAVERA bdivision/Village | | Barangay | |
| 7. HEIGHT (m) | 5'4 | | | NUEVA ECIJA ity/Municipality | | Province | |
| 8. WEIGHT (kg) | 114 LBS | ZIP CODE | | agrinus pong | 3114 | | |
| 9. BLOOD TYPE | 0 | 18. PERMANENT ADDRESS | 0.000 | S ANDAL ALINO, | | | |
| 10 COLOTONO | | | Hou | rsa/Block/Lot No. TALAVERA | | Street | |
| 10. GSIS ID NO. | | - | - 1 | WUEVA ECIJA | | Barangay | |
| 11. PAG-IBIG ID NO. | | | 0 | ity/Municipality | | Province | |
| 12. PHILHEALTH NO. | 030002307652 | ZIP CODE | | 3 | 114 | | |
| 13. SSS NO. | 02-0399023-4 | 19. TELEPHONE NO. | | | | | |
| 14. TIN NO. | 203-577-033 | 20. MOBILE NO. | | | 0977 045 6959 | | |
| 15. AGENCY EMPLOYEE NO. | | 21. E-MAIL ADDRESS (if any) | | | | | |
| II. FAMILY BACKGROUND | | | | | | | |
| 22. SPOUSE'S SURNAME | CELLONA | | 23. NAME of C | CHILDREN (Write full na | me and list all) | DATE OF BIRTI | H (mm/dd/yyyy) |
| FIRST NAME | MERCEDES | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | BAYAN | | | | | | |
| OCCUPATION | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | | | |
| BUSINESS ADDRESS | | | | | | | |
| TELEPHONE NO. | | X = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = | | | | | |
| 24. FATHER'S SURNAME | FELICIANO | | | | | | |
| FIRST NAME | CIRILE | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | CASTRO | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | |
| SURNAME | CASIMIRO | | | | | | |
| FIRST NAME | JUANITA | | | | | | |
| MIDDLE NAME | MADARANG | | | (Continue | on separate sheet if nec | cessary) | |
| III. EDUCATIONAL BACK | GROUND | | | | | | TV Abbasia |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGR (Write in full) | EE/COURSE | PERIOD OF ATTENDAD | UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP ACADEMIC HONORS RECEIVED |
| ELEMENTARY | TALAVERA CENTRAL SCHOOL | GRADUATE | | | | 1970 | |
| SECONDARY | TALAVERA NATIONAL HIGH SCHOOL | GRADUATE | | | | 1976 | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | PAMANTASAN NG ARAULLO | BS AGRL ENG | R | | | 1987 | |
| GRADUATE STUDIES | | | | | | | |
| | sal Jam | (Continue on separate sheet if no | ocessary) | 1 24 | | | |
| SIGNATURE | A NM | | | DATE | | S FORM 212 (Revise | od 2017). Page 1 of |

| 7. CARE | | 0 (BOARD/ BAR) UNDER | RATING | DATE OF | | | | LICENSE (if ap | plicable) |
|-------------|------------------------------------|-------------------------------------|-----------------|---|--|-------------------|---|--------------------------|-------------------------|
| BAF | SPECIAL LAWS RANGAY ELIGIBILITY | O CES/ CSEE //DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINA | TION / CONFER | MENT | NUMBER | Date o Validity |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | - Own Brokent | | | | |
| | | | | | | | | | |
| | | | (Co | ntinue on separate sheet ii | necessary) | | | | |
| | EXPERIENCE vate employment | . Start from your recen | | | indicated in the attache | ed Work Exp | erience sheel | | |
| (m | USIVE DATES nm/dd/yyyy) | POSITION T (Write in full/Do not | | | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (# applicable)& STEP (Format '00-0')/ | STATUS OF APPOINTMENT | GOVT SERVIC (Y/N) |
| From 5/1993 | To 2/5/1996 | LABORE | R1 | PROVI F | NGR. OFFICE | 4,000.00 | INCREMENT | PERMANENT | |
| 22/96 | 9/14/97 | COMMUNITY | | 255000000000000000000000000000000000000 | MO-G.O | 6,500.00 | | TEMPORARY | |
| /15/97 | 9/30/98 | PRIVATE SEC | | со-т | ERM. G.O. | 8,700.00 | | CO-TERMINUS | |
| /16/98 | 11/23/98 | AGRI-TECHNO | LOGIST | GOVERNORS OFFICE | | 6,700.00 | | TEMPORARY | |
| 1/24/98 | 1/11/2002 | SOVSNG, TRADI | NG OFFICE | FOOD | TERMINAL | 15,000.00 | | PERMANENT | |
| /1/2005 | 6/30/07 | AGRI-TECHNO | LOGIST | LGU Q | UEZON NE | 6,000.00 | | CONTRACTUAL | |
| /7/2007 | 6/30/10 | POLITUAL AFFAI | R OFFICER I | HOUSE OF RE | PRESENTATIVES | 22,000.00 | | CO-TERMINUS | |
| /7/2014 | 6/30/16 | CONSULT | | | LICAB NE | 7,000.00 | | CONTRACTUAL | |
| /8/2016 | PRESENT | AGRI-TECHNO | DLOGIST | LGU C | UEZON NE | 6,000.00 | | CONTRACTUAL | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | /C | ontinue on separate sheet | if necessary) | | | | |
| SIGN | IATURE | Hum | | | DATE | | | S FORM 212 (Revised 2 | |

| I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC | MENT / PEOPLE / | VOLUNTARY | ORGANIZA | ./s | |
|---|---|--------------------|--------------------|--------------------------------|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Wille in full) | INCLUSIV (mm/d | Æ DATES ďyyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| (tries at vo) | From | To | | | |
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| | | | | | |
| | (Continue on separate | | 0 | | |
| II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIN | | | | | |
| art from the most recent LSDV seeing program and lectode only the relevant LSDV similar fal | | West Rolls and the | hielExecutive Mane | gerial positions) | |
| TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS | 200000000000000000000000000000000000000 | DATES OF DANCE | | Type of LD (Managerial/ | CONDUCTED/ SPONSORED BY |
| (Write in full) | | (d/yyyy) | NUMBER OF HOURS | Supervisory/ Technical/etc) | (Write in fulf) |
| | From | To | | restriction | |
| CORPORATE GOVERNANCE SEMINAR | 4/28/15 | 4/28/15 | 4 HRS | | PHILIPPINE CORPORATE ENHANCE AND |
| | 358,378 | S-80538970 | and the control of | | GOVERNANCE, INC |
| CORPORATE GOVERNANCE & AMLA SEMINAR | 6/21/16 | 12/5/2017 | 5 HRS | | PHILIPPINE CORPORATE ENHANCE AND |
| | 200,000,000 | 3/26/30/6/17 | D 1/16/35/84 | | GOVERNANCE, INC |
| BASIC MEET INSPECTION TRAINING COURSE | 4/17/17 | 12/5/2017 | 160 HRS | | NMIS REGION III |
| TECHNICAL BRIEFING IN HYBRID LIGHT PRODUCTION | 6/31/17 | 6/13/17 | 8 HRS | | ATI-RTC 3 |
| TRAINING ON SUSTAINABLE AGRICULTURE PRODUCTION SYSTEM: INTERGRAT | ED amount | 40047 | 241100 | | ATI-RTC 3 |
| COMMUNITY FOOD PRODUCTION | 6/20/17 | 6/22/17 | 24 HRS | | AIPRIC 3 |
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| and a supply and the | (Continue on separate | e sheet if necessa | 7/ | | |
| VIII. OTHER INFORMATION | | | | - X 400 MONTH OF | and the same of th |
| 31. SPECIAL SKILLS and HOBBIES 32. | NON-ACADEMIC DIST | TINCTIONS / RECO | OGNITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full) |
| 500000 | | | | = PARTO TE | |
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| PLAYING BASKETBALL | | | | | |
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| SIGNATURE OF UNITY | /(Continue on separat | e sheet if necessa | | ATE | |

| chief of bureau or office or to the person who has dia Bureau or Department where you will be apppointed, a. within the third degree? | ig or recommending authority, or to the te supervision over you in the Office, | |
|---|---|--|
| b. within the fourth degree (for Local Government Unit - Ca | areer Employees)? | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: |
| 35. a. Have you ever been found guilty of any administrative of | ffense? | ☐ 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 a 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? | and 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 ele Barangay election)? | ✓ YES □ NO If YES, give details: | |
| b. Have you resigned from the government service during telection to promote/actively campaign for a national or local | ☐ YES ☐ NO If YES, give details: | |
| 39. • | ☐ YES ☑ NO If YES, give details (country): | |
| a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? | | ☐ YES |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant | /appointse) | |
| NAME | ADDRESS | TEL. NO. |
| ATTY. EDNO N. JOSON | GUIMBA NE | |
| ATTY. TOMAS F. LAHOM | QUEZON NE | |
| 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 representation made in this document administrative/criminal case/s against me. | ent laws, rules and regulations of the I | Republic of the |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 15265694 | Alm | |
| ID/License/Passport No.: | Signature (Size inside the built | |
| Date/Place of Issuance: 08/20/202020 QEUZON NE | Signature (Sign inside the bo Date Accomplished | Right Thumbmark |
| SUBSCRIBED AND SWORN to before me this | , affiant exhibitin | g his/her validly issued government ID as indicated above. |
| | Person Administering Oath | |

PERSONAL DATA SHEET

| CATHOLOGY AND | and use separate sheet if necessary, Indicate | N/A if not applicable. DO NOT | ABBREVIATE. | 1 | CS ID No. | | DO NOT THE OP. 1 OF | CSC use only | |
|---|---|---|---|-------------------------------------|--------------------------|--------------------------------|--|-----------------------|--|
| PERSONAL INFORMATIO | | | | | | | | 777 | |
| 2. SURNAME | MANOTOC | | | | 1 | NAME EXTENSION | N (JR., SR) | III | |
| FIRST NAME | RICARDO GABRIEL | | | | | E ONE E-CLEROS | | | |
| MIDDLE NAME | KALAW | | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 08/21/1968 | 16. CITIZENSHIP | | √ Filipin | 10 | Dual Citizenship | by naturalization | | |
| 4. PLACE OF BIRTH | MANILA | If holder of dual citize | renship, Pls. indicate country: | | | | untry: | | |
| 5. SEX | ✓ Male Female | please indicate the d | etails. | | | | • | | |
| 6 CIVIL STATUS | ☐ Single ☑ Married | 17. RESIDENTIAL ADDRESS | 1600 | 6 | | | CEBU ST Street | | |
| | ☐ Widowed ☐ Separated ☐ Other/s: | - N | House/Block/Lat No. ALABANG HILLS VILLAGE. | | | CUPANG | | | |
| - UPONT ALL | | | | odivision/Village MUNTINLUPA | | | Barangay NCR | | |
| 7. HEIGHT (m) | 6.0 | | | ity/Municipality | | | Province | | |
| 8, WEIGHT (kg) | 185Lbs | ZIP CODE | 1776 | - | | | CEBU ST | | |
| 9. BLOOD TYPE | 0 | 18. PERMANENT ADDRESS | | 6 se/Block/Lot No. | | | Street | | |
| 0. GSIS ID NO. | | | 1.0 CONTRACT | NG HILLS VILLA bdivision/Village | 0.725 | | CUPANG Barangay | | |
| 1. PAG-IBIG ID NO. | | | MUNTINLUPA | | | NCR Province | | | |
| 2. PHILHEALTH NO. | 19-089061736-4 | ZIP CODE | 1776 | City/Municipality 1776 | | Province | | | |
| 3. \$SS NO. | 3330776755 | 19. TELEPHONE NO. | 02-4030722 | | | | | | |
| 4. TIN NO. | 153-458-172 | 20. MOBILE NO. | 09178319919 | | | | | | |
| 5. AGENCY EMPLOYEE NO. | | 21. E-MAIL ADDRESS (if any) | gary@manotoc.net | | | | | | |
| FAMILY BACKGROUND | | 100000000000000000000000000000000000000 | | | | | | Table 1 | |
| 2. SPOUSE'S SURNAME | MANOTOC | | 23. NAME of CHILDREN (Write full name and list all) | | DATE OF BIRTH (mm/dd/yyy | | | | |
| FIRST NAME | FRANCESCA LOLITA | NAME EXTENSION (JR., SR) | PATRIZIA GABRIELLE LOPEZ MANOTOC | | | 5/31/1993 | | | |
| MIDDLE NAME | LOPEZ | | JUAN JAIME ISIDRO LOPEZ MANOTOC | | 10/19 | /1997 | | | |
| OCCUPATION | MANAGER PURCHASING | | ESTELA ERA | A LOPEZ MA | NOTOC | | 03/12 | /1999 | |
| EMPLOYER/BUSINESS NAME | INTER-NATIONAL ADHESIVES CORP. | | | | | | | | |
| BUSINESS ADDRESS | 22B DON MARIANO LIM, ALABANG ZAPO | OTE RD. | | | | | | | |
| TELEPHONE NO. | 02-8470652 | | | | | | | | |
| 24. FATHER'S SURNAME | MANOTOC | | | | | | | | |
| FIRST NAME | RICARDO | NAME EXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | LA'O | | | | | | | | |
| 5. MOTHER'S MAIDEN NAME | | | | | 19001 | | | | |
| SURNAME | KALAW | | | | | | | | |
| FIRST NAME | MARIA EVA | | | | | | Contraction of the contraction o | | |
| MIDDLE NAME | CUENCA | | | (Co | ontinue on se | parate sheet if neces | ssary) | | |
| III. EDUCATIONAL BACK | GROUND | | | | W | | | | |
| 26. | NAME OF SCHOOL | BASIC EDUCATION/DEG | | PERIOD OF | ATTENDANCE | HIGHEST LEVEL/ UNITS EARNED | YEAR | SCHOLARSH ACADEMIC | |
| LEVEL | (Write in full) | (Write in fut | | From | То | (if not graduated) | GRADUATED | HONORS RECEIVED | |
| ELEMENTARY | XAVIER SCHOOL | | | 1976 | 1982 | | | | |
| SECONDARY | PRIOR PARK COLLEGE | | | 1983 | 1986 | | | | |
| NOD LEGGISLA | | | | | | | | | |
| VOCATIONAL / TRADE COURSE | | | | | 4000 | | | | |
| | UNIVERSITY ASIA PACIFIC | HUMANITY | 6 | 1987 | 1989 | | | | |
| TRADE COURSE | UNIVERSITY ASIA PACIFIC | HUMANITY | - | 1987 | 1909 | | | | |

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| BARAI | SPECIAL LAWS/C NGAY ELIGIBILITY / C | | (If Applicable) | CONFERMENT | FUNCE OF EXAMINA | HOM / CONFER | MEN | NUMBER | Date Validi |
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| ORK EX | PERIENCE | | (Co | ntinus on separate sheet | it necessary) | | | | |
| | | Start from your recer | il work) Descriptio | n of dubes should b | e indicated in the attachi | d Work Ex | verience sheet | | |
| | IVE DATES Idd/yyyy) | POSITION T | TILE | | NCY / OFFICE / COMPANY | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (II spplicable)& STEP | STATUS OF | GOV SERV |
| rom | To | (Write in full/Do not | | | (Write in full/Do not abbreviate) | | (Formal "00-0") INCREMENT | APPOINTMENT | (Y/ |
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| VOLUNTARY WORK OR INVOLVEMENT IN CIVIC 7 | T/PEOPLE/VOLUNTARY | electiviz/s | e Service (III) | |
|---|--|-----------------|--|--|
| NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| | From To | | | |
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| | ontinue on separate sheet if necessa | ing) | | Essention - Established to the Assessment |
| LEARNING AND DEVELOPMENT (L.G.D) INTERVENTIONS/TRAINING TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
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| | Continue on separate sheet if necess | sary) | S-880 | |
| III. OTHER INFORMATION 31. SPECIAL SKILLS and HOBBIES 32. | ON-ACADEMIC DISTINCTIONS / REC (Write in full) | COGNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| | | | | Am/11/ |
| | | | , | |
| SIGNATURE SIGNATURE | Continue on separate sheet if necess | | TE | CS FORM 212 (Revised 2017), Page 3 o |

| 34. | Are you related by consanguinity or affinity 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, | | | | |
|----------|---|---|--|--|--|
| | a. within the third degree? | ☐ YES ☑ NO | | | |
| | b. within the fourth degree (for Local Government Unit - Career Employees)? | ☐ YES ☑ NO | | | |
| | | If YES, give details: | | | |
| 25 | a. Have you ever been found guilty of any administrative offense? | | | | |
| 33. | a. Have you ever been loand gain; or any dammination control | ☐ 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: | | | |
| 37. | Have you ever been separated from the service in any of the following modes: resignation, | 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 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 | U NO 1500 1000 1000 1000 1000 1000 1000 100 | | | |
| | election to promote/actively campaign for a national or local candidate? | 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) Magna Carta for Disabled Persons (RA | | | | |
| | 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 person with disability? | If YES, please specify: | | | |
| | The year a percent that discussing . | 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 /appointee) | | | | |
| | NAME ADDRESS | TEL NO. | | | |
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| | | 1 (2) | | | |
| 42. | I declare under oath that I have personally accomplished this Personal Data Sheet which is a | | | | |
| 18 | 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 star agree that any misrepresentation made in this document and its attachments shall cau | | | | |
| | administrative/criminal case/s against me. | | | | |
| 6 | 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: | | | | |
| ID | MLicense/Passport No.: Signature (Sign inside the | how | | | |
| Di | ate/Place of Issuance: | | | | |
| | Date Accomplished | Right Thumbmark | | | |
| | SUBSCRIBED AND SWORN to before me this, affiant exhibit | ting his/her validly issued government ID as indicated above. | | | |
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| | Person Administering Oatl | h | | | |

P_RSONAL DATA SHE_T

| | DE TO FILLING OUT THE PERSONAL DA xes () It use separate sheet if necessary. | Indicate N/A if not applicab | IN DO NOT AD | DEMARK | | | - | 27/55/7/19/7/1 | |
|--|---|---|---------------------------------|--|-----------------------|--|----------------------------------|---|--|
| PERSONAL INFORMA | TION | indicate NVA II IKA applicat | IS DO NOT ABI | DREVIATE. | 1. CS ID N | 0. | (Do not fill up. | For CSC use | |
| 2. SURNAME | TADIQUE | | | | | | | | |
| FIRST NAME | TEODORA | | | | | NAME EXTENSION | N (JR., SR) | | |
| MIDDLE NAME | LARON | | | | = (2= ==1)== | | | | |
| 3. DATE OF BIRTH | 09/11/1963 | 16. CITIZENSHIP | 9-3- | | | | | | |
| (mm/dd/yyyy) | | | | ✓ Filipino | | ☐ Dual Citizenshi ☐ by birth | by naturalization | | |
| 4. PLACE OF BIRTH | QUEZON, NUEVA ECIJA | If holder of dual ci | fizenship, | | | Pls. indicate | | | |
| 5. SEX | ☐ Male ☑ Female | please indicate th | e details. | | | | | | |
| 6 CIVIL STATUS | Single Married | 17. RESIDENTIAL ADDRES | 4 | PUROK 3 | | | | | |
| | ☐ Widowed ☐ Separated | | | House/Block/Lot No. | | | Street | | |
| | Other/s: | | | Subdivision/Village | | | STA. MARIA Barangay | | |
| 7. HEIGHT (m) | 1.6 | | | LICAB City/Municipality | | N | Province | | |
| 3. WEIGHT (kg) | 58 kgs | ZIP CODE | | | 31 | 12 | 25.400.000.00 | | |
| BLOOD TYPE | 0 | 18. PERMANENT ADDRESS | - | PUROK 3 House/Block/Lot No. | | | Street | | |
| GSIS ID NO. | 2002938076 | 3.5 | | | | | STA. MARIA | | |
| . PAG-IBIG ID NO. | 1410-0019-0364 | | | Subdivision/Village LICAB | | | Barangay NUEVA E | CIJA | |
| 2. PHILHEALTH NO. | 07-000051975-6 | ZIP CODE | City/Municipality | | | | Province | | |
| SSS NO. | | | 3112 | | | | | | |
| | 33-003167-2 | 19. TELEPHONE NO. | NONE | | | | | | |
| TIN NO. | 154-306-850 | 20. MOBILE NO. | 09255091163 | | | | | | |
| AGENCY EMPLOYEE NO. | 4146769 | 21. E-MAIL ADDRESS (if any | n/A | | | | | | |
| FAMILY BACKGROUN | | | | | 7 | ALCOHOL: NO | - 15 C | | |
| SPOUSE'S SURNAME | N/A | | 23. NAME of CHIL | DREN (Write full name : | and fist all) | | DATE OF BIR | TH (mm/dd/see | |
| FIRST NAME | | N/A | N/A | | | | OFFIC OF DIR | | |
| MIDDLE NAME | | | | | - | _ | - | | |
| OCCUPATION | N/A | | | | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | | |
| FATHER'S SURNAME | | | | | | | | - | |
| LULITICA SOLITANIE | TADIQUE | | | | | | 03/22 | 11025 | |
| FIRST NAME | TADIQUE HORACIO | SR | | | | | 03/22 | U1935 | |
| SOLONO SERVICIO DE LA CONTRACTOR DE LA C | January Control | SR | | | | | 03/22 | 1935 | |
| FIRST NAME MIDDLE NAME | HORACIO | SR | | | | | 03/22 | 11935 | |
| FIRST NAME MIDDLE NAME | HORACIO | SR | | | | | | | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME | HORACIO LINA | SR | | | | | | /1935 | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME | HORACIO LINA LARON | SR | | (Contin | us on sensrale | shed if nocessard | | | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME | HORACIO LINA LARON ELECITA | SR | | (Contin | ure on separate | shoot if nocessary) | | | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME | HORACIO LINA LARON ELECITA ALMARIO | SR BASIC EDUCATION/DECS (Write in full) | to be a second of second | (Contin | | HIGHEST LEVEL/ UNITS EARNED | | | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL | HORACIO LINA LARON ELECITA ALMARIO GROUND NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGI (Write in full) | | PERIOD OF ATTE | NDANCE To | HIGHEST LEVEL/ | 12/06 YEAR | /1940 SCHOLARSHII ACADEMIC | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL ELEMENTARY | HORACIO LINA LARON ELECITA ALMARIO CROUND NAME OF SCHOOL (Write in full) QUEZON CENTRAL SCHOOL | BASIC EDUCATION/DEGI (Write in full) | ATION | PERIOD OF ATTE | NDANCE To 1976 | HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED | 12/06 YEAR | /1940 SCHOLARSHI ACADEMIC HONORS | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL | HORACIO LINA LARON ELECITA ALMARIO GROUNIU NAME OF SCHOOL (Write in full) QUEZON CENTRAL SCHOOL HOLY FAMILY ACADEMY | BASIC EDUCATION/DEGI (Write in full) | ATION | PERIOD OF ATTE | NDANCE To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | 12/06 YEAR GRADUATED | SCHOLARSHII ACADEMIC HONORS RECEIVED | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY | HORACIO LINA LARON ELECITA ALMARIO CROUND NAME OF SCHOOL (Write in full) QUEZON CENTRAL SCHOOL | BASIC EDUCATION/DEGI (Write in full) | ATION | PERIOD OF ATTE | NDANCE To 1976 | HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED | 12/06 YEAR GRADUATED | SCHOLARSHII ACADEMIC HONORS RECEIVED NONE | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL! | HORACIO LINA LARON ELECITA ALMARIO GROUNIU NAME OF SCHOOL (Write in full) QUEZON CENTRAL SCHOOL HOLY FAMILY ACADEMY | BASIC EDUCATION/DEGI (Write in full) | ATION OL IENCE IN ON/MAJOR | PERIOD OF ATTE | NDANCE To 1976 | HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED | 12/06 YEAR GRADUATED | SCHOLARSHI ACADEMIC HOWORS RECEIVED NONE | |
| FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL! TRADE COURSE | HORACIO LINA LARON ELECITA ALMARIO SASUND NAME OF SCHOOL (Writs in full) QUEZON CENTRAL SCHOOL HOLY FAMILY ACADEMY N/A CENTRAL LUZON POLYTECHNIC | BASIC EDUCATION/DEGI (Write in full) PRIMARY EDUC HIGH SCHOOL BACHELOR OF SCINDUSTRIAL EUCATI | ATION OL IENCE IN ON/MAJOR ARTS | PERIOD OF ATTE From *1970 *1976 | NDANCE To '1976 '1980 | HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED GRADUATED | 12/06 YEAR GRADUATED '1976 '1980 | SCHOLARSHII ACADEMIC HONORS RECEIVED NONE | |

| | SPECIAL L | 1080 (BOARD/BAR) UNDER AWS/ CES/ CSEE | RATING (If Applicable) | DATE OF EXAMINATION / | PLACE OF EXAMIN | ATION / CONFE | RMENT | LICENSE (IF: | applicable) Date of |
|------------|---------------------------|--|---------------------------|---|--|-------------------|--|--------------------------|--------------------------|
| | | LITY / DRIVER'S LICENSE RD EXAMINATION FOR | (ii replicatio) | CONFERMENT | | | | NUMBER | Validity |
| PROI ES | TEAC | The state of the s | 70.08 | 11/22/1987 | 22/1987 CABANATUAN CITY | | | 0391857 | 09/11/201 |
| | XPERIENCE | ent. Statt from your recent | | ontinue on separate shee | 10 THE REP IN | ehari Word F | mediune sha | at . | |
| 8. INCLI | JSIVE DATES m/dd/yyyy) | | | | | | SALARY/ JOB/ PAY | | |
| From | То | POSITION TITLE (Write in full/Do not abbi | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | MONTHLY SALARY | GRADE (# applicable)& STEP (Format 100-0")/ INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N) |
| 01/01/2020 | Present | MASTER TEACHER I | | STA. MARIA NATI | OF EDUCATION - ONAL HIGH SCHOOL | P42,662 | 18-2 | PERMANENT | YES |
| 07/19/2019 | 12/31/2019 | MASTER TEACHER I | | STA. MARIA NATI | OF EDUCATION - ONAL HIGH SCHOOL | P41,140 | 18-2 | PERMANENT | YES |
| 01/01/2019 | 07/18/2019 | MASTER TEACHER I | | STA, MARIA NATI | OF EDUCATION - ONAL HIGH SCHOOL | P40,637 | 18-1 | PERMANENT | YES |
| 01/01/2018 | 12/31/2018 | MASTER TEACHER I | = 100 | | OF EDUCATION • ONAL HIGH SCHOOL | P38,085 | 18-1 | PERMANENT | YES |
| 01/01/2017 | 12/31/2017 | MASTER TEACHER I | | STA. MARIA NATIO | OF EDUCATION - ONAL HIGH SCHOOL | P35,693 | 18-1 | PERMANENT | YES |
| 07/19/2016 | 12/31/2016 | MASTER TEACHER I | | DEPARTMENT | OF EDUCATION - ONAL HIGH SCHOOL | P33,452 | 18-1 | PERMANENT | YES |
| 01/01/2016 | 07/18/2016 | TEACHER III | | DEPARTMENT | OF EDUCATION - DNAL HIGH SCHOOL | P23,289 | 13-5 | PERMANENT | YES |
| 08/16/2013 | 12/31/2015 | TEACHER III | | DEPARTMENT | OF EDUCATION - | P22,306 | 13-5 | PERMANENT | YES |
| 06/01/2012 | 08/15/2013 | TEACHER III | | DEPARTMENT | OF EDUCATION - | P22,086 | 13-4 | PERMANENT | YES |
| 6/01/2011 | 05/31/2012 | TEACHER III | | DEPARTMENT OF EDUCATION - STA, MARIA NATIONAL HIGH SCHOOL | | P20,420 | 13-4 | PERMANENT | YES |
| 06/24/2010 | 05/13/2011 | TEACHER III | | DEPARTMENT | OF EDUCATION - ONAL HIGH SCHOOL | P18,755 | 13-4 | PERMANENT | YES |
| 8/16/2009 | 06/23/2010 | TEACHER III | | DEPARTMENT | OF EDUCATION - ONAL HIGH SCHOOL | P17,089 | 13-4 | PERMANENT | YES |
| 07/01/2009 | 08/15/2009 | TEACHER III | | DEPARTMENT OF EDI | | P16,753 | 13-3 | PERMANENT | YES |
| 07/01/2008 | 06/30/2009 | TEACHER III | | DEPARTMENT (| OF EDUCATION - | P14,197 | 12-3 | PERMANENT | YES |
| 7/01/2007 | 06/30/2008 | TEACHER III | | DEPARTMENT (| OF EDUCATION - | P12,906 | 12-3 | PERMANENT | YES |
| 8/16/2006 | 06/30/2007 | TEACHER III | | DEPARTMENT | OF EDUCATION - | P11,733 | 12-3 | PERMANENT | YES |
| 8/16/2003 | 08/15/2006 | TEACHER III | | DEPARTMENT (| OF EDUCATION - | P11,446 | 12-2 | PERMANENT | YES |
| 7/01/2001 | 08/15/2003 | TEACHER III | | DEPARTMENT (| OF EDUCATION - | P11,167 | 12-1 | PERMANENT | YES |
| 8/16/2000 | 06/30/2001 | TEACHER III | | DEPARTMENT OF E | DUCATION CULTURE | P10,635 | 12-1 | PERMANENT | YES |
| 1/01/2000 | 08/15/2000 | TEACHERI | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P10,194 | 10-4 | PERMANENT | YES |
| 1/01/1997 | 12/31/1999 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P9,267 | 10-4 | PERMANENT | YES |
| 8/11/1997 | 10/31/1997 | TEACHERI | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P7,687 | 10-4 | PERMANENT | YES |
| 1/01/1997 | 08/10/1997 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P7,558 | 10-4 | | Septim |
| 1/01/1996 | 12/31/1996 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | | | PERMANENT | YES |
| 1/01/1995 | 12/31/1995 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P6,075 | 10-3 | PERMANENT | YES |
| 8/11/1994 | 12/31/1994 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P4,964 | 10-3 | PERMANENT | YES |
| 1/01/1994 | 08/10/1994 | TEACHER I | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P3,964 | 10-3 | PERMANENT | YES |
| 1/20/1991 | 12/31/1993 | TEACHER | | DEPARTMENT OF E | MARIA HIGH SCHOOL DUCATION CULTURE | P3,933 | | PERMANENT | YES |
| 8/11/1991 | 11/19/1991 | The construction | | AND SPORTS - STA. | MARIA HIGH SCHOOL DUCATION, CULTURE | P3,133 | | PERMANENT | YES |
| 7/01/1989 | | TEACHER | | AND SPORTS - CARRA | NGLAN HIGH SCHOOL | P3,133 | 2000 | PERMANENT | YES |
| | 08/10/1991 | TEACHER I | | AND SPORTS - CARRA | NGLAN HIGH SCHOOL UCATION, CULTURE | P3,102 | | PERMANENT | YES |
| 8/11/1988 | 06/30/1989 | SECONDARY SCHOOL TI | L | | NGLAN HIGH SCHOOL | P1,764 | 10-1 | PERMANENT | YES |
| SIGNA | TURE | D-(1/c | | DATE | FEBRUARY 5, 2 | 020 | CS EODH 34 | 2 (Revised 2017), Pa | on 2 of 4 |

| L VOLUNTARY WORK OR INVOLVE | STATE OF THE PROPERTY OF THE P | INCLUSIVE | ATES | entropy display | | |
|---|--|-------------------------------------|-------------|--------------------|---|--|
| | RESS OF ORGANIZATION (Write in full) | (mm/dd/y | 00) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
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| | (Conti | nue on separate sheet if | necessary) | | | |
| | (EED) INTERVENTIONS/TRAINING PRO not become every the internet EED relating facilities for the | | | وموسعة | positivaj | |
| | MENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF (mm/6d/y | | MARRER OF HOURS | Type of LD (Manageriali Supervisory! Tachnical/slc) | CONDUCTED/ SPONSORED BY (Write in full) |
| ivision Conference on the Strategic Dir ssessment Center | ection of TLE and TVL Curriculum and | 11/13/2019 | 11/14/2019 | 16 | TECHNICAL | DEPARTMENT OF EDUCATION-NUEVA ECIJA |
| VISION RE-ORIENTATION ON RPMS-P | | 06/13/2019 | 06/14/2019 | 16 | TECHNICAL | DEPARTMENT OF EDUCATION-NUEVA ECIJA |
| PABILITY TRAINING AND ACCREDITATION FOR FERENT SPORTS EVENTS | | 05/30-31/2019 | 06/01/2019 | 24 | MANAGERIAL | DEPARTMENT OF EDUCATION-NUEVA ECIJA |
| VISION TRAINING WORKSHOP ON THE DEVELOPMENT OF INSTRUCTIONAL ATERIALS FOR GRADES 11 AND 12 | | 02/07-08/2017 | 02/11/2017 | 24 | TECHNICAL | DEPARTMENT OF EDUCATION-NUEVA ECIJA |
| UR-DAY TRAINING-WORKSHOP OF JUNIOR HS LECT CORE, APPLIED AND SPECIALIZED SUBJ | TEACHERS ON GRADE 11 SECOND SEMESTER ECTS | 01/14-15/2017, 01/21/2017 | 01/22/2017 | 32 | TECHNICAL | DEPARTMENT OF EDUCATION-NUEVA ECIJA |
| CHOOL IN SERVICE TRAINING ON THE ND REVISITING DEPED ORDER NO. 8, 1 | PREPARATION OF RESEARCH PROPOSAL s. 2015 | 10/26/2016 | 10/28/2016 | 24 | MANAGERIAL | SCHOOL MODE FUND |
| ORTS CLINIC FOR COACHES AND OF | FICIATING OFFICIALS | 09/14/2016 | | 8 | MANAGERIAL | SCHOOL EDUCATIONAL FUND - QUEZO |
| ORTS CLINIC FOR COACHES AND OF | The state of the s | 08/20/2016 5/30, | | 8 | MANAGERIAL | SCHOOL EDUCATIONAL FUND - GUIMB DEPARTMENT OF EDUCATION-NUEVA |
| VISION TRAINING FOR JUNIOR HS TE VISION SEMINAR WORKSHOP OF TLE DEF | 6/4,5,11,18/2016 | 06/19/2016 | 48 | TECHNICAL | ECIJA DEPARTMENT OF EDUCATION-NUEVA | |
| RADE 9 TEACHERS COMPETENCIES | | 11/20/2014 | 11/21/2014 | 16 | TECHNICAL | ECIJA |
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| | (Conti | inue on separate sheet it | necessary) | | | |
| M. OTHER INFORMATION | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACI | ADEMIC DISTINCTIONS (Write in full) | RECOGNITION | | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| COMPUTER LITERATE | , | ACHIEVER' S AWAR | D | | | STA. MARIA NATIONAL HIGH SCHOOL FACULTY CLUB |
| LETTERING | MOST RESPON | NSIBLE TEACHER (SCHOOL LEVEL) | | | | LICAB DISTRICT TEACHERS ASSOCIATE |
| | | | | | | |
| | | | | | | |
| | (Conti | inue on separate sheet it | necessary) | | | |
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| Are you related by consanguinity or affinity to t. ppointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Ca | e supervision over you in the Office, | YES V NO | | | |
|--|--|--|--------------------------------------|--|--|
| 35. a. Have you ever been found guilty of any administrative of | ffense? | YES If YES, give details: | NO . | | |
| b. Have you been criminally charged before any court? | | ✓ YES ✓ If YES, give details: Dat | te Filed: | | |
| 36. Have you ever been convicted of any crime or violation of regulation by any court or tribunal? | any law, decree, ordinance or | ☐ YES ☑ NO If YES, give details: | | | |
| 37. Have you ever been separated from the service in any of t retirement, dropped from the rolls, dismissal, termination, phased out (abolition) in the public or private sector? | YES / | l NO | | | |
| 38. a. Have you ever been a candidate in a national or local el Barangay election)? | lection held within the last year (except | YES [If YES, give details: | √ NO | | |
| b. Have you resigned from the government service during last election to promote/actively campaign for a national or | YES If YES, give details: | ☑ NO | | | |
| 39. Have you acquired the status of an immigrant or permane | YES [| NO country): | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897); a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? | YES If YES, please specify: YES If YES, please specify II YES If YES, please specify II | ☑ NO | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applic | ant /appointee) | | | | |
| NAME | ADDRESS | TEL, NO. | | | |
| Mayor EUFEMIA D. DOMINGO | POBLACION SUR, LICAB, NUEVA ECIJA | NONE | | | |
| Brgy. Captain ALBERT M. LOPEZ | STA. MARIA, LICAB, NUEVA ECIJA | NONE | | | |
| MARVIN A. BATOY | MALLORCA, SAN LEONARDO, NUEVA ECIJA | NONE | | | |
| 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head / authorized re agree that any misrepresentation made in this do administrative/criminal case/s against me. | ed this Personal Data Sheet which is tinent laws, rules and regulations of the presentative to verify/validate the conte | ne Republic of the nts stated herein. I | PHOTO | | |
| etc.) PLEASE INDICATE ID Number and Date of | | | | | |
| Government Issued ID: PRC | As l. | 6 | | | |
| ID/License/Passport No 0391857 | Signatur (Sign inside the | DOX) | | | |
| Date/Place of Issuance: 06/29/1998 MANILA | Date Accomplished | 100 | Right Thumbmark | | |
| SUBSCRIBED AND SWORN to before me this | , affiant exhib | iting his/her validly issued g | government ID as indicated above. | | |
| | Person Administering Oa | th | | | |
| | | | CS FORM 212 (Revised 2017), Page 4 o | | |

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person

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) LAHOM 2 SURNAME 111 NAME EXTENSION (JR., SR) FIRST NAME TOMAS MIDDLE NAME FAUSTO 3. DATE OF BIRTH 02/05/1959 16. CITIZENSHIP √ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship, Pls. indicate country: please indicate the details Female 5. SEX ✓ Male Philippines W Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated Dona Lucia Quezon Lahom Farms Other/s: Subdivision/Village Barangay Nueva Ecija 176cms 7. HEIGHT (m) City/Municipality Province 3113 8. WEIGHT (kg) 98 kg ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No Street Lahom Farms Brgy. Dona Lucia Quezon 10. GSIS ID NO Subdivision/Village Barangay Nueva Ecija 11. PAG-IBIG ID NO. City/Municipality Province 3113 12. PHILHEALTH NO ZIP CODE 13. SSS NO 19. TELEPHONE NO 14. TIN NO. 174-979-968 0917-5448846 20. MOBILE NO. 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) lahom farms@hotmail.com Lahom 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) Tomas Uzeil Lahom IV FIRST NAME Ma. Lourdes 12/14/1998 Cupcupin MIDDLE NAME OCCUPATION Government Official Local Government unit of Quezon N.E. EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** Municipal Hall Quezon N.E. TELEPHONE NO 24. FATHER'S SURNAME Lahom IAME EXTENSION (JR., SR) Bienvenido FIRST NAME MIDDLE NAME Padilla 25. MÖTHER'S MAIDEN NAME SURNAME Fausto Lydia FIRST NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC UNITS EARNED LEVEL GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED To From 1972 1972 ELEMENTARY San Beda College Elementary 1996 1976 SECONDARY San Beda College High School 1972 1976 VOCATIONAL / TRADE COURSE COLLEGE San Beda College BSC Accounting 1980 1976 1980 GRADUATE STUDIES San Beda College Bachelor of Laws 1985 1981 1985 Meliono (Continue on separate sheet if necessary) SIGNATURE DATE

CS FORM 212 (Revised 2017), Page 1 of 4

| 7. CARE | ER VICE EL (6) ER SERVICE/RA 10 | 180 (BOARD/ BAR) UNDER | - Contract | DATE OF | | | | LICENSE (if applicable) | | |
|-------------|------------------------------------|---------------------------------------|---------------------|--|-------------------------------------|-------------------|---|--------------------------|---------------------|--|
| | SPECIAL LAW | IS/ CES/ CSEE Y / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINAT | ION / CONFEI | RMENT | NUMBER | Date of Validity | |
| (| Certified Public | Accountant | Passed | 1980 | Mar | Manila | | | | |
| | Bar Exa | am | Passed | 1986 | Manila | | | | | |
| | | | | | | | | | | |
| / MASK | SXPERIENCE: | | (Co | ontinue on separate sheet it | necessary) | | | | Name of the last | |
| | | L. Start from your recen | l work) Description | on of duties should be | Indicated in the attache | d Work Ext | seriance straet | | | |
| 8. INCLI | USIVE DATES im/dd/yyyy) | POSITION TI (Write in full/Do not | TLE | | | MONTHLY SALARY | SALARY/JOS/PAY GRADE (if applicable)& STEP (Format '00 0'Y | STATUS OF APPOINTMENT | GOVT SERVICE | |
| From | To | | | Neve Fallana Tan | | INCREMENT | | (Y/N) | | |
| 11/01/2001 | present | Treasurer/Board o | f Directors | The state of the s | chers Mutual Benefit lation Inc. | | | | | |
| 5/01/1992 | present | Owner/Prop | rietor | Laho | m Farms | | | | | |
| 1/04/2015 | 01/01/2016 | Municipal Depart | ment Head | | on Nueva Ecija | | | | | |
| 7/01/2010 | 06/30/2013 | Legislative Sta | ff Chief | Rep. Josefina Represe | | | | | | |
| 7/01/2007 | 10/30/2009 | Political Affairs | Officer III | Rep. Eduardo No Represe | | | | | | |
| 7/01/2004 | 06/30/2007 | Provincial Board | Secretary | Sangguniang Panla | | | | | | |
| 7/01/1998 | 06/30/2004 | Legislative Sta | ff Chief | Rep. Josefina | | | | - | | |
| 0/07/2002 | 06/30/2004 | Partne | 0 | Represe Vivero Ferrer Laho | | | | | | |
| 1/01/1996 | 06/30/1998 | Consulta | nt | Office of the Government Cabanatuan City | | | | | | |
| 0/28/1992 | 11/30/1996 | Provincial Board | | | lawigan ng Nueva Ecija | | | | | |
| 7/01/1992 | 10/27/1992 | Chief of S | | Senator Nikki M.L. | Coseteng-Senate of the | | | | | |
| 1/01/1988 | 06/30/1992 | Partne | 10080 | Phil Reyes Coronel La | ippines nom & Madarietta Law | - | | | | |
| 06/01/1987 | 10/01/1988 | General Mar | | | Office urity Agency | | | | | |
| 1/25/1986 | Continues of | Associa | 3 | 7 | Maronilla Law Office | | | | _ | |
| Consequence | 12/30/1987 | | | | p Gorres Velayo and | | | | - | |
| 1/05/1985 | 05/30/1986 | Tax Staf | | Co | mpany | | | | | |
| 11/01/1981 | 05/30/1985 | Faculty of Arts 8 | | | of Arts and Sciences | | | | | |
| 01/25/1980 | 10/30/81 | Cost Accou | ntant | 127 (132) | Office | | | | | |
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| | | fliche | (C | ontinue on separate sheet i | necessary) | | | | | |
| SIGN | ATURE | / Mica | Mar | | DATE | | | | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / A GOVERNI | MENT/PEOPLE/V | OLUNTARY | r elecabizat | | |
|--|-----------------------|-------------------------------|-----------------|---|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSA | /E DATES (d'yyyy) | HUMBER OF HOURS | | POSITION / NATURE OF WORK |
| | From | To | | | FOSITION THAT OF TORK |
| Integrated Bar of te Phils. | | | | Member | |
| Phils. Institute of Public Accounts | | | | Member | |
| San Beda Alumni Association | | | | Member | |
| Philippine practical Shooting Association | | | | Member | |
| PDP Laban Nueva Ecija | | | | Member | |
| | | | | Legal Team | |
| | (Continue on separate | sheet if necessa | ary) | | |
| VII. LEARNING AND DEVELOPMENT (LAD) INTERVENTIONS/TRAINI | NG PROGRAMS A | P (EKIOED | | Sec. | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAM (Write in full) | ATTEN | DATES OF IDANCE Idyyyy) | NUMBER OF HOURS | Type of LO (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
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| VIII. OTHER INFORMATION | (Continue on separate | sheet if necessa | iry) | | |
| | NON-ACADEMIC DISTII | NCTIONS / RECO | OGNITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
| 31. SPECIAL SKILLS and HOBBIES 32. | | e in full) | | | 33. (Write in full) |
| Management/Supervision | | | | | |
| Bill Drafting | | | | | |
| Computer Literate | | | | | |
| Policy Making | | | | | |
| Organization and Implementatio | | | | | |
| | | | | | |
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| All to an | (Continue on separate | sheet if necessa | 7 | | |
| SIGNATURE MULLIANS | | | D, | ATE | CS FORM 919 (Revised 9017). Book 9 of |

| 34. | Are you related by consanguinity or affinity to the inting 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 NO | |
| | a. within the third degree? | No. | | |
| | b. within the fourth degree (for Local Government Unit - Career Employees)? | | YES NO | |
| | | | If YES, give details: | |
| 25 | a. Have you ever been found guilty of any administrative offense? | | YES V NO | |
| 30. | d. Hoto job otol bosh total gamy a my | | If YES, give details: | |
| | | | The Control of Control | |
| | La la company de | | ☐ YES ☑ NO | |
| | b. Have you been criminally charged before any court? | | 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 | | ☐ YES ☑ NO | |
| | by any court or tribunal? | | If YES, give details: | |
| | | | 70*502498************************************ | |
| 37. | Have you ever been separated from the service in any of the following modes: resignation, | | ☐ YES ☑ NO | |
| 100 | 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 election held within the last year (except | | ☐ YES ☑ NO | |
| E | Barangay election)? | | If YES, give details: | |
| | b. Have you resigned from the government service during the three (3)-month per | from the government service during the three (3)-month period before the last | | |
| | election to promote/actively campaign for a national or local candidate? | | If YES, give details: | |
| 39 | Have you acquired the status of an immigrant or permanent resident of another co | ountry? | ☐ YES ☑ NO | |
| | | | If YES, give details (country): | |
| | | | | |
| 40. | | d Persons (RA | | |
| | 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the fo | | | |
| a. | Are you a member of any indigenous group? | | ☐ YES ☑ NO If YES, please specify: | |
| b. | Are you a person with disability? | | YES NO | |
| | The food person man occurry. | | If YES, please specify ID No: | |
| C. | Are you a solo parent? | | YES NO If YES, please specify ID No: | |
| | | | If FES, please specify ID No. | |
| 41 | REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | The state of the s | |
| | NAME ADDR | RESS | TEL. NO. | |
| Г | | | | |
| H | | | | |
| L | | | | |
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| 42 | 2. I declare under oath that I have personally accomplished this Personal Data | Sheet which is a | true, correct and | |
| complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. | | | Republic of the | |
| | agree that any misrepresentation made in this document and its attact | chments shall cau | use the filing of | |
| | administrative/criminal case/s against me. | | | |
| - | | | | |
| П | Government Issued ID (Le Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | |
| П | overnment Issued ID: UMID | | . [] | |
| П | | | | |
| П | ID/License/Passport No.: 006-0104-3404-2 | ense/Passport No.: 006-0104-3404-2 Signature (Sign inside the | | |
| | Place of Issuance: Date Accomplished | | Right Thumbmark | |
| ŀ, | | | | |
| | SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above. | | | |
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| | Perso | Person Administering Oath | | |
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