## **PERSONAL DATA SHEET**

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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes [ ] ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME MANOTOC FIRST NAME NAME EXTENSION (JR., SR) RICARDO GABRIEL III MIDDLE NAME KALAW 3. DATE OF BIRTH 08/21/1968 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MANILA If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX ✓ Male Female Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS CEBU ST Widowed Separated House/Block/Lot No. Street ALABANG HILLS VILLAGE Other/s: CUPANG Barangay Subdivision/Village 7. HEIGHT (m) 6'0 MUNTINI UPA NCR City/Municipality Province 8. WEIGHT (kg) 185Lbs ZIP CODE 1776 18. PERMANENT ADDRESS 9. BLOOD TYPE 6 CEBU ST House/Block/Lot No. Street ALABANG HILLS VILLAGE 10. GSIS ID NO. CUPANG Subdivision/Village Barangay MUNTINLUPA 11. PAG-IBIG ID NO NCR City/Municipality Province 12. PHILHEALTH NO. 19-089061736-4 ZIP CODE 1776 13. SSS NO. 3330776755 19. TELEPHONE NO. 02-4030722 14. TIN NO. 153-458-172 20. MOBILE NO. 09178319919 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) gary@manotoc.net MANOTOC 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) PATRIZIA GABRIELLE LOPEZ MANOTOC FIRST NAME FRANCESCA LOLITA 5/31/1993 JUAN JAIME ISIDRO LOPEZ MANOTOC LOPEZ MIDDLE NAME 10/19/1997 ESTELA ERA LOPEZ MANOTOC OCCUPATION MANAGER PURCHASING 03/12/1999 EMPLOYER/BUSINESS NAME INTER-NATIONAL ADHESIVES CORP. **BUSINESS ADDRESS** 22B DON MARIANO LIM, ALABANG ZAPOTE RD. TELEPHONE NO. 02-8470652 MANOTOC 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME RICARDO LA'O MIDDLE NAME 25. MOTHER'S MAIDEN NAME KALAW SURNAME FIRST NAME MARIA EVA MIDDLE NAME CUENCA (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL 26 NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YFAR ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED HONORS (Write in full) (if not graduated) RECEIVED From To ELEMENTARY XAVIER SCHOOL 1976 1982 SECONDARY PRIOR PARK COLLEGE 1983 1986 VOCATIONAL / TRADE COURSE COLLEGE UNIVERSITY ASIA PACIFIC HUMANITY 1987 1989 **GRADUATE STUDIES** SIGNATURE DATE

V. CIVIL SE	RVICE ELIGI	IBILITY								
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI ACE CE EVA	TON / COLUMN	SMENIT	LICENSE (if applicable)		
BARA		NS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFE	MAICIAI	NUMBER	Date of Validity	
				<del>                                     </del>		M-10-11-11-11-11-11-11-11-11-11-11-11-11-				
			(Co	ntinue on separate sheet i	f necessary)					
v. WORK E	XPERIENCE									
	sive DATES	nt. Start from your recen		n of duties should b	e indicated in the attache	101/01/453	SALARY/ JOB/ PAY			
	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE	
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				ontinue of Jeparate sheet	if necessary)					
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2.3/1/			$\sim$				CS	S FORM 212 (Revised 2	017), Page 2 of	
			(							

VI. VOLUNTAR	Y WORK OR INVOLVEMENT I	N CIVIC / GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZAT.	S	
29.	NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
VII. LEARNING	AND DEVELOPMENT (L&D)	(Cont INTERVENTIONS/TRAINING PR		TENDED	y)		
30. TITLE O	F LEARNING AND DEVELOPMENT INTE (Write in full)		INCLUSIVE ATTENI (mm/do	DANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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						and the second s	
VIII SEVENII	Property Many	(Con	tinue on separate s	sheet if necessa	ry)		
VIII. OTHER IN	PECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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							XM1/1/
		(Co)	illiue on separate s	sheet if necessa	ny)		
	SIGNATURE	(A) LUI	()		DA	TE	CS FORM 212 (Revised 2017), Page 3 of

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, a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative of	fense?	☐ 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?	any law, decree, ordinance or regulation	☐ 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, edut (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during a election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	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?  Are you a person with disability?  Are you a solo parent?		☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this docadministrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents stat	Republic of the ed herein.			
P G	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID:  //License/Passport No.:	Am III				
H	ate/Place of Issuance:	Signature (Sign inside the b	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this		ting his/her validly issued government ID as indicated above.			
		Person Administering Oat	h			
		The state of the s				

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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM Print legibly. Tick appropriate boxes ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME DIMAGIBA FIRST NAME FORTUNATO NAME EXTENSION (JR., SR) JR MIDDLE NAME LACSON DATE OF BIRTH 09/21/1961 16 CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ☐ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MAI ABON RIZAL If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX ✓ Male ✓ Female Single ✓ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS 13 A ZIPPER ☐ Widowed House/Block/Lot No ☐ Separated Street SAN LORENZO Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 5'8" MAKATI NCR City/Municipality Province 8. WEIGHT (kg) 165lbs ZIP CODE 1223 18. PERMANENT ADDRESS 9 BLOOD TYPE 13 A Α÷ 7IPPER House/Block/Lot No Street 10. GSIS ID NO SAN LORENZO Subdivision/Village Barangay 11. PAG-IBIG ID NO. MAKATI 030241764809 NCR City/Municipality Province 12. PHILHEALTH NO 01-050451160-5 1223 **ZIP CODE** 13. SSS NO. 03-8119585-4 19. TELEPHONE NO. 14. TIN NO 136-167-071 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 05-01-001 21. E-MAIL ADDRESS (if any) 22. SPOUSE'S SURNAME DIMAGIBA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SF FIRST NAME MARIA ELOISA FRANCIS EMIL FORT V. DIMAGIBA 03/10/1991 EARIEL FORT V. DIMAGIBA MIDDLE NAME VALLE 11/25/1993 ERIN MARIE FORT V. DIMAGIBA CORPORATE SECRETARY OCCUPATION 09/01/1998 EMPLOYER/BUSINESS NAME NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. ELLENA FORT V. DIMAGIBA 03/02/2001 228 GABALDON ST. BRGY, SAN ROQUE, CABANATUAN CITY, RUSINESS ADDRESS **NUEVA ECIJA** TELEPHONE NO. (044) 4642063/463-9112 24. FATHER'S SURNAME DIMAGIBA NAME EXTENSION (JR., SR) SR FIRST NAME FORTUNATO MIDDLE NAME CRUZ 25. MOTHER'S MAIDEN NAME SURNAME LACSON AURORA FIRST NAME MIDDLE NAME JACOR (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL **ACADEMIC** UNITS FARNED HONORS RECEIVED (Write in full) (Write in full) GRADUATED (if not graduated) From To ELEMENTARY ST. JAMES ACADEMY 1975 SECONDARY ST.JAMES ACADEMY 1979 VOCATIONAL / TRADE COURSE COLLEGE DE LA SALLE UNIVERSITY BA MANAGEMENT 1990 **GRADUATE STUDIES** SIGNATURE DATE

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

27. C/	AREER SERVICE/ RA 10 SPECIAL LAW	080 (BOARD/ BAR) UNDER VS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	DI AGE OF THE			LICENSE (if applicable)	
	BARANGAY ELIGIBILIT	Y / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINA	ATION / CONFI	ERMENT	NUMBER	Date of Validity
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	EXPERIENCE			<b>建设产品的</b>					
(Include p	rivate employment	t. Start from your recen	t work) Description	on of duties should be	indicated in the attach	ed Work E		et.	
	CLUSIVE DATES (mm/dd/yyyy)	POSITION TIT		DEPARTMENT / AGENC	CY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	То	(Write in full/Do not a	bbreviate)	(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
2002	PRESENT	PRESIDEN	IT	NOVO ECIJANO TEACHERS MUTUAL					
2001	2002	TREASURE	R	BENEFIT ASSOCIATION INC. NOVO ECIJANO TEACHERS MUTUAL					
1984	2001	SPECIAL LOAN (	OFFICER	MANILA TEACHERS	OCIATION INC. SAVINGS AND LOAN				
				ASSOC	IATION				
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		7	THE RESERVE TO SHARE THE PARTY OF THE PARTY	nue on separate sheet if ne	cessary)				
SIGN	IATURE	Allen	ingile 8	).	DATE				

29. NAME & ADDRESS OF ORGANIZATION		SIVE DATES			
(Write in full)	From	n/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
			-		
		-			
	(Continue on separat	te sheet if necessa	arv)		
VII. LEARNING AND DEVELOPMENT (L&D) INTÉRVENTIONS/TRAII	NING PROGRAMS	ATTENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRA	INCLUSION	VE DATES OF		Type of LD	
(Write in full)		ENDANCE n/dd/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	From	То		Technical/etc)	
2015 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP	03/26/2015	03/26/2015			INSTITUTE OF CORPORATE DIRECTORS
CORPORATE GOVERNANCE AND AMLA SEMINAR	06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AND
ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)	10/16/2020	10/16/2020	2.5 HOURS		GOVERNANCE, INC.
MODULE I:AML/CTF STANDARDS AND BASELINE TRAINING ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)				***************************************	SGV&CO.
MODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.
AML/CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS	03/22/2022	03/22/2022	3 HOURS		AMLC
AMLC REPORTING AND REGISTRATION GUIDELINES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC
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	(Continue on separate	sheet if necessar	(V)		
III. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTI		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
	(Wri	te in full)			(Write in full)
				***************************************	
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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate as Bureau or Department where you will be approinted,	네 보는 경기를 보고 있다면 없는 이번 경기를 보고 있다면 하는데 되었다면 하는데 하는데 없는데 없는데 없다면				
	a. within the third degree?     b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ 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 by any court or tribunal?	/ law, decree, ordinance or regulation	☐ 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, end out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:			
38.	A. Have you ever been a candidate in a national or local elect Barangay election)?	ion held within the last year (except	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local co	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p					
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:			
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:			
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this docume administrative/criminal case/s against me.	nt laws, rules and regulations of the tative to verify/validate the contents state	Republic of the ed herein.			
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: UMID	Miniagile &				
-	/License/Passport No.: 0003-8119585-4	ox)				
Da	ate/Place of Issuance:	Date Accomplished	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above.			
		Person Administering Oath				

### CS Form No. 212

SIGNATURE

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. (Do not fill up. For CSC use only) 1. CS ID No. Print legibly. Tick appropriate boxes [ ] ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. LAHOM 2. SURNAME NAME EXTENSION (JR., SR) 111 FIRST NAME TOMAS **FAUSTO** MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 02/05/1959 Dual Citizenship ✓ Filipino (mm/dd/yyyy) by birth \_\_\_ by naturalization Pls. indicate country: QUEZON CITY If holder of dual citizenship, 4. PLACE OF BIRTH please indicate the details V Philippines Female ✓ Male 5. SEX 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 7. HEIGHT (m) 176cms Province City/Municipality 3113 **7IP CODE** 98 kg 8. WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE Street House/Block/Lot No Brgy. Dona Lucia Quezon Lahom Farms 10. GSIS ID NO. Barangay Subdivision/Village Nueva Ecija 11 PAG-IBIG ID NO City/Municipality Province 3113 12. PHILHEALTH NO. **ZIP CODE** 19. TELEPHONE NO. 13 SSS NO. 0917-5448846 14. TIN NO. 174-979-968 20. MOBILE NO. 21. E-MAIL ADDRESS (if any) lahom farms@hotmail.com 15. AGENCY EMPLOYEE NO. DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME Lahom 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) Tomas Uzeil Lahom IV 12/14/1998 Ma. Lourdes FIRST NAME Cupcupin MIDDLE NAME Government Official OCCUPATION EMPLOYER/BUSINESS NAME Local Government unit of Quezon N.E BUSINESS ADDRESS Municipal Hall Quezon N.E TELEPHONE NO. 24. FATHER'S SURNAME Lahom NAME EXTENSION (JR., SR) Bienvenido FIRST NAME Padilla MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Fausto FIRST NAME Lydia MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP ACADEMIC HIGHEST LEVEL PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То 1972 ELEMENTARY San Beda College Elementary 1996 1972 High School 1972 1976 1976 SECONDARY San Beda College VOCATIONAL / TRADE COURSE 1980 1980 COLLEGE San Beda College **BSC** Accounting 1976 1985 **GRADUATE STUDIES** San Beda College Bachelor of Laws 1981 1985 Chow

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DATE

CAREE	R SERVICE/ RA 10	80 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION	ON / CONFER	RMENT	LICENSE (if ap	Date of
BAR	SPECIAL LAW ANGAY ELIGIBILIT	S/ CES/ CSEE Y / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Validity
C	Certified Public Accountant Passed 1980		Mani	la					
	Bar Exa	am	Passed	1986	Mani				
			(Co	ontinue on separate sheet	if necessary)				
	EXPERIENCE rate employmen	nt. Start from your recer	t work) Descripti	on of duties should b	e indicated in the attache	d Work Ex	perience sheet		
(m	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/N)
From	То	Treasurer/Board	of Directors	Novo Ecijano Te	Novo Ecijano Teachers Mutual Benefit				
1/01/2001	present			+	ciation Inc. om Farms				<u> </u>
5/01/1992	present	Owner/Proj			om rarms zon Nueva Ecija				_
1/04/2015	01/01/2016	Municipal Depar		Rep. Josefii	na Joson House of				-
7/01/2010	06/30/2013	Legislative St		Rep. Eduardo N	Representative Q.C Rep. Eduardo Nonato joson-House of				
7/01/2007	10/30/2009	Political Affairs		Repres	and the second second				
7/01/2004	06/30/2007	Provincial Board		Sangguniang Pan Rep. Josefii					
7/01/1998	06/30/2004	Legislative Si		Repre	Representative Q.C				
10/07/2002	06/30/2004	Partne		-	Vivero Ferrer Lahom & Bahia Law Office		-		-
1/01/1996	06/30/1998	Consult			rnment Cabanatuan City		-		-
0/28/1992	11/30/1996	Provincial Boar		1	lalawigan ng Nueva Ecija . Coseteng-Senate of the		-		
07/01/1992	10/27/1992	Chief of		Pi	nilippines ahom & Madarietta Law		-		
01/01/1988	06/30/1992	Partno			Office	~~~			-
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1/25/1986	12/30/1987	Associ			Maronilla Law Office cip Gorres Velayo and		-		
11/05/1985	05/30/1986	Tax Sta		c	ompany		-		
11/01/1981	05/30/1985	Faculty of Arts			je of Arts and Sciences eliciano Hernandez law				-
01/25/1980	10/30/81	Cost Acco	untant	Oyonp ounizer 1	Office				
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	GANIZATION	(mm/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK		
(Write in full)		From To	FARE SE				
rated Bar of te Phils.				Member			
. Institute of Public Accounts				Member			
Beda Alumni Association				Member			
ppine practical Shooting Association				Member			
Laban Nueva Ecija				Member			
				Legal Team			
		ntinue on separate sheet if neces					
LEARNING AND DEVELOPMENT (L&D)  TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
		From To					
		-					
		-					
III. OTHER INFORMATION	(Co	ontinue on separate sheet if nece	ssary)				
31. SPECIAL SKILLS and HOBBIES	32. NO	DN-ACADEMIC DISTINCTIONS / Ri (Write in full)	ECOGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)		
Managemenrt/Supervision		(write it ton)			(with the first state of the st		
Bill Drafting							
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Policy Making							
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34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immediate super Bureau or Department where you will be apppointed,	commending authority, or to the rvision over you in the Office,	☐ YES ☑ NO
	<ul><li>a. within the third degree?</li><li>b. within the fourth degree (for Local Government Unit - Career En</li></ul>	mployees)?	YES NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	?	☐ YES ☑ NO If YES, give details:
	b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details:     Date Filed: Status of Case/s:
36	Have you ever been convicted of any crime or violation of any law by any court or tribunal?	w, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:
	Have you ever been separated from the service in any of the following retirement, dropped from the rolls, dismissal, termination, end of out (abolition) in the public or private sector?	term, finished contract or phased	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
38	a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:	
	b. Have you resigned from the government service during the the election to promote/actively campaign for a national or local cand	☐ YES ☑ NO If YES, give details:	
39	Have you acquired the status of an immigrant or permanent resi	☐ YES ☑ NO If YES, give details (country):	
40 a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna (7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group?		☐ YES ☑ NO
b.	Are you a person with disability?		If YES, please specify:  YES  NO If YES, please specify ID No:
C.	Are you a solo parent?		☐ YES ☑ NO  If YES, please specify ID No:
4	REFERENCES (Person not related by consanguinity or affinity to applicant /app	ointee)	
	NAME	ADDRESS	TEL. NO.
4	) I dealars under eath that I have a second to the second	a Paragnal Data Chast which is	Tue correct and
4	2. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized representate agree that any misrepresentation made in this document administrative/criminal case/s against me.	laws, rules and regulations of the tive to verify/validate the contents state	Republic of the led herein.
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: UMID	Jahomos	
H	ID/License/Passport No.: 006-0104-3404-2  Date/Place of Issuance:	Signature (Sign inside the b	
H	OUPDODINGS	Date Accomplished	Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated above.
		Person Administering Oath	h

Revised 2017	PERSO	NAL DAT	A SH	IEE1	Г			
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and th	e Work Experience Sheet s	hall cause the	e filing of ac	lministrativ	re/criminal case/s	s against the	person
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOR	MPLISHING TI	HE PDS FOR				
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIO	( ) and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only)
2 SURNAME	VILLANUEVA							
FIRST NAME	RAMON	<u> </u>				NAME EXTENSION (JR	., SR)	
MIDDLE NAME	CAPILI					2/4		
DATE OF BIRTH     (mm/dd/yyyy)	06/11/1956	16. CITIZENSHIP  Tiupino   Dual Citizenship						
4. PLACE OF BIRTH	Sta. Maria Bu	La Cassesof dual citizes	nship,			✓ by birth     Pls. indicate (	by naturalization country:	
5. SEX	Male Female	please indicate the de	etails.					-
6 CIVIL STATUS	Single Married  □ Widowed □ Separated  □ Other/s:	17. RESIDENTIAL ADDRESS	15 JOSE ABAD  HOUSEPHOUSEN HEIGHTS				anear	
7. HEIGHT (m)	165			C ity/Municipality			1	JCR
8. WEIGHT (kg)	68	ZIP CODE	101			***************************************	Province *	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS						
10. GSIS ID NO.	NA			ise/Block/Lot Ni bdivision/Village			Street Barangay	
11. PAG-IBIG ID NO.	NA							
12. PHILHEALTH NO.		ZIP CODE		ity/Municipality			Province	
13. SSS NO.	03-4410530-2	19. TELEPHONE NO.	80	332	. 33	-35		
14. TIN NO.	119-908-396	20. MOBILE NO.	OBILE NO. 0917-621-06-7			8		
15. AGENCY EMPLOYEE NO.  II. FAMILY BACKGROUND	NA	21. E-MAIL ADDRESS (if any)	~	zvje	19	56@v	ne.	com
22. SPOUSE'S SURNAME	IBAVIOSA		23. NAME of CH	II DREN (Write	full name and	list all)	DATE OF BIRT	FH (mm/dd/yyyy)
FIRST NAME	EVELYN	NAME EXTENSION (JR., SR)	The state of the s			ælle	-	186/80
MIDDLE NAME	ESPIRITO	l	Leon Justin				,,	17/1985
OCCUPATION	P.A.		Yria o Ramon II				- 1	28/198
EMPLOYER/BUSINESS NAME	N.A.		BEA Leonesca					7/198
BUSINESS ADDRESS	N.A.		Seraphim Rafael					28/199
TELEPHONE NO.	8932-33-8	5	Josef Ezelviel					0/199
24. FATHER'S SURNAME	VILLANUEVE	7	Athe	inal	Yar	ictui-	2081	13/199
FIRST NAME	RAMON	NAME EXTENSION (JR., SR)	Via	avi	cto	ria	1	24/199
MIDDLE NAME	JOSE							
25. MOTHER'S MAIDEN NAME								
SURNAME	CAPILI							
FIRST NAME	LEONCIA							
MIDDLE NAME  III. EDUCATIONAL BACKGR	GERONIMO	>		(Co	intinue on sej	parate sheet if neces.	sary)	
Andreas are a supplied to	Mariana di							SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	TO	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	Sta Maria			1962	1918		1968	
SECONDARY	Sacred Heart			1968	(97:	_	1972	
VOCATIONAL / TRADE COURSE	10.A.							
COLLEGE	Phil. College of Commerc	e		1942	1970	-	1976	
GRADUATE STUDIES	Ateneo GS of B	7 42						
SIGNATURE	Jung	ontinue on separate sheet if nece	ssary)	DA	TE	05	202	4

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

N. GIVIL OF RVICE FLIGHT	ILI) i							
<ol> <li>CAREER SERVICE/ RA 1080 SPECIAL LAWS/</li> </ol>		RATING	DATE OF EXAMINATION /	DI ACE DE EVALUATA	TION LOONEE	DMENT	LICENSE (if a	
BARANGAY ELIGIBILITY		(If Applicable)	CONFERMENT	PLACE OF EXAMINA	HON / GUNFE	WILNI	NUMBER	Date of Validity
Career by CPA Bo	25. Proje	ssional	1976	Mani	ia			
CPA BO	22 24		1976		١-		2212	
211110			1976	Man	100		3262	_
		a constant						
					-			
		and the same of th						
		(Cont	inue on separate sheet if i	recessary)		SEPPENDINGS		
V. WORK EXPERIENCE								
(Include private employment. 28. INCLUSIVE DATES	Start from your recent	vork) Description o	f dulies should be ind	icated in the attached	Nork Experi	SALARY/ JOB/ PAY		
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TI			CY / OFFICE / COMPANY	MONTHLY	GRADE (# applicable)& STEP	STATUS OF	GOV'T SERVICE
From To	(Write in full/Do not a	abbreviate)	(Write in full/Do	not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
	TO VATION AND THE PROPERTY AND THE							
						-		
<del></del>				THE CONTRACT OF THE CONTRACT O		-		
				1				
	X							
						-		
	AUSTRUM MANAGAMA AMAMAMA MANAGAMA							
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				12				
			10					
					Calmann			
			*******************************					
	Andrew Control of the							
	O . A .	(Cont	inue on separate sheet if r			<del>I =</del>		
SIGNATURE		Ucont Ucont	75	DATE	05	2024	1	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dsi/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
Malabon Lions Club	2008			clu	5 President	
				or or one or other contract of the		
(Co VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	ntinue on separate	sheet if necessary)				
	INCLUSIVE	DATES OF		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		iDANCE Id/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Ateneo Business Leaders	From	То				
Ateneo Business Leaders	1981	1982				
	1 (2)					
				ó.		
	1					
		7				
	-					
	-					
<u> </u>	-					
3	-					
	-					
					,	
(Co	ntinue on separate :	sheet if necessary)				
VIII OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32. NO	N-ACADEMIC DISTIN (Write	ICTIONS / RECOGN in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
					Financial	
					Executives	
	en de la company de la comp		OUR AND THE REAL PROPERTY.		Institute	
(F)	ntinue on senerale	sheet if necessary)				
SIGNATURE PARTY	من	· · · · · · · · · · · · · · · · · · ·	DA	TE	05 2024	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	supervision over you in the Office,	YES	Мио	
	b. within the fourth degree (for Local Government Unit - Care		YES If YES, give deta	ils:	
35.	a. Have you ever been found guilty of any administrative offe	ense?	YES If YES, give deta	IVNO ails:	
	b. Have you been criminally charged before any court?		YES If YES, give detection Date Filed Status of Case/s	:	
36.	Have you ever been convicted of any crime or violation of arby any court or tribunal?	ny law, decree, ordinance or regulation	☐ 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, en out (abolition) in the public or private sector?	d of term, finished contract or phased	YES If YES, give det		
38.	a. Have you ever been a candidate in a national or local election)?      b. Have you resigned from the government service during the service	☐ YES If YES, give de	tails:		
	election to promote/actively campaign for a national or local	If YES, give de			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
40. a. b.	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?  Are you a person with disability?  Are you a solo parent?		☐ YES		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant In	appointee)			
	NAME	ADDRESS	TEL. NO.		
42	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	ue correct and	4	
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the sentative to verify/validate the contents	Republic of the stated herein.		
G	Covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID:  O/License/Passport No.: P14397068	Swiller	•		
11	ate/Place of Issuance: DFA Hanila	Signature (Sign inside the b		Right Thumbmark	
L	SUBSCRIBED AND SWORN to before me this	Date Accomplished , affiant exhibit	ting his/her validly issu	ued government ID as indicated above.	
NECTORISM PERSONS AND PROPERTY.		,			
		Person Administering Oa	th		

CS Form No. 212 Revised 2017	PERSO	NAL DAT	A S	HEE	= T				
person concernea. READ THE ATTACHED G	sentation made in the Personal Data Sheet a	A SHEET (PDS) BEFORE A	CCOMPLIS	SHING THE		nistrative/crimina	I case/s agai	nst the	
Print legibly. Tick appropriate	ectes ( ) and use separate sheet if necessary. In	ndicate N/A if not applicable. D	O NOT ABB	REVIATE.	1. CS ID No.	1 (	Do not fill up. For	CSC use only	
2. SURNAME	PINEDA								
FIRST NAME	JOSELITO					NAME EXTENSION (J	R., SR)	A. W. LET	
MIDDLE NAME	CAMAYA		***************************************						
3. DATE OF BIRTH		T		T -	-				
(mm/dd/yyyy)	10/19/1964	16. CITIZENSHIP FILIPINO		✓ Filip	oino	Dual Citizenship	· _		
4. PLACE OF BIRTH	CABANATUAN CITY, NUEVA ECIJA	If holder of dual citizens	ship.			<ul><li>✓ by birth</li><li>Pls. indicate of</li></ul>	by natura	lization	
5. SEX	✓ Male Female	please indicate the deta				i is. indicate t	country.		
	Single Married	17. RESIDENTIAL ADDRESS	T	PUROK	5				
6 CIVIL STATUS	☐ Widowed ☐ Separated	W. NEOIDENTIAE ADDINESS	Н	ouse/Block/Lot			Street		
	Other/s:		S	Subdivision/Villa	age	ST	A. MARIA Barangay		
7. HEIGHT (m)	1.79			LICAB City/Municipal	itv	NU	EVA ECIJA Province	\	
8. WEIGHT (kg)	73	ZIP CODE				3112	rrevince		
9. BLOOD TYPE	В	18. PERMANENT ADDRESS	· ·	PUROK ouse/Block/Lot			Ctt		
10. GSIS ID NO.	2002939544					SA	N MIGUEL		
11. PAG-IBIG ID NO.	030106251210			QUEZOI	V		NUEVA E	CIJA	
12. PHILHEALTH NO.	07000051994-2	ZIP CODE		City/Municipal	iy	3113	Province		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	· · · · · · · · · · · · · · · · · · ·					
14. TIN NO.	154-306-842	20. MOBILE NO.	0917914	15642					
15. AGENCY EMPLOYEE NO.	4146766	21. E-MAIL ADDRESS (if any)	jojopine	da19@y	ahoo.con	<u>1</u>			
II. FAMILY BACKGRO	UND								
22. SPOUSE'S SURNAME	PINEDA	h	23. NAME of		Write full name		DATE O (mm/d		
FIRST NAME	LEONISA	NAME EXTENSION (JR., SR)			A. PINE		05/02	05/02/1993	
MIDDLE NAME	ALARCON		-	MARIVIC	JOY A. PI	NEDA	03/07	/1998	
OCCUPATION	TEACHING								
EMPLOYER/BUSINESS NA	DEPED STA. MARIA NATIONAL HIG	SH SCHOOL			-				
BUSINESS ADDRESS	STA. MARIA, LICAB, NUEVA ECIJA								
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			(C	ontinue on se <sub>l</sub>	parate sheet if neces	ssary)		
III. EDUCATIONAL BA	CKGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	P/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	CABANATUAN WEST CENTRAL SCHOOL	PRIMARY		1971	1977	GRADUATED	1977	NONE	
SECONDARY	TALAVERA NATIONAL HIGH SCHOOL	SECONDARY		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 E MAJOR IN AGRICULTU		1981	1985	GRADUATED	1985	NONE	
GRADUATE STUDIES	PHILIPPINE STATESMAN COLLEGES	MASTER OF ART MAJ		1995	1996	36 UNITS		NONE	
	(C	ontinue on separate sheet if nece	essary)						
SIGNATURE	Jo enhis Cut			DA	TE	Nove	mber 19, 202	0	

7. CAREE	R SERVICE/ RA 108 SPECIAL LAWS	80 (BOARD/BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	MENT -	LICENSE (if ap	Date of
BAR		Y / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	TEACE OF EXAMINA	MONT CONTEN	VICTO 1	NUMBER	Validity
PROFESS	IONAL BOARD TEACHE	EXAMINATION FOR RS	70.63	12/10/1989	CABANA	TUAN CITY		0391104	19/10/202
	XPERIENCE ate employmen	nt. Start from your rece		ntinue on separate sheet		ched Work Ex		rel.	
	ISIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
01/01/2020	PRESENT	TEACHER	RIII		RIA NATIONAL HIGH	28,688.00	13 STEP 7	PERMANENT	YES
01/01/2019	12/31/2019	TEACHE		DEPED STA. MA	CHOOL RIA NATIONAL HIGH	27,166.00	13 STEP 7	PERMANENT	YES
08/16/2018	12/31/2018	TEACHE		DEPED STA. MA	CHOOL RIA NATIONAL HIGH	25,989.00	13 STEP 7	PERMANENT	YES
01/01/2018	08/15/2018	TEACHE	·	DEPED STA. MA	CHOOL RIA NATIONAL HIGH	25,387.00	13 STEP 6	PERMANENT	YES
01/01/2017	12/31/2017	TEACHE			CHOOL IRIA NATIONAL HIGH	24,315.00	13 STEP 6	PERMANENT	YES
	12/31/2016	TEACHE			CHOOL RIA NATIONAL HIGH	-			-
08/16/2015	12012010				CHOOL RIA NATIONAL HIGH	23,536.00	13 STEP 6	PERMANENT	YES
	08/15/2015	TEACHE			CHOOL RIA NATIONAL HIGH	22,306.00	13 STEP 5	PERMANENT	YES
16/08/2012	15/08/2013	TEACHE		S	CHOOL RIA NATIONAL HIGH	22086.00	13 STEP 5	PERMANENT	YES
01/06/2011	15/08/2012	TEACHE		S	CHOOL KRIA NATIONAL HIGH	20420.00	13 STEP 4	PERMANENT	YES
24/06/2010	31/05/2011	TEACHE		S	CHOOL ARIA NATIONAL HIGH	18755.00	13 STEP 4	PERMANENT	YES
16/08/2009	23/06/2010	TEACHE	R III	S	CHOOL ARIA NATIONAL HIGH	17089.00	13 STEP 4	PERMANENT	YES
01/07/2009	15/08/2009	TEACHE	R III	S	CHOOL RIA NATIONAL HIGH	16753.00	13 STEP 3	PERMANENT	YES
01/07/2008	30/06/2009	TEACHE	R III	S	CHOOL	14197.00	12 STEP 3	PERMANENT	YES
01/07/2007	30/06/2008	TEACHE	RIII	S	ARIA NATIONAL HIGH CHOOL	12906.00	12 STEP 3	PERMANENT	YES
16/08/2006	30/06/2007	TEACHE	RIII	S	ARIA NATIONAL HIGH CHOOL	11733.00	12 STEP 3	PERMANENT	YES
16/08/2003	15/08/2006	TEACHE	RIII		ARIA NATIONAL HIGH CHOOL	11446.00	12 STEP2	PERMANENT	YES
01/07/2001	15/08/2003	TEACHE	RI	S	ARIA NATIONAL HIGH CHOOL	11167.00	12 STEP 1	PERMANENT	YES
16/08/2000	30/06/2001	TEACHE	RI	1	ARIA NATIONAL HIGH CHOOL	10635.00	12 STEP 1	PERMANENT	YES
01/01/2000	15/08/2000	TEACHE	RI	NOT AND ADDRESS OF THE PARTY OF	ARIA NATIONAL HIGH CHOOL	9945.00	10 STEP 3	PERMANENT	YES
20/12/1997	31/12/1999	TEACHE	RI		ARIA NATIONAL HIGH CHOOL	9041.00	10 STEP 3	PERMANENT	YES
01/11/1997	19/12/1997	TEACHE	RI	BOOK COL SON MANNEY	ARIA NATIONAL HIGH CHOOL	8571.00	10 STEP 2	PERMANENT	YES
01/01/1997	31/10/1997	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH CHOOL	7433.00	10 STEP 2	PERMANENT	YES
01/01/1996	19/12/1996	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH CHOOL	6044.00	10 STEP 2	PERMANENT	YES
01/01/1995	31/12/1995	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH CHOOL	4933.00	10 STEP 1	PERMANENT	YES
20/12/1994	31/12/1994	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH CHOOL	3933.00	10 STEP 1	PERMANENT	YES
01/01/1994	19/12/1994	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH CHOOL	3902.00	10 STEP 1	PERMANENT	YES
20/12/1991	31/12/1993	TEACHE	RI	DEPED STA. MA	ARIA NATIONAL HIGH	3102.00	10 STEP 1	PERMANENT	YES
15/10/1990	13/12/1990	TEACHE	RI	DEPED STA. MA	CHOOL ARIA NATIONAL HIGH CHOOL	3102.00		R. SUB.	YES
				1		1			

NAME & ADDRESS OF (		INCLUSIVI (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in fu	(1)	From	То	TOMOLITO TIONS		Toomon/tendited note
LICAB DISTRICT TEACHER INC.,	LICAB, NUEVA ECIJA	12/20/1991	PRESENT			
	(Cont	inue on separate s	heet if necessary			
. LEARNING AND DEVELOPMENT (L& introduced in the most recent L&D/braining program and inc.				nief/Executive/Mana	gerial positions)	
TITLE OF LEARNING AND DEVELOPMENT IN     (Write in f)	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
NATIONAL CONFERENCE AND TR	AINING IN LEADERSHIP	01/10/2020	01/12/2020	24		DEPED-REGION I
CAPABILITY TRAINING AND ACCRED TECHNICAL OFFICIALS IN DIFFER	ITATION OF COACHES AND	05/27/2019	05/29/2019	24		DEPED DIVISION OF NUEVA ECIJA
IVISION TRAINING FOR SSG/SSP ADVISER		10/23/2017	10/24/2017	16		DEPED DIVISION OF NUEVA ECIJA
DIVISION SUPREME STUDENT GOVERN		11/24/2016	11/25/2016	16		DEPED REGION
MASS TRAINING FOR GRADE 10 TEACHER THE ENHANCED K-12 BASIC EL		05/11/2015	05/16/2015	48		DEPED DIVISION OF NUEVA ECIJA
ANSANGAY NA SEMINAR WORKSHOP SA A NG SEKUNDA	RALING PANLIPUNAN SA ANATAS	01/14/2015	01/16/2015	24		DEPED DIVISION OF NUEVA ECIJA
IVISION SEMINAR WORKSHOP ON THE FL PHILIPPINE	AG AND HERALDIC CODE OF THE		11/20/2015	8		DEPED DIVISION OF NUEVA ECIJA
VISION LEADERSHIP TRAINING OF THE SS			10/29/2014	8		DEPED DIVISION OF NUEVA ECIJA
-SERVICE TRAINING		10/21/2014	10/22/2014	16		DEPED DIVISION OF NUEVA ECIJA
ASS TRAINING FOR GRADE 9 TEACHERS (	ON THE IMPLEMENTATION OF K-12	05/17/2014	05/21/2014	54		DEPED DIVISION OF NUEVA ECIJA
EGIONAL TRAINING FOR GRADE 8 TEACH 12 CURRICUL		05/20/2013	05/24/2013	54		DEPED DIVISION OF NUEVA ECIJA
	(Con	tinue on separate	sheet if necessar	y)		
III. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTII	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
FARMING						LICAB DISTRIC TEACHERS INCORPORA
COACHING AND PLAYING CHESS						STA. MARIA NHS FACULTY
		www.				
	(Cor	itinue on separate	sheet if necessar	y)		
	1001					

	Are you related by consanguinity or affinity to the appointing			
	chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	supervision over you in the Office,		
	a. within the third degree?		☐ YES ☑ N	0
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ N	0
	b. Within the loant accepted (ich 2000) Continuent Cont		If YES, give details:	
			ii 120, give detaile.	
35.	a. Have you ever been found guilty of any administrative offe	ense?	YES V N	0
			If YES, give details:	
			☐ YES ☑	NO.
	b. Have you been criminally charged before any court?			NO .
			If YES, give details:	
			Date Filed: Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation		NO
	by any court or tribunal?		If YES, give details:	
37.	Have you ever been separated from the service in any of the			NO
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	id of term, imisting contract or phased	If YES, give details:	
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?		NO NO	
		(I - (2) - (I - (1) I - (1) I	If YES, give details:	7
	b. Have you resigned from the government service during the 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 permanent	t resident of another country?	YES	/ NO
			If YES, give details (co	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	, please answer the following items:		
а.	Are you a member of any indigenous group?		YES [ If YES, please specify:	√ NO
b.	Are you a person with disability?			✓ NO
			If YES, please specify ID	
C.	Are you a solo parent?		☐ YES [ If YES, please specify ID]	NO:
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /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	Vaa
	MAYOR FEMY D. DOMINGO	LICAB, NUEVA ECIJA	N/A	
42.	I declare under oath that I have personally accomplished	I this Personal Data Sheet which is a to	rue, correct and	
	complete statement pursuant to the provisions of pertine			
	Philippines. I authorize the agency head/authorized repre-			
	I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall caus	se the filing of	
	22			
C	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			
	PLEASE INDICATE ID Number and Date of Issuance			
G	overnment Issued ID: PRC			
10	D/License/Passport No.: 0391104	Signature (Sign inside the b		
D	ate/Place of Issuance: 06/26/1998 MANILA	November 19,2020  Date Accomplished		Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued gove	ernment ID as indicated above.
	-	Person Administering Oa	th	

CS Form No. 212 Revised 2017

# PERSONAL DATA SHEET

WARNING: Any misinterpretati concerned.	ion made in the Personal Data Sheet and th	e Work Experience Sheet s	shall cause ti	ne filing of administra	tive/criminal case	e/s against the	person
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SI ( ) and use separate sheet if necessary. Indicate	HEET (BDS) BEFORE 4000					
I. PERSONAL INFORMATIO	N	e NA il liot applicable. DO NO	I ABBREVIA	TE. 1. CS ID No		(Do not fill up.	For CSC use only
2. SURNAME	FELICIANO						
FIRST NAME	PONCIANO				NAME EXTENSION (	IR., SR)	
MIDDLE NAME	CASIMIRO	***************************************					1000
3. DATE OF BIRTH (mm/dd/yyyy)	DEC. 03, 1955	16. CITIZENSHIP		✓ Filipino [	Dual Citizenship		
4. PLACE OF BIRTH	TALAVERA N. E.	If holder of dual citize	nship,		by birth Pls. indicate	by naturaliz	ration
5. SEX	✓ Male ☐ Female	please indicate the de	etails.	Philippines			-
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Но	6 ANDAL ALINO, use/Block/Lot No. TALAVERA		Street	
7. HEIGHT (m)	5'4			ubdivision/Village NUEVA ECIJA		Barangay	
8. WEIGHT (kg)	114 LBS	ZIP CODE		City/Municipality	3114	Province	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	22	6 ANDAL ALINO,	3114		
10. GSIS ID NO.	•		1	use/Block/Lot No.		Street	
				TALAVERA NUEVA ECIJA		Barangay	
11. PAG-IBIG ID NO.				City/Municipality		Province	
12. PHILHEALTH NO.	030002307652	ZIP CODE		3114		Trovince	
13. SSS NO.	02-0399023-4	19. TELEPHONE NO.					
4. TIN NO.	203-577-033	20. MOBILE NO.			0977 045 6959		
5. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)				~~	
I. FAMILY BACKGROUND							
2. SPOUSE'S SURNAME	CELLONA		23. NAME of C	HILDREN (Write full name a	and list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	MERCEDES	NAME EXTENSION (JR., SR)					
MIDDLE NAME	BAYAN						
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
4. FATHER'S SURNAME	FELICIANO						
FIRST NAME	CIRILE	NAME EXTENSION (JR., SR)					
MIDDLE NAME (	CASTRO						
5. MOTHER'S MAIDEN NAME							
SURNAME	CASIMIRO						
FIRST NAME	JUANITA						
MIDDLE NAME	MADARANG			(Continue on s	eparate sheet if nec	essary)	
I. EDUCATIONAL BACKGR	OUND						
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ 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 AGRI. ENGR.				1987	
GRADUATE STUDIES							
SIGNATURE	HA Ann	ontinue on separate sheet if nece	ssary)	DATE			

	SERVICE ELIC	1080 (BOARD/ BAR) UNDER		1					
	SPECIAL LA	WS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFE	RMENT	LICENSE (if	
В	IARANGAY ELIGIBIL	LITY / DRIVER'S LICENSE	(ii Applicable)	CONFERMENT				NUMBER	Date of Validity
						la, j			-
	EXPERIENCE			ntinue on separate sheet					
28. INCL	LUSIVE DATES	nt. Start from your recen				ed Work Exp	SALARY/ JOB/ PAY		ı
From	mm/dd/yyyy) To	POSITION TI (Write in full/Do not a			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
3/5/1993	2/5/1996	LABORER	11	PROV'L E	ENGR. OFFICE	4,000.00	HONEMEN	PERMANENT	
5/22/96	9/14/97	COMMUNITY O	FFICE 1	PA	PAMO-G.O			TEMPORARY	
9/15/97	9/30/98	PRIVATE SECR	ETARY	со-т	8,700.00		CO-TERMINUS		
6/16/98	11/23/98	AGRI-TECHNOI	OGIST	GOVERNORS OFFICE		6,700.00		TEMPORARY	
11/24/98	1/11/2002	SOVSNG, TRADIN	G OFFICE	FOOD TERMINAL		15,000.00		PERMANENT	
1/1/2005	6/30/07	AGRI-TECHNOI	OGIST	LGU Q	UEZON NE	6,000.00		CONTRACTUAL	
1/7/2007	6/30/10	POLITUAL AFFAIR	OFFICER I	HOUSE OF RE	EPRESENTATIVES	22,000.00		CO-TERMINUS	
1/7/2014	6/30/16	CONSULTA	NT	LGU	LICAB NE	7,000.00		CONTRACTUAL	
1/8/2016	PRESENT	AGRI-TECHNOL	.OGIST	LGU QUEZON NE		6,000.00		CONTRACTUAL	
			-						
SIGNA	TURE	Stam	(Cont	nue on separate sheet if					
		7-1-1			DATE		00.5	ORM 212 (Revised 201	

2	200						
VI. VOLUN	ITARY WORK OR INVOLVEMEN	NT IN CIVIC / GOVERNMEN	IT / PEOPLE	/ VOI LINTAR	Y ORGANIZA	IG.	
29.	NAME & ADDRESS OF	ORGANIZATION	INCLUS	SIVE DATES	I WANTED		
	(Write in	full)	(mm.	/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			FIOR	То			
				<del>†                                    </del>			
			-	-			
						-	
		(Con	tinue on separate	sheet if necessary	y)		
VII. LEARI	NING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING F	PROGRAMS )	ATTENDED			
	meet recent cook hamming program and life	lude only the relevant L&D/training taken for			hief/Executive/Man	agerial positions)	
30. TIT	LE OF LEARNING AND DEVELOPMENT IN			E DATES OF NDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
	(Write in fi	ıli)	(mm/c	dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
			From	То		rocinicaretaj	
	CORPORATE GOVERNAN	CE SEMINAR	4/28/15	4/28/15	4 HRS		PHILIPPINE CORPORATE ENHANCE AND
				-			GOVERNANCE, INC
	CORPORATE GOVERNANCE	& AMLA SEMINAR	6/21/16	12/5/2017	5 HRS		PHILIPPINE CORPORATE ENHANCE AND GOVERNANCE, INC
	BASIC MEET INSPECTION TR	AINING 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 PRO	DDUCTION SYSTEM: INTERGRATED	6/20/17	6/22/17	24 HRS		
	COMMUNITY FOOD PRO	DDUCTION	0.20,11	0/22/1/	241110		ATI-RTC 3
	-						
	***************************************						
	NAME OF THE PARTY						
·							
		(Conti	nue on separate s	heet if necessary)			
VIII. OTHER	RINFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-A		CTIONS / RECOGI in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING						, and an ear
Р	LAYING BASKETBALL						
				~ <del></del>			
			Name of the latest of the late				
	SIGNATURE	D/W/W/	nue on separate s	heet if necessary)			
	OIGHATURE	4/1000			DA7	E	

chief of bureau or office or to the person who has sdiate Bureau or Department where you will be apppointed, a. within the third degree?	or recommending authority, or to the supervision over you in the Office,	
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offe	ense?	☐ 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 an 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, en out (abolition) in the public or private sector?	d 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 electron Barangay election)?	ction held within the last year (except	✓ YES
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local service.	☐ YES ☐ NO If YES, give details:	
39. •	☐ YES ☑ NO If YES, give details (country):	
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>		☐ YES
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)	
NAME	ADDRESS	TEL. NO.
ATTY. EDNO N. JOSON	GUIMBA NE	
ATTY. TOMAS F. LAHOM	QUEZON NE	
ATTY. OLIVE JANE G.CORNEJO	TALAVERA N.E	
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: 15265694  ID/License/Passport No.:	Signature (Sign inside the b	
Date/Place of Issuance: 08/20/202020 QEUZON NE	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this		
	Person Administering Oath	ng his/her validly issued government ID as indicated above.

P\_RSONAL DATA SHE\_T 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM Print legibly. Tick appropriate boxes ( ) 📑 use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1, CS ID No. (Do not fill up. For CSC use only) 2 SURNAME TADIQUE FIRST NAME TEODORA NAME EXTENSION (JR., SR) MIDDLE NAME LARON 3. DATE OF BIRTH 09/11/1963 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship 4. PLACE OF BIRTH QUEZON, NUEVA ECIJA If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX Male ✓ Female ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS PUROK 3 ☐ Widowed Separated House/Block/Lot No Other/s: STA. MARIA Subdivision/Village 7. HEIGHT (m) 1.6 LICAB **NUEVA ECIJA** City/Municipality Province 8. WEIGHT (kg) 58 kgs ZIP CODE 3112 18. PERMANENT ADDRESS PUROK 3 9. BLOOD TYPE 0 House/Block/Lot No 10. GSIS ID NO 2002938076 STA. MARIA Subdivision/Village Barangay 11. PAG-IBIG ID NO. LICAB 1410-0019-0364 NUEVA ECIJA City/Municipalit Province 12. PHILHEALTH NO. 07-000051975-6 ZIP CODE 3112 13. SSS NO 33-003167-2 19. TELEPHONE NO. NONE 14 TIN NO 154-306-850 20. MOBILE NO. 09255091163 15. AGENCY EMPLOYEE NO 4146769 21. E-MAIL ADDRESS (if any N/A N/A 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) N/A N/A FIRST NAME MIDDLE NAME OCCUPATION NA EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO N/A 24. FATHER'S SURNAME **TADIQUE** 03/22/1935 SR FIRST NAME HORACIO MIDDLE NAME LINA 25. MOTHER'S MAIDEN NAME LARON SURNAME 12/06/1940 ELECITA FIRST NAME MIDDLE NAME **ALMARIO** (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR ACADEMIC LEVEL UNITS FARNED (Write in full) (Write in full) GRADUATED HONORS RECEIVED (if not graduated) То ELEMENTARY QUEZON CENTRAL SCHOOL PRIMARY EDUCATION 1970 1976 GRADUATED 1976 NONE SECONDARY HOLY FAMILY ACADEMY HIGH SCHOOL 1976 1980 GRADUATED 1980 NONE VOCATIONAL / N/A TRADE COURSE BACHELOR OF SCIENCE IN CENTRAL LUZON POLYTECHNIC COLLEGE INDUSTRIAL EUCATION/MAJOR 1980 1984 GRADUATED 1984 NONE COLLEGE IN INDUSTRIAL ARTS **GRADUATE STUDIES** PHILIPPINE STATESMAN COLLEGE MA IN PSYCHOLOGY 1995 1996 36 UNITS N/A N/A SIGNATURE DATE FEBRUARY 5, 2020

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	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE JTY / DRIVER'S LICENSE	RATING f Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFER	RMENT	LICENSE (if a	Date of
		D EXAMINATION FOR		CONFERMENT			4 2 4 2	NUMBER	Validity
	TEACH		70.08	11/22/1987	CABANA	TUAN CITY		0391857	09/11/201
/ Wask	XBBRIBNOS		(C	ontinue on separate she	ot if necessary)				
		nt. Start from your recent wo	rk) Descript	ion of duties should	be indicated in the attac	hed Work Ex	rperience shee	et.	
	SIVE DATES n/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbrev	iate)		NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
01/01/2020	Present	MASTER TEACHER I		DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL		P42,662	18-2	PERMANENT	YES
07/19/2019	12/31/2019	MASTER TEACHER I		DEPARTMENT	OF EDUCATION -	P41,140	18-2	PERMANENT	YES
01/01/2019	07/18/2019	MASTER TEACHER I			OF EDUCATION -	P40,637	18-1	PERMANENT	YES
01/01/2018	12/31/2018	MASTER TEACHER I		DEPARTMENT	OF EDUCATION -	P38,085	18-1	PERMANENT	YES
01/01/2017	12/31/2017	MASTER TEACHER I		DEPARTMENT	OF EDUCATION -	P35,693	18-1	PERMANENT	YES
07/19/2016	12/31/2016	MASTER TEACHER I		DEPARTMENT	OF EDUCATION -	P33,452	18-1	PERMANENT	YES
01/01/2016	07/18/2016	TEACHER III		DEPARTMENT	OF EDUCATION -	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			OF EDUCATION -	P22,086	13-4	PERMANENT	YES
06/01/2011	05/31/2012	TEACHER III		Secure Sections of the Control of th	OF EDUCATION -	P20,420	13-4	PERMANENT	YES
06/24/2010	05/13/2011	TEACHER III		the second of the second of the second	OF EDUCATION -	P18,755	13-4	PERMANENT	YES
08/16/2009	06/23/2010	TEACHER III			OF EDUCATION -	P17,089	13-4	PERMANENT	YES
07/01/2009	08/15/2009	TEACHER III		DEPARTMENT OF ED MARIA NATION	DUCATION - STA.	P16,753	13-3	PERMANENT	YES
07/01/2008	06/30/2009	TEACHER III			OF EDUCATION - IONAL HIGH SCHOOL	P14,197	12-3	PERMANENT	YES
07/01/2007	06/30/2008	TEACHER III			OF EDUCATION - IONAL HIGH SCHOOL	P12,906	12-3	PERMANENT	YES
08/16/2006	06/30/2007	TEACHER III			OF EDUCATION -	P11,733	12-3	PERMANENT	YES
08/16/2003	08/15/2006	TEACHER III			OF EDUCATION - IONAL HIGH SCHOOL	P11,446	12-2	PERMANENT	YES
07/01/2001	08/15/2003	TEACHER III			OF EDUCATION - IONAL HIGH SCHOOL	P11,167	12-1	PERMANENT	YES
08/16/2000	06/30/2001	TEACHER III			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P10,635	12-1	PERMANENT	YES
01/01/2000	08/15/2000	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P10,194	10-4	PERMANENT	YES
11/01/1997	12/31/1999	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P9,267	10-4	PERMANENT	YES
08/11/1997	10/31/1997	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P7,687	10-4	PERMANENT	YES
01/01/1997	08/10/1997	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P7,558	10-3	PERMANENT	YES
01/01/1996	12/31/1996	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P6,075	10-3	PERMANENT	YES
01/01/1995	12/31/1995	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P4,964	10-3	PERMANENT	YES
08/11/1994	12/31/1994	TEACHER I			EDUCATION CULTURE A. MARIA HIGH SCHOOL	P3,964	10-3	PERMANENT	YES
01/01/1994	08/10/1994	TEACHER I		AND SPORTS - STA	EDUCATION CULTURE A. MARIA HIGH SCHOOL	P3,933	10-2	PERMANENT	YES
11/20/1991	12/31/1993	TEACHER I		AND SPORTS - STA	EDUCATION CULTURE A. MARIA HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
08/11/1991	11/19/1991	TEACHER I		AND SPORTS - CAR	EDUCATION, CULTURE RANGLAN HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
07/01/1989	08/10/1991	TEACHER I		AND SPORTS - CAR	EDUCATION, CULTURE RANGLAN HIGH SCHOOL	P3,102	10-1	PERMANENT	YES
08/11/1988	06/30/1989	SECONDARY SCHOOL TE			EDUCATION, CULTURE RANGLAN HIGH SCHOOL tif necessary)	P1,764	10-1	PERMANENT	YES
SIGNA	TURE	6-10		DATE	FEBRUARY 5, 2	020	CS EODM 2	12 (Revised 2017), P	ane 2 of 4

VI. VOLUNTARY WORK OR INVOL	VEMENT IN CIVIC / N GOVERNMENT /	PEOPLE / VOLUM	ITARY ORGA	NIZATION		
29. NAME & AI	DDRESS OF ORGANIZATION (Write in full)	INCLUSIVE (mm/dd		NUMBER OF		DOUTION AND TO THE RESERVE OF THE PROPERTY OF
		From	То	HOURS		POSITION / NATURE OF WORK
	NONE					
			1			
		-	<b>_</b>	-	-	
			-		<del>                                     </del>	
	(Cont	tinue on separate sheet i	fnecessand			
VII. LEARNING AND DEVELOPMEN	NT (L&D) INTERVENTIONS/TRAINING PRO	OGRAMS ATTENE	(ED			
	n and include only the relevant L&D/training taken for the					
	DPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES O			Type of LD	
THE OF LEARNING AND DEVELO	(Write in full)	(mm/dd/y		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
Division Confessor II Confessor		From	То		Technical/etc)	(white in fall)
Assessment Center	Pirection of TLE and TVL Curriculum and	11/13/2019	11/14/2019	16	TECHNICAL	DEPARTMENT OF EDUCATION-NUEVA
DIVISION RE-ORIENTATION ON RPMS-	PPST	06/13/2019	06/14/2019	16	TECHNICAL	ECIJA DEPARTMENT OF EDUCATION-NUEVA
CAPABILITY TRAINING AND ACCREDITATION F	OR COACHES AND TECHNICAL OFFICIALS IN	00/13/2019	00/14/2019	10	TECHNICAL	ECIJA
DIFFERENT SPORTS EVENTS		05/30-31/2019	06/01/2019	24	MANAGERIAL	DEPARTMENT OF EDUCATION-NUEVA ECIJA
DIVISION TRAINING WORKSHOP ON T MATERIALS FOR GRADES 11 AND 12	HE DEVELOPMENT OF INSTRUCTIONAL	02/07-08/2017	02/11/2017	24	TECHNICAL	DEPARTMENT OF EDUCATION-NUEVA
FOUR-DAY TRAINING-WORKSHOP OF JUNIOR H	IS TEACHERS ON GRADE 11 SECOND SEMESTER	01/14-15/2017,	04/00/0047			ECIJA  DEPARTMENT OF EDUCATION-NUEVA
SELECT CORE, APPLIED AND SPECIALIZED SUB- SCHOOL IN SERVICE TRAINING ON TH	BJECTS IE PREPARATION OF RESEARCH PROPOSAL	01/21/2017	01/22/2017	32	TECHNICAL	ECIJA
AND REVISITING DEPED ORDER NO. 8	, s. 2015	10/26/2016	10/28/2016	24	MANAGERIAL	SCHOOL MOOE FUND
SPORTS CLINIC FOR COACHES AND C SPORTS CLINIC FOR COACHES AND C		09/14/2016		8	MANAGERIAL	SCHOOL EDUCATIONAL FUND - QUEZON
		08/20/2016 5/30.		8	MANAGERIAL	SCHOOL EDUCATIONAL FUND - GUIMBA DEPARTMENT OF EDUCATION-NUEVA
DIVISION TRAINING FOR JUNIOR HS TO	EACHERS WHO POSSIBLY TEACH SHS	6/4,5,11,18/2016	06/19/2016	48	TECHNICAL	ECIJA
GRADE 9 TEACHERS COMPETENCIES	PARTMENT HEADS/COORDINATORS AND	11/20/2014	11/21/2014	16	TECHNICAL	DEPARTMENT OF EDUCATION-NUEVA ECIJA
				P		
	(Contin	nue on separate sheet if	necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACA	DEMIC DISTINCTIONS /	RECOGNITION			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		(Write in full)				(Write in full)
COMPUTER LITERATE	A	CHIEVER' S AWARI	0			STA. MARIA NATIONAL HIGH SCHOOL FACULTY CLUB
LETTERING	MOST RESPONS	SIBLE TEACHER (S	CHOOL LEVEL	)		LICAB DISTRICT TEACHERS ASSOCIATION,
						INC.
	Paulin	ue on separate sheet if r	locace and			
SIGNATURE	Total Committee	on separate sneet If I	DATE	FF	DDIIADVE 0000	00 7071144
	17		DATE	re	BRUARY 5, 2020	CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to t	ting or recommending the state	
34. Are you related by consanguinity or affinity to the popular chief of bureau or office or to the person who has immed Bureau or Department where you will be approinted,	lung or recommending authority, or to the diate supervision over you in the Office,	ne
a. within the third degree?		1
- Barrier (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		YES NO
b. within the fourth degree (for Local Government Unit -	Career Employees)?	YES NO
		If YES, give details:
35. a. Have you ever been found guilty of any administrative	offense?	YES NO
		If YES, give details:
b. Have you been criminally charged before any court?		✓ YES ✓ NO
		If YES, give details:
		Date Filed:
		Status of Case/s:
26 Have you ever been convicted of any arims as violetics a	f 1	Status of Case/s.
36. Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	r any law, decree, ordinance or	☐ YES ☑ NO
rogulation by any court of tribuliar?		If YES, give details:
37. Have you ever been separated from the service in any of	the following modes: resignation,	YES V NO
retirement, dropped from the rolls, dismissal, termination	end of term, finished contract or	If YES, give details:
phased 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)?	to a service that it is not your (except	I LI ILS VINO
		If YES, give details:
<ul> <li>b. Have you resigned from the government service during</li> </ul>	the three (3)-month period before the	☐ YES ☑ NO
last election to promote/actively campaign for a national of	or local candidate?	If YES, give details:
39. Have you acquired the status of an immigrant or permane		
39. That's you adquired the status of an infinigrant of permane	ent resident of another country?	☐ YES ☑ NO
		If YES, give details (country):
40. 5		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N	Magna Carta for Disabled Persons (RA	
7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	2), 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 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 applicate	ant /appointee)	
NAME	ADDRESS	TEL. NO.
	POBLACION SUR, LICAB, NUEVA	TEE. NO.
Mayor EUFEMIA D. DOMINGO	ECIJA	NONE
D. A. A. DERT II LODER		A A
Brgy. Captain ALBERT M. LOPEZ	STA. MARIA, LICAB, NUEVA ECIJA	NONE
MARVIN A. BATOY	MALLORCA, SAN LEONARDO, NUEVA	NONE
	ECIJA	NONE
42. I declare under oath that I have personally accomplished		
complete statement pursuant to the provisions of perti	nent laws, rules and regulations of th	ne Republic of the
Philippines. I authorize the agency head / authorized rep	resentative to verify/validate the content	nts stated herein. I
agree that any misrepresentation made in this doc		ause the filing of PHOTO
agree that any misrepresentation made in this doc administrative/criminal case/s against me.		ause the filing of
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administrative/criminal case/s against me.  Covernment issued to the rassport, ests, 555, PRC, Driver's Eicense, etc.)  PLEASE INDICATE ID Number and Date of Jesuance		ause the filing of PHOTO
administrative/criminal case/s against me.		ause the filing of PHOTO
administrative/criminal case/s against me.  Covernment issued to the rassport, ests, 555, PRC, Driver's Eicense, etc.)  PLEASE INDICATE ID Number and Date of Jesuance	ument and its attachments shall ca	
administrative/criminal case/s against me.  Covernment Issued ID (I.e. assport, 6515, 555, PAC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Insurance Government Issued ID: PRC  ID/License/Passport No 0391857	ument and its attachments shall ca	
administrative/criminal case/s against me.  Government issued in the assport, osis, osis, proc. privers cicense, etc.) PLEASE INDICATE ID Number and Date of decuance.  Government Issued ID: PRC	ument and its attachments shall ca	
administrative/criminal case/s against me.  Covernment Issued ID (Ite. assport, GSIS, SSS, PAC, DIVERS EIGENSE, etc.) PLEASE INDICATE ID Number and Date of Igguance. Government Issued ID: PRC ID/License/Passport No 0391857  Date/Place of Issuance: 06/29/1998 MANILA	Signature (Sign inside the but the Accomplished	Ox)  Right Thumbmark
administrative/criminal case/s against me.  Covernment Issued ID (I.e. assport, 6515, 555, PAC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Insurance Government Issued ID: PRC  ID/License/Passport No 0391857	Signature (Sign inside the but the Accomplished	ox)
administrative/criminal case/s against me.  Covernment Issued ID (Ite. assport, GSIS, SSS, PAC, DIVERS EIGENSE, etc.) PLEASE INDICATE ID Number and Date of Igguance. Government Issued ID: PRC ID/License/Passport No 0391857  Date/Place of Issuance: 06/29/1998 MANILA	Signature (Sign inside the but the Accomplished	Ox)  Right Thumbmark
administrative/criminal case/s against me.  Covernment Issued ID (Ite. assport, GSIS, SSS, PAC, DIVERS EIGENSE, etc.) PLEASE INDICATE ID Number and Date of Igguance. Government Issued ID: PRC ID/License/Passport No 0391857  Date/Place of Issuance: 06/29/1998 MANILA	Signature (Sign inside the but the Accomplished	Ox)  Right Thumbmark
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administrative/criminal case/s against me.  Covernment Issued ID (Ite. assport, GSIS, SSS, PAC, DIVERS EIGENSE, etc.) PLEASE INDICATE ID Number and Date of Igguance. Government Issued ID: PRC ID/License/Passport No 0391857  Date/Place of Issuance: 06/29/1998 MANILA	Signature (Sign inside the but (02/05/2020) Date Accomplished	Right Thumbmark  ting his/her validly issued government ID as indicated above.
administrative/criminal case/s against me.  Covernment Issued ID (Ite. assport, GSIS, SSS, PAC, DIVERS EIGENSE, etc.) PLEASE INDICATE ID Number and Date of Igguance. Government Issued ID: PRC ID/License/Passport No 0391857  Date/Place of Issuance: 06/29/1998 MANILA	Signature (Sign inside the but the Accomplished	Right Thumbmark  ting his/her validly issued government ID as indicated above.

CS FORD NO. 21. 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 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) FRANCIS EMIL FORT FIRST NAME MIDDLE NAME VALLE **PHILIPPINES** 3. DATE OF BIRTH 16. CITIZENSHIP 03/10/1991 (mm/dd/yyyy) Pls. indicate country: If holder of dual citizenship, MAKATI CITY, METRO MANILA 4. PLACE OF BIRTH please indicate the details. MALE 5. SEX ZIPPER 13A 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS SINGLE House/Block/Lot No. Street SAN LORENZO SAN LORENZO VILLAGE Subdivision/Village Barangay MAKATI METRO MANILA 1.7M 7. HEIGHT (m) Province City/Municipality 1223 ZIP CODE 8. WEIGHT (kg) 100 KG 13A **TIPPER** 18 PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No SAN LORENZO SAN LORENZO 10. GSIS ID NO. Subdivision/Village Barangay METRO MANILA MAKATI 11. PAG-IBIG ID NO 121103971159 Province City/Municipality 1223 ZIP CODE 12 PHILHEALTH NO. 01-051838778-8 88760070 34-2963583-3 19. TELEPHONE NO. 13. SSS NO. 09175360310 411-581-160 20. MOBILE NO. 14. TIN NO. francis dimagiba310@yahoo.com 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) N/A 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. DIMAGIBA 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) **FORTUNATO** FIRST NAME MIDDLE NAME LACSON 25 MOTHER'S MAIDEN NAME VALLE SURNAME MARIA ELOISA FIRST NAME NEYRA (Continue on separate sheet if necessary) MIDDLE NAME HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE 26. BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR **ACADEMIC** LEVEL HONORS RECEIVED GRADUATED (Write in full) (Write in full) To 2005 2005 BASIC EDUCATION 1998 COLEGIO SAN AGUSTIN MAKATI ELEMENTARY 2009 2005 2009 SECONDARY COLEGIO SAN AGUSTIN MAKATI BASIC EDUCATION VOCATIONAL / TRADE COURSE 2013 DE LA SALLE UNIVERSITY- MANILA BS ACCOUNTANCY 2009 2013 COLLEGE GRADUATE STUDIES /m DATE SIGNATURE

OLDER	RVICE ELIGIBI	(BOARD/ BAR) LINDER		DATE OF				LICENSE (if ap	
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING EXAMINATION / CONFERMENT		PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
CPA BOARD			OCT. 2013	METRO	METRO MANILA			2026	
WARKS	XPERIENCE		(Co	ntinue on separate sheet i	f necessary)				
clude priv	ate employment.	Start from your recei	nt work) Descripti	on of duties should b	e indicated in the attach	ed Work Ex	SALARY/ JOB/ PAY		GOV"
	m/dd/yyyy)	POSITION 7 (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVIO (Y/ N
/01/2022		VP OPERA	TIONS	BENEFIT	TEACHERS MUTUAL ASSOCIATION				
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NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/d	d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
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LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	PROGRAMS A	TTENDED			
rom the most recent L&D/training program and include only the relevant L&D/training taken fo			Chief/Executive/Manag	erial positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		E DATES OF NDANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	(mm	(dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
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OTHER INFORMATION					
SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DIST	FINCTIONS / REC	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)
	(vv				(vvine in (Uil)
	***				

34.	Are you related by consanguinity or affinity to the appoint 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 appointed,					
		NO				
		NO If YES, give details:				
		NO.				
35.	a. Have you ever been found guilty of any administrative offense?	If YES, give details:				
	b. Have you been criminally charged before any court?	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?	NO If YES, give details:				
37	Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	YES t If YES, give details: _RESIGNATION				
38	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	NO If YES, give details:				
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	NO If YES, give details:				
39	Have you acquired the status of an immigrant or permanent resident of another country?	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. b.	Are you a member of any indigenous group?  Are you a person with disability?	NO If YES, please specify:				
c.	Are you a solo parent?	If YES, please specify ID No:  NO  If YES, please specify ID No:				
H		II 1 LO, piedse specify ID No.				
4	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
	NAME ADDRESS	TEL. NO.				
4:	2. I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents star agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	Republic of the ted herein.				
	Government Issued ID (i.e Passport, OSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID:     Drivers License/Passport No.:   No 1 - 0 6 - 0 1   St q      Signature (Sign inside the	box)				
Ц	Date/Place of Issuance: 01/31/W12 / LTD Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this, affiant exhill, affiant exhill	biting his/her validly issued government ID as indicated above.				
	Leson Administring Od	ALI .				

CS Form No. 212 Revised 2017

## PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes []) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2 SURNAME EUGENIO FIRST NAME NAME EXTENSION (JR., SR) **EMELITA** 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 6 CIVIL STATUS NARRA ☐ Widowed House/Block/Lot No. Separated Street UNITED HILLS VILLAGE Other/s: ST. MATIN DE PORRES Subdivision/Village Barangay 7. HEIGHT (m) 160CM PARANAQUE NCR City/Municipality Province 8. WEIGHT (kg) 150Kg ZIP CODE 1713 18. PERMANENT ADDRESS 2209 9. BLOOD TYPE 0 NARRA House/Block/Lot No Street UNITED HILLS VILLAGE ST. MATIN DE PORRES 10. GSIS ID NO Subdivision/Village Barangay 11. PAG-IBIG ID NO. **PARANAQUE** NCR City/Municipality Province 12. PHILHEALTH NO ZIP CODE 1713 13. SSS NO. 0391983454 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 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 REYNALDO FIRST NAME 11/11/1991 MEYER M. EUGENIO MIDDLE NAME ALVAREZ 12/09/1996 JEREMY M. EUGENIO RETIRED 03/13/1998 EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO 9564772957 24. FATHER'S SURNAME **MERCADO** NAME EXTENSION (JR., SR) FIRST NAME GERARDO MIDDLE NAME ESCRIMADONA 25. MOTHER'S MAIDEN NAME SURNAME MERCADO AMPARO FIRST NAME MIDDLE NAME LAUREL (Continue on separate sheet if necessary) SCHOLARSHIP 26 HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED (Write in full) HONORS (if not graduated) From To **VALEDICTO** ELEMENTARY ST. CECILIA'S ELEMENTARY SCHOOL ELEMENTARY 1970 1976 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 milite SIGNATURE MMAR DATE

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	EXPERIENCE ivate employme	nt. Start from your recen	work) Description	on of duties should be	indicated in the attache	od Work Ev	narianca shaal		
INC	LUSIVE DATES (mm/dd/yyyy)	POSITION TI (Write in full/Do not a	TLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
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16	Jul-16	MARKETING MA	NAGER	JESUMORA	CORPORATION	NONE			
15	PRESENT	OWNER		TITA EMY ON	ILINE BUSINESS				
16	PRESENT	DIRECTOR OF SALES OFFICER		CENTURY PROPERTIES DEVELOPMENT CORP		35K			
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SIGN	IATURE	Smelita m	, Pres	ntinue on separate sheet if	necessary) DATE				
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NAME & ADDRESS OF ( (Write in fu		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
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OTHER INFORMATION						
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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 approinted, a. within the third degree?	☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an 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, en out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:			
38.	A. Have you ever been a candidate in a national or local electron Barangay election)?	tion held within the last year (except	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————				
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?	☐ YES ☑ NO				
b.	Are you a person with disability?	If YES, please specify:  YES  NO				
C.	Are you a solo parent?	If YES, please specify ID No:  YES NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	MA. LUISA F. VALDECANAS	HORSESHOE DRIVE, QC	9175007889			
	ROSALHEE S. SEDARO	LEXINGTON, PASIG	9178007213			
	VIVIAN CORTES	ENRIQUE ST. MALATE MANILA	9178172582			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.			
E	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: TIN ID	no				
	D/License/Passport No.: 211-938-841-000	ox)				
	hate/Place of Issuance: 07/10/2003	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above.			
		h				