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 MANOTOC NAME EXTENSION (JR., SR) FIRST NAME RICARDO GABRIEL MIDDLE NAME KALAW DATE OF BIRTH 08/21/1968 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ☐ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MANII A If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female T Single ✓ Married 17. RESIDENTIAL ADDRESS 606 LE DOMAINE CONDOMINIUM TORDESILLAS ST 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Street Separated SALCEDO VILLAGE Other/s: Subdivision/Village Barangay 7. HEIGHT (m) MAKATI NCR 1.8 City/Municipality Province 8. WEIGHT (kg) 84 ZIP CODE 1227 18. PERMANENT ADDRESS 606 LE DOMAINE CONDOMINIUM TORDESILLAS ST. 9. BLOOD TYPE 0 House/Block/Lot No. Street 10. GSIS ID NO. SALCEDO VILLAGE Subdivision/Village Barangay MAKATI NCR 11. PAG-IBIG ID NO. City/Municipality Provino 12. PHILHEALTH NO 19-089061736-4 ZIP CODE 1227 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 SPOUSE'S SURNAME MANOTOC 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/vvvv) NAME EXTENSION (JR., SR) PATRIZIA GABRIELLE LOPEZ MANOTOC FIRST NAME FRANCESCA LOLITA 05/31/1993 JUAN JAIME ISIDRO LOPEZ MANOTOC 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 FATHER'S SURNAME MANOTOC IAME EXTENSION (JR., SR) FIRST NAME RICARDO MIDDLE NAME LA'O 25. MOTHER'S MAIDEN NAME KALAW SURNAME FIRST NAME MARIA EVA MIDDLE NAME CUENCA (Continue on separate sheet if necessary) SCHOLARSHIP ACADEMIC HONORS RECEIVED HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL YEAR GRADUATED BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) (Write in full) (if not graduated) To From ELEMENTARY XAVIER SCHOOL 1982 SECONDARY PRIOR PARK COLLEGE 1983 1986 VOCATIONAL / TRADE COURSE COLLEGE UNIVERSITY ASIA PACIFIC HUMANITY 1987 1989 **GRADUATE STUDIES** SIGNATURE DATE

	VICE ELIGIBIL						T	LICENSE (if ap	oplicable)
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
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VORK EX	PERIENCE			ntinue on separate sheet i					
ude privat	e employment.	Start from your rece	nt work) Descripti	on of duties should b	oe indicated in the attac	hed Work E	SALARY/JOB/PAY	et.	
	VE DATES dd/yyyy)	POSITION 7 (Write in full/Do no		DEPARTMENT / AGE (Write in full/	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
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SIGNA	TURE	597	m //1/	ontinue on separate sheet	DATE			S FORM 212 (Revised	2017). Par
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29. NAME & ADDRESS O (Write in		INCLUSIV (mm/de	E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
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	(Co	ntinue on separate s	heet if necessa	ry)			
VII. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING P	ROGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT II	UTED/ENTIONS/TOAINING DOCCOMA	INCLUSIVE ATTEND			Type of LD		
(Write in		(mrn/dd	/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
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III. OTHER INFORMATION							
24	I NON	-ACADEMIC DISTING	TIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON	(Write in	r full)		3:	3. (Write in full)	
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SIGNATURE	mm /	11		DAT	E		
	7,,,,,,	' /				CS FORM 212 (Revised 2017). Page 3 of 4	

;	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regularly any court or tribunal?	ation YES NO If YES, give details:
	Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phasout (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 (exc Barangay election)?	If YES, give details:
	b. Have you resigned from the government service during the three (3)-month period before t election to promote/actively campaign for a national or local candidate?	he last YES NO If YES, give details:
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (17277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following item Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	RA ns: ☐ YES
41	. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	
	NAME ADDRESS .	TEL, NO.
42	I declare under oath that I have personally accomplished this Personal Data Sheet which complete statement pursuant to the provisions of pertinent laws, rules and regulations Philippines. I authorize the agency head/authorized representative to verify/validate the contemporary agree that any misrepresentation made in this document and its attachments shadministrative/criminal case/s against me.	s of the Republic of the ents stated 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: PASSPORT ID/License/Passport No.: P6435944B Date/Place of Issuance: March 5, 2021/DFA NCR SOUTH Date Accord	
	SUBSCRIBED AND SWORN to before me this, affix	ant exhibiting his/her validly issued government ID as indicated above.
	Person Administe	ering Oath

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

GRADUATE STUDIES Minagela & DATE SIGNATURE

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF						LICENSE (if applicable)			
В	SPECIAL LAWS ARANGAY ELIGIBILITY		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	RMENT	NUMBER	Date of Validity
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	EXPERIENCE ivate employment.	Start from your rece			e indicated in the attach	ed Work Ex	operience shee	ıt.	
. INC	LUSIVE DATES	POSITION T			NCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if		GOV
From	mm/dd/yyyy)	(Write in full/Do not			o not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVIC (Y/N)
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984	2001	SPECIAL LOAN	OFFICER		ASSOCIATION				

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NAME & ADDRESS OF ORGANIZATION		IVE DATES /dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in full)	From	To	NUMBER OF HOURS		POSITION / NATURE OF WORK
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EARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIL			1 1		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRA	MS ATTE	/E DATES OF ENDANCE	NI MADED OF LIGHTS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	(mm	/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
	From	То			
SIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP	03/26/2015	03/26/2015			INSTITUTE OF CORPORATE DIRECTOR
DRATE GOVERNANCE AND AMLA SEMINAR	06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AN GOVERNANCE, INC.
MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)	10/16/2020	10/16/2020	2.5 HOURS		SGV&CO.
ILE I:AML/CTF STANDARDS AND BASELINE TRAINING MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)		-	+		
LE II: AML/CTF RISK MANAGEMENT FRAMEWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.
CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS	03/22/2022	03/22/2022	3 HOURS		AMLC
REPORTING AND REGISTRATION GUIDELINES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC
tive ML/TF Risk Assessment in Insurance	04/02/2025	04/02/2025	2 HOURS		
uve ML/1F RISK ASSESSINENT IN INSUITANCE	04/02/2025	04/02/2023	2 10013		FINTELEKT
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OTHER INFORMATION	(Containe on Separal	ए आक्रम् ॥ ॥क्रक्ड	uy)		
OTHER IN ORMATION	NOW AGAPTHIC DIG	TIMOTIONS I DESC	CONTION		MENDEROUID IN ADDOCIATION OF DANIE
SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIST	rite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)

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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?	할 때 가장하다면서 많은 것이다. 내 가장하는 이 이 이 수 있다. 보고 있다면 하는데 보다	☐ YES ☑ NO
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
35. a. Have you ever been found guilty of any administrative offe	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 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, 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 electron Barangay election)?	☐ 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 of the service of the service during the election to promote actively campaign for a national or local of the service of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote active the service during the election of the service during the service	☐ YES ☑ NO If YES, give details:	
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):	
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 	HO 용명하는 (2014년 - 1915년 - 1914년	
a. Are you a member of any indigenous group?	please answer the following flems.	☐ 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 applican	nt /appointee)	
NAME	ADDRESS	TEL. NO.
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docum 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	Almiegbe of	
Government Issued ID: UMID ID/License/Passport No.: 0003-8119585-4	()	
Date/Place of Issuance:	Signature (Sign inside the b	Right Thumbmark
SUBSCRIBED AND SWORN to before me this		ing his/her validly issued government ID as indicated above.
	Person Administering Oat	h

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 LAHOM FIRST NAME TOMAS NAME EXTENSION (JR., SR) III MIDDLE NAME **FAUSTO** DATE OF BIRTH 02/05/1959 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ☐ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ☐ Female ✓ Male Philippines V Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Street Separated Lahom Farms Dona Lucia Quezon Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 176cms Nueva Ecija City/Municipality Province 8. WEIGHT (kg) 98 kg ZIP CODE 3113 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Street Brgy. Dona Lucia Quezon Lahom Farms 10. GSIS ID NO. Subdivision/Village Barangay Nueva Ecija 11. PAG-IBIG ID NO. City/Municipality Province 12 PHILHEALTH NO 3113 ZIP CODE 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO 174-979-968 20. MOBILE NO. 0917-5448846 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) lahom_farms@hotmail.com 22. SPOUSE'S SURNAME Lahom 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) Tomas Uzeil Lahom IV 12/14/1998 FIRST NAME Ma. Lourdes MIDDLE NAME Cupcupin OCCUPATION **Government Official** EMPLOYER/BUSINESS NAME Local Government unit of Quezon N.E. Municipal Hall Quezon N.E **BUSINESS ADDRESS** TELEPHONE NO. FATHER'S SURNAME Lahom AME EXTENSION (JR., SR) FIRST NAME Bienvenido Padilla MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Fausto FIRST NAME Lydia MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL/ NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS RECEIVED YEAR UNITS EARNED (if not graduated) LEVEL GRADUATED (Write in full) (Write in full) То ELEMENTARY San Beda College Elementary 1972 SECONDARY San Beda College High School 1972 1976 1976 VOCATIONAL / TRADE COURSE COLLEGE San Beda College **BSC Accounting** 1976 1980 1980 **GRADUATE STUDIES** San Beda College Bachelor of Laws 1981 1985 1985 Millon SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

7. CAREE	ER SERVICE/ RA 108	80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE Certified Public Accountant Bar Exam		(If Applicable)	EXAMINATION / CONFERMENT 1980 1986	PLACE OF EXAMINATION	MENT	NUMBER	Date of Validity		
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		Passed		Manila					
			(Cc	ontinue on separate sheet i	f necessary)				
	EXPERIENCE vate employmer	nt. Start from your rece	nt work) Descript	ion of duties should b	e indicated in the attache	ed Work Ex	perience shee	t.	
	USIVE DATES nm/dd/yyyy) To	POSITION (Write in full/Do no		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
01/01/2001	present	Treasurer/Board	of Directors	Novo Ecijano Tea					
05/01/1992	present	Owner/Pro	prietor	Laho					
01/04/2015	01/01/2016	Municipal Depar	tment Head	LGU_Quez Rep. Josefin					
07/01/2010	06/30/2013	Legislative S		Repres					
07/01/2007	10/30/2009	Political Affairs		Represo					
07/01/2004	06/30/2007	Provincial Boar Legislative S		Rep. Josefin					
10/07/2002	06/30/2004	Partn		Repres Vivero Ferrer Lah					
11/01/1996	06/30/1998	Consul		Office of the Gover					
10/28/1992	11/30/1996	Provincial Boar	d Secretary		alawigan ng Nueva Ecija				
07/01/1992	10/27/1992	Chief of	Staff	Ph	Coseteng-Senate of the lippines				
01/01/1988	06/30/1992	Partn	er		hom & Madarietta Law Office				
06/01/1987	10/01/1988	General M			curity Agency		-		
11/25/1986	12/30/1987	Associ			Maronilla Law Office cip Gorres Velayo and				
11/05/1985	05/30/1986	Tax St Faculty of Arts			ompany e of Arts and Sciences				
01/25/1980	10/30/81	Cost Acco		Sycip Salazar Fe	liciano Hernandez law Office				
		///	Rom	Continue on separate shee					
SIGI	NATURE	///	2 019		DATE			S FORM 212 (Revised	2047. 5

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT 29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/de	/E DATES	Y ORGANIZAT	ION'S	POSITION / NATURE OF WORK	
	From	То				
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		
(Cont.) VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	l tinue on separate s		(ימ			
VII. LEARINING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING P	INCLUSIVE		1	l l		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN (mm/de	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
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	tinue on separate s	sheet if necessa	ry)			
VIII. OTHER INFORMATION				T		
31. SPECIAL SKILLS and HOBBIES 32. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECC in full)	OGNITION	3	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Managemenrt/Supervision						
Bill Drafting						
Computer Literate			4			
Policy Making						
Organization and Implementatio						
SIGNATURE (Cont.)	tinue on separate s	sheet if necessar	ry)			
SIGNATURE			D	ATE		
					CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat			
Bureau or Department where you will be appointed,	o deportition over journ the office,		
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	any law decree ordinance or regulation		
by any court or tribunal?	any law, decree, ordinarios or regulation	☐ YES ☑ NO If YES, give details:	
		in rea, give detaile.	
37. Have you ever been separated from the service in any of the	ne following modes: resignation		
retirement, dropped from the rolls, dismissal, termination, e	마이지 않는데 하는데 하는데 그렇게 하는데 살아보니 그렇게 되었다. 그 사람들이 얼마나 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	☐ YES ☑ NO If YES, give details:	
out (abolition) in the public or private sector?			
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except	☐ YES ☑ NO	
Barangay election)?		If YES, give details:	
b. Have you resigned from the government service during		☐ YES ☑ NO	
election to promote/actively campaign for a national or local	ıl candidate?	If YES, give details:	
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES ☑ NO	
		If YES, give details (country):	
La	0 4 6 District Deserve (DA		
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 	그리트를 가입된 사람들은 일반 열면 있다면 하면		
a. Are you a member of any indigenous group?	,, peace anone are reading	☐ YES ☑ NO	
		If YES, please specify:	1
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:	
c. Are you a solo parent?		YES NO	
7 No you a coo parsiin		If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)		
NAME	ADDRESS	TEL. NO.	
			0.00
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		- 190 Pri 190 A. C.	
Philippines. I authorize the agency head/authorized repres			PHOTO
agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall caus	se the filling of	PHO10
daminional voluminario according and the			A Contract
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		181	
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID	M. Ban		
	Mechonio	***	
ID/License/Passport No.: 006-0104-3404-2	oox)		
Date/Place of Issuance:	Date Accomplished		Right Thumbmark
SUBSCRIBED AND SWORN to before me this	affiant evhibit	ing his/her validly issued government ID	as indicated above
	, undit Gamble	g	as maisaisa aboys.
	Person Administering Oat	h	
	1 Groon Auministering Oat		

CS Form No. 212 Revised 2017 WARNING: Any misconnected		SONAL DAT				neinet the nermon c			
Anna 60 8 60 1	ion made in the Personal Data Sheat and the V TO FILLING OUT THE PERSONAL DATA SHE	28	8		mina cases a	yaanst the person o	oncerned.		
Print legibly. Tick appropriate boxes	Induse separate sheet if necessary, Indicate	N/A if not applicable. DO NOT ABBRE	VIATE.				(Do not fil up.	For CSC use only	
1. PERSONAL INFORMATI									
	VILLANUEVA					NAME EXTENSION (JR	. SR)	7.7 Mil. mil. mil. mil. mil. mil. mil. mil. m	
FIRST NAME	RAMON					A. Called Market		1. 经基础	
3 DATE OF BIRTH	CAPILI	THE RESERVE AND A STATE OF THE PARTY OF	ger sik er eg		10.000				
(mm/dd/yyyy)	11/6/56	16. CITIZENSHIP		Filipino J Dual Citizenship					
4. PLACE OF BIRTH	STA MARIA, BULACAN	If holder of dual di	zenship,				by naturaliza untry:	ition	
5 SEX	✓ Male Fema	de please indicate the	details.			(2012) (2013) (2013) (2013) (2013)		-	
6 CIVIL STATUS	Single Marri	ed 17. RESIDENTIAL ADDRESS	1:			JO.	SE ABAD SANTOS		
	Widowed Separ	rated	100000000000000000000000000000000000000	<i>louse/BlodyLol</i> LA HEIGHTS VI			Street		
7.150.5	Other/s:			Subdivision/Ville QUEZON CIT			Barangay NCR		
7 HEIGHT (m)	165			Chr/Municoe			Province		
8. WEIGHT (kg)	68	ZIP CODE 18. PERMANENT ADDRESS		15		1019	OF 4040 C44FO		
9 BLOOD TYPE	0	18. PERMANENT ADDRESS		louse/Block/Lot			SE ABAD SANTOS Strod		
10. GSIS ID NO.	N/A		11.7.4000.0	LA HBGHTS VI Subdivision/Villa	Marie Doces House		Berangay		
11. PAG-IBIG ID NO.	N/A		()	QUEZON City/Municipal	Section 2		Province		
12. PHILHEALTH NO.		ZIP CODE	10	1019			j.		
13. SSS NO.	03-4410530-2	19. TELEPHONE NO.	71			8932-3385			
14. TIN NO.	119-908-396	20. MOBILE NO.			0	917-6210678			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (# any)	S.		rcvjr19	956@me.com			
II. FAMILY BACKGROUN	D				100		ar Wine Table	250.00	
22. SPOUSE'S SURNAME	IBAVIOSA	have extended an an	23. NAME of CI	23. NAME of CHILDREN (Write full name and list all) MONICA ISABELLE VILLANUEVA			DATE OF BIRTH (minkddyyyy)		
FIRST NAME	EVELYN	NAME EXTENSION (JR., SR)						3/9/81	
MIDDLE NAME	ESPIRITU				STINVILLANUE	EVA III		7/1 985	
OCCUPATION	N/A		INIGO RAMON VILLAI BEA LEONESCA VILL					¥19 8 6	
EMPLOYER/BUSINESS NAME	N/A				AFAEL VILLAN			2/89	
BUSINESS ADDRESS	N/A				EKIEL VILLANU			M91	
TELEPHONE NO.	8932-3	385						V1993	
24. FATHER'S SURNAME	VILLANUEVA	NAME EXTENSION (JR., SR) SR			ORIA VILLANU	VIII AND EVA		3/1905	
FIRST NAME	RAMON	是是\$1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (1000 (100) (10	4	10111101			0//2	41997	
MIDDLE NAME	JOSE	是两次一度"全位"与其他"人"。在一定之后,"我不	, igh				-		
25. MOTHER'S MAIDEN NAME		· · · · · · · · · · · · · · · · · · ·	1.0						
SURNAME	CAPILI						 		
FIRST NAME	LEONCIA		1. 13.4	E PA 13 500	Continue on ca	parale sheet if neces		177 T W 177 T	
III. EDUCATIONAL BACK	GERONIMO			.0	(COMMISSE OF SO				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEC	어린 아이들은 기계를 가게 되었다.	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED		
D.D.D.T.LOW	CTA MADIA EI ENEDITARY COLLOCA			1962	1968		1968	RECEIVED	
ELBMENTARY	STA.MARIA ELEMENTARY SCHOOL			1			550		
SECONDARY	SACRED HEART ACADEMY			1968	1972		1972		
VOCATIONAL / TRADE COURSE	N/A			1	ı	1	1	1	

COLLEGE

GRADUATE STUDIES

SIGNATURE

V. CIVIL SEF	RVICE ELIG	BILITY							
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if a	pplicable) Date of	
	NGAY ELIGIBILIT	TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Validity
CAR	EER SUB-PR	OFESSIONAL		1976	MAI	NILA			
	CPA BO	ARD		1976	MAI	NILA		32622	
			9						
					·				
			(Cor	ntinue on separate shee	t if necessary)				
V. WORK EX						had Work G	vraviance che		
	ie employme IVE DATES				be indicated in the attack	IEO MYOTA E	SALARY/ JOB/ PAY		GOVT
<u> </u>	(mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbrevia				ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY	GRADE (if applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	То		-X	N			NCREMENT		, i that
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SIGNA	64-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7025	رد		DATE	4	1/20		
2 BURNING	W. S. C. Fred (2)			1		-4		S FORM 212 (Revised 2	7017) Page 2 o

VI. VOL	LUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZATIO	ON/S		
29	NAME & ADDRESS OF C			E DATES (dynn) To	HARRIER OF HOURS	POSITION / NATURE OF WORK		
MALAE	ON LIONS CLUB			2010		CLUB PRESIDE	ENT	
-								
\vdash								
VII. LE	EARNING AND DEVELOPMENT (L&D)		ROGRAMS A					
30.	TITLE OF LEARNING AND DEVELOPMENT INT (Write in ful	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/d	DATES OF DANCE d/yyy)	PLANSER OF HOURS	Type of LD (Managerial Supervisory/ Technical/sic)	CONDUCTED/ SPONSORED BY (Write in full)	
ATEME	BUSINESS LEADERSHIP PROGRAM		From 1981	To 1982				
Г								
_								
_								
,		(Cont	tinue on separate	shoot If necessar	7			
VIII. O	THER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTR (Write	ICTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
							FINANCIAL EXECUTIVES INSTITUTE	
L_								
<u> </u>								
		Con	linue on separate	sheet If necessar	n)		The second secon	
	SIGNATURE	13 miles	١ ١		Control of the Control	ATE	4/1/2025	
							CS FORM 212 (Previous 2017) Page 3 of	

	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO				
ie.	b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO If YES, give details:				
36.	a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
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 INO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):				
40.	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 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 /appointee)					
34	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 is not acceptable				
9	I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents state agree that any misrepresentation made in this document and its attachments shall causedministrative/criminal case/s against me.	Republic of the ted herein.				
2	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PASSPORT					
H	O/License/Passport No. P1439706B Signature (Sign inside the	· ·				
D	ate/Place of Issuance DFA MANILA Date Accomplished					
	SUBSCRIBED AND SWORN to before me this, affiant exhibition, affiant exhibition	biting his/her validly issued government ID as indicated above.				
1552		CS FORM 212 (Revised 2017), Page 4 of 4				

CS	Form	No.	212
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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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate kes () 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 PINEDA NAME EXTENSION (JR., SR) FIRST NAME JOSELITO MIDDLE NAME CAMAYA 3. DATE OF BIRTH 10/19/1964 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) FILIPINO ✓ by birth ☐ by naturalization 4. PLACE OF BIRTH CABANATUAN CITY, NUEVA ECIJA If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female PUROK 5 Single ✓ Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No ☐ Widowed Separated STA. MARIA Other/s: Subdivision/Village **NUEVA ECIJA** LICAR 1.79 7. HEIGHT (m) City/Municipality Province 3112 8. WEIGHT (kg) 73 ZIP CODE PHROK 5 18. PERMANENT ADDRESS 9. BLOOD TYPE В House/Block/Lot No Street SAN MIGUEL 10. GSIS ID NO. 2002939544 Subdivision/Village Barangay QUEZON **NUEVA ECIJA** 11. PAG-IBIG ID NO. 030106251210 City/Municipality Province 12. PHILHEALTH NO. 07000051994-2 ZIP CODE 3113 N/A 13. SSS NO. N/A 19 TELEPHONE NO 14. TIN NO. 154-306-842 20. MOBILE NO. 09179145642 15. AGENCY EMPLOYEE NO. 4146766 21. E-MAIL ADDRESS (if any) jojopineda19@yahoo.com 23. NAME of CHILDREN (Write full name and list all) PINEDA 22. SPOUSE'S SURNAME (mm/dd/yyyy) AME EXTENSION (JR., SR) JONIE A. PINEDA 05/02/1993 LEONISA FIRST NAME MARIVIC JOY A. PINEDA 03/07/1998 ALARCON MIDDLE NAME **TEACHING** OCCUPATION EMPLOYER/BUSINESS NAM DEPED STA. MARIA NATIONAL HIGH SCHOOL STA. MARIA, LICAB, NUEVA ECIJA BUSINESS ADDRESS N/A TELEPHONE NO. 24. FATHER'S SURNAME **PINEDA** NAME EXTENSION (JR., SR) FIRST NAME MANUEL PONCE MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME CAMAYA MARIA MIDDLE NAME VILLAFLOR SCHOLARSH PERIOD OF ATTENDANCE HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE P/ ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED RECEIVED From CABANATUAN WEST CENTRAL **PRIMARY** 1977 NONE ELEMENTARY 1971 GRADUATED 1977 SCHOOL TALAVERA NATIONAL HIGH SECONDARY SECONDARY 1981 GRADUATED 1981 NONE SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A NONE N/A TRADE COURSE MANUEL V. GALLEGO BACHELOR OF SECONDARY EDUCATION COLLEGE 1981 1985 GRADUATED 1985 NONE FOUNDATION COLLEGES MAJOR IN AGRICULTURE PHILIPPINE STATESMAN MASTER OF ART MAJOR IN **GRADUATE STUDIES** 1995 1996 36 UNITS NONE COLLEGES **PSYCHOLOGY** SIGNATURE DATE

7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	IENT	NUMBER	Date of Validity		
PROFESSIONAL BOARD EXAMINATION FOR 70.63			70.63	12/10/1989	CABANAT	UAN CITY		0391104	19/10/202
TEACHERS			70.00						
WORK E	XPERIENCE			ntinue on separate sheet					
		Start from your recer	t work) Descripti	on of duties should	be indicated in the attacl	ned Work Ex	SALARY/ JOB/ PAY	et.	GOVT
Control of the second	SIVE DATES h/dd/yyyy) To	POSITION T (Write in full/Do not		DE1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
01/01/2020	PRESENT	TEACHER	RIII	S	ARIA NATIONAL HIGH CHOOL	28,688.00	13 STEP 7	PERMANENT	YES
1/01/2019	12/31/2019	TEACHE	RIII	8	ARIA NATIONAL HIGH SCHOOL	27,166.00	13 STEP 7	PERMANENT	YES
8/16/2018	12/31/2018	TEACHE	RIII	5	ARIA NATIONAL HIGH SCHOOL ARIA NATIONAL HIGH	25,989.00	13 STEP 7	PERMANENT	YES
1/01/2018	08/15/2018	TEACHE	R III	5	SCHOOL ARIA NATIONAL HIGH	25,387.00	13 STEP 6	PERMANENT	YES
1/01/2017	12/31/2017	TEACHE	R III		SCHOOL ARIA NATIONAL HIGH	24,315.00	13 STEP 6	PERMANENT	YES
8/16/2015	12/31/2016	TEACHE	RIII		SCHOOL ARIA NATIONAL HIGH	23,536.00	13 STEP 6	PERMANENT	YES
08/16/2013	08/15/2015	TEACHE	R III		SCHOOL ARIA NATIONAL HIGH	22,306.00	13 STEP 5	PERMANENT	YES
6/08/2012	15/08/2013	TEACHE	R III		SCHOOL ARIA NATIONAL HIGH	22086.00	13 STEP 5	PERMANENT	YES
01/06/2011	15/08/2012	TEACHE			SCHOOL ARIA NATIONAL HIGH	20420.00	13 STEP 4	PERMANENT	YES
24/06/2010	31/05/2011	TEACHE			SCHOOL IARIA NATIONAL HIGH	18755.00	13 STEP 4	PERMANENT	YES
16/08/2009	23/06/2010	TEACHE			SCHOOL IARIA NATIONAL HIGH	17089.00	13 STEP 4	PERMANENT	YES
01/07/2009	15/08/2009	TEACHE			SCHOOL IARIA NATIONAL HIGH	16753.00	13 STEP 3	PERMANENT	YES
01/07/2008	30/06/2009	TEACHE			SCHOOL IARIA NATIONAL HIGH	14197.00	12 STEP 3	PERMANENT	YES
01/07/2007	30/06/2008	TEACHE			SCHOOL IARIA NATIONAL HIGH	12906.00	12 STEP 3	PERMANENT	YES
16/08/2006	30/06/2007	TEACHE			SCHOOL IARIA NATIONAL HIGH	11733.00	12 STEP 3	PERMANENT	YES
16/08/2003	15/08/2006	TEACHE			SCHOOL IARIA NATIONAL HIGH	11167.00	12 STEP 1	PERMANENT	YES
01/07/2001	15/08/2003	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH	10635.00	12 STEP 1	PERMANENT	YES
16/08/2000 01/01/2000	15/08/2000	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH	9945.00	10 STEP 3	PERMANENT	YES
20/12/1997	31/12/1999	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH	9041.00	10 STEP 3	PERMANENT	YES
01/11/1997	19/12/1997	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH	8571.00	10 STEP 2	PERMANENT	YES
01/01/1997	31/10/1997	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH	7433.00	10 STEP 2	PERMANENT	YES
01/01/1996	19/12/1996	TEACH		DEPED STA. N	SCHOOL IARIA NATIONAL HIGH SCHOOL	6044.00	10 STEP 2	PERMANENT	YES
01/01/1995	31/12/1995	TEACH	ER I	DEPED STA. N	IARIA NATIONAL HIGH SCHOOL	4933.00	10 STEP 1	PERMANENT	YES
20/12/1994	31/12/1994	TEACH	ER I	DEPED STA. N	MARIA NATIONAL HIGH SCHOOL	3933.00	10 STEP 1	PERMANENT	YES
01/01/1994	19/12/1994	TEACH	ER I	DEPED STA. N	IARIA NATIONAL HIGH SCHOOL	3902.00	10 STEP 1	PERMANENT	YES
20/12/1991	31/12/1993	TEACH	ER I		ARIA NATIONAL HIGH SCHOOL	3102.00	10 STEP 1	PERMANENT	YES
15/10/1990	13/12/1990	TEACH	ERI	DEPED STA. I	ARIA NATIONAL HIGH SCHOOL	3102.00		R. SUB.	YES
					and if manage and				
	IATURE	South		Continue on separate sh	DATE	T			

VI. VOLUNTARY WORK OR INVOLVEMENT				ORGANIZATIO	N/S	
29. NAME & ADDRESS OF C (Write in full			VE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
LICAB DISTRICT TEACHER INC., I	LICAB, NUEVA ECIJA	12/20/1991	PRESENT			
L .						
		-				
	(Co.	ntinue on separate	chaef if naceccary			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED			
(Start from the most recent L&D training program and include	le only the relevant L&D/training taken for th		for Division Chief	Executive/Manageri		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY
(vviice in teal		From	То		Technical/etc)	(Write in full)
NATIONAL CONFERENCE AND TRA CAPABILITY TRAINING AND ACCREDIT		01/10/2020	01/12/2020	24		DEPED-REGION I
TECHNICALOFFICIALS IN DIFFERE	ENT SPORTTS EVENS	05/27/2019	05/29/2019	24		DEPED DIVISION OF NUEVA ECIJA
DIVISION TRAINING FOR SSG/SSP ADVISERS		10/23/2017	10/24/2017	16		DEPED DIVISION OF NUEVA ECIJA
DIVISION SUPREME STUDENT GOVERNM MASS TRAINING FOR GRADE 10 TEACHERS		11/24/2016	11/25/2016	16		DEPED REGION
THE ENHANCED K-12 BASIC EDU PANSANGAY NA SEMINAR WORKSHOP SA	CATION PROGRAM	05/11/2015	05/16/2015	48		DEPED DIVISION OF NUEVA ECIJA
ANATAS NG SEKUNI DIVISION SEMINAR WORKSHOP ON THE FLAG	DARYA	01/14/2015	01/16/2015	24		DEPED DIVISION OF NUEVA ECIJA
PHILIPPINES			11/20/2015	8		DEPED DIVISION OF NUEVA ECIJA
DIVISION LEADERSHIP TRAINING OF THE SSG	OFFICERS		10/29/2014	8		DEPED DIVISION OF NUEVA ECIJA
IN-SERVICE TRAINING		10/21/2014	10/22/2014	16		DEPED DIVISION OF NUEVA ECIJA
MASS TRAINING FOR GRADE 9 TEACHERS ON REGIONAL TRAINING FOR GRADE 8 TEACHER	OF ADALING DANI IDINAN IZ		05/21/2014	54		DEPED DIVISION OF NUEVA ECIJA
12 CURRICULU		05/20/2013	05/24/2013	54		DEPED DIVISION OF NUEVA ECIJA
	(Сол	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
FARMING		(Write	in full)			LICAB DISTRIC TEACHERS INCORPORATED
COACHING AND PLAYING CHESS						STA. MARIA NHS FACULTY
			-1-2-			
	(Con	tinue on separate s	heet if necessary)			
SIGNATURE	relie 1			DAT	E	

No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of						
34.	Are you related by consanguinity or affinity to the appointing of					
	chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed,	supervision over you in the Office,				
	a. within the third degree?		☐ YES	☑ NO		
	b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	YES	▼ NO		
			If YES, give details	ε		
35.	a. Have you ever been found guilty of any administrative offen	nse?		☑ NO		
			If YES, give details	S:		
			YES	✓ NO		
	b. Have you been criminally charged before any court?		L 123	T NO		
			If YES, give details Date Filed:	5:		
		Status of Case/s:				
36	Have you ever been convicted of any crime or violation of any	/ law. decree, ordinance or regulation by	YES	✓ NO		
00.	any court or tribunal?		If YES, give details			
			, g			
37.	Have you ever been separated from the service in any of the	following modes: resignation, retirement,	☐ YES	✓ NO		
	dropped from the rolls, dismissal, termination, end of term, fin	nished contract or phased out (abolition)	If YES, give detail			
	in the public or private sector?	S. L. M. Stille the Leature of Green				
38.	 a. Have you ever been a candidate in a national or local elect Barangay election)? 	tion held within the last year (except	☐ YES ☑ NO If YES, give details:			
		u (0) u - i - i - i - i - i - i - i - i - i				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local c		☐ YES If YES, give deta	☑ NO sils:		
30	Have you acquired the status of an immigrant or permanent r					
39.	Trave you acquired the status of all intringrant of pormanent?	colucit of another country.	☐ YES If YES, give detail	NO (s (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi	na 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 If YES, please specif	☑ NO		
b.	Are you a person with disability?		YES	y		
	Are you a person with disability?		If YES, please specif			
C.	Are you a solo parent?		☐ YES	☑ NO		
			If YES, please specif	y ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	ppointee)				
Г	NAME	ADDRESS	TEL. NO.			
Г	ALBERT M. LOPEZ	STA. MARIA, LICAB, NUEVA ECIJA	N/A			
	MARIA ROWENA V. CONSTANTINO	STA. MNHS/ STA. MARIA, LICAB, NUEVA	N/A	100		
L	MANIA NOVVENA V. CONSTANTINO	ECIJA		121		
	MAYOR FEMY D. DOMINGO	LICAB, NUEVA ECIJA	N/A	1		
42	I declare under oath that I have personally accomplished	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 representations.	ent laws, rules and regulations of the ntative to verify/validate the contents state	ed herein			
	agree that any misrepresentation made in this document			PINEDA, JOSELITO C.		
	administrative/criminal case/s against me.					
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		All Mineralis.			
1 1	Government Issued ID: PRC	.)	Self Marie Marie			
H	D/License/Passport No.: 0391104					
H		ox)				
	Date/Place of Issuance: 06/26/1998 MANILA		Right Thursdrukk			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued	d government ID as indicated above.		
Total Control						
		Person Administering Oat	h	E Company of the Comp		

Revised 2017	PERS	ONAL D	ATA	SHEET	Γ			
WARNING: Any misinterpreta concerned.	ation made in the Personal Data Sheet a	nd the Work Experienc	e Sheet shall c	ause the filing of adm	ninistrative/	'criminal case/s a	gainst the pe	erson
READ THE ATTACHED GUIDI	E TO FILLING OUT THE PERSONAL DA				1. CS ID No.	Ι	(Do not fill up. Fo	or CSC use only
Print legibly. Tick appropriate boxe I: PERSONAL INFORMATI	es () di use separate sheet if necessary. In	ndicate N/A if not applicable	e. DO NOT ABE	SKEVIATE.	1, GS ID NO.		(Do not nii ap. 1 c	or ooo doc only
2. SURNAME	TADIQUE							
						NAME EXTENSION	(JR., SR)	
FIRST NAME	TEODORA							
MIDDLE NAME 3. DATE OF BIRTH	LARON	I						
(mm/dd/yyyy)	09/11/1963	☑ by birt		Dual Citizenship by birth Pls. indicate of	by naturalization			
4. PLACE OF BIRTH	QUEZON, NUEVA ECIJA	please indicate the		<u> </u>		ris. illulcate c		
5. SEX	☐ Male ☑ Female							
6 CIVIL STATUS		17. RESIDENTIAL ADDRES: PUROK 3 House/Block/Lot No. Subdivision/Village		S	Street TA. MARIA Barangay			
7. HEIGHT (m)	1.6			LICAB		N	JEVA ECIJA	
8. WEIGHT (kg)	58 kgs	ZIP CODE		City/Municipality	311	2	Province	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	5	PUROK 3				
				House/Block/Lot No.		S	Street TA. MARIA	
10. GSIS ID NO.	2002938076			Subdivision/Village LICAB			Barangay NUEVA EC	2110
11. PAG-IBIG ID NO.	1410-0019-0364			City/Municipality			Province	, , , , , , , , , , , , , , , , , , ,
12. PHILHEALTH NO.	07-000051975-6	ZIP CODE			311	2		
13. SSS NO.	33-003167-2	19. TELEPHONE NO.	NONE					
14. TIN NO.	154-306-850	20. MOBILE NO.	0925509116	33				
15. AGENCY EMPLOYEE NO.	4146769	21. E-MAIL ADDRESS (if an	N/A					
II. FAMILY BACKGROUN	jo				di Labora			
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	ILDREN (Write full name an	d list all)		DATE OF BIRT	TH (mm/dd/yyyy
FIRST NAME		N/A	N/A					
MIDDLE NAME			1					
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A		<u> </u>					
24. FATHER'S SURNAME	TADIQUE						03/22	2/1935
FIRST NAME	HORACIO	SR						
MIDDLE NAME	LINA		-			************************	-	
25. MOTHER'S MAIDEN NAME							 	7
SURNAME	LARON						12/06	6/1940
FIRST NAME	ELECITA						1200	71040
MIDDLE NAME	ALMARIO			(Confinu	e on separate	sheet if necessary)		
III. EDUCATIONAL BACK						*		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEC		PERIOD OF ATTENE	DANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED
ELEMENTARY	QUEZON CENTRAL SCHOOL	PRIMARY EDU	CATION	`1970	1976	GRADUATED	`1976	NONE
SECONDARY	HOLY FAMILY ACADEMY	HIGH SCHO	OOL	`1976	`1980	GRADUATED	`1980	NONE
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	CENTRAL LUZON POLYTECHNIC COLLEGE	BACHELOR OF S INDUSTRIAL EUCA' IN INDUSTRIA	TION/MAJOR	`1980	`1984	GRADUATED	`1984	NONE
GRADUATE STUDIES	PHILIPPINE STATESMAN COLLEGE	MA IN PSYCH	OLOGY	1995	1996	36 UNITS	N/A	N/A
	-	(Continue on separate	sheet if necessa	ry)				
SIGNATURE	4) 6	DATE				CS FORM 21	2 (Revised 2017)	, Page 1 of 4

	ESS OF ORGANIZATION Nrite in full)	INCLUSIVE D. (mm/dd/yyy		NUMBER OF HOURS		POSITION / NATURE OF WORK
No	DNE					
	(Conti	nue on separate sheet if	necessary)			
II. LEARNING AND DEVELOPMENT	(L&D) INTERVENTIONS/TRAINING PROG	RAMS ATTENDE)			
tart from the most recent L&D/training program a	and include only the relevant L&D/training taken for the	last five (5) years for Div	vision Chief/Execu	itive/Manageria	al positions)	
	MENT INTERVENTIONS/TRAINING PROGRAMS Write in full)	INCLUSIVE DATES OF (mm/dd/y)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	-ffTI Fd TM Custiculum and	From	То			DEPARTMENT OF EDUCATION-NUEVA
vision Conference on the Strategic Dire ssessment Center	CUON OT ILE AND IVE CURRCUlum and	11/13/2019	11/14/2019	16	TECHNICAL	ECIJA
IVISION RE-ORIENTATION ON RPMS-PF	PST	06/13/2019	06/14/2019	16	TECHNICAL	DEPARTMENT OF EDUCATION-NUEVA ECIJA
APABILITY TRAINING AND ACCREDITATION FO	R COACHES AND TECHNICAL OFFICIALS IN	05/30-31/2019	06/01/2019	24	MANAGERIAL	DEPARTMENT OF EDUCATION-NUEVA
IFFERENT SPORTS EVENTS INVISION TRAINING WORKSHOP ON THE	DEVELOPMENT OF INSTRUCTIONAL					ECIJA DEPARTMENT OF EDUCATION-NUEVA
IATERIALS FOR GRADES 11 AND 12		02/07-08/2017	02/11/2017	24	TECHNICAL	ECIJA
ELECT CORE, APPLIED AND SPECIALIZED SUB	STEACHERS ON GRADE 11 SECOND SEMESTER JECTS PREPARATION OF RESEARCH PROPOSAL	01/14-15/2017, 01/21/2017	01/22/2017	32	TECHNICAL	DEPARTMENT OF EDUCATION-NUEV/ ECIJA
ND REVISITING DEPED ORDER NO. 8, 9		10/26/2016	10/28/2016	24	MANAGERIAL	SCHOOL MOOE FUND
PORTS CLINIC FOR COACHES AND OF		09/14/2016		8	MANAGERIAL	SCHOOL EDUCATIONAL FUND - QUEZO SCHOOL EDUCATIONAL FUND - GUIME
PORTS CLINIC FOR COACHES AND OF		08/20/2016 5/30,	0014010046	48	MANAGERIAL	DEPARTMENT OF EDUCATION-NUEVA
DIVISION TRAINING FOR JUNIOR HS TEA DIVISION SEMINAR WORKSHOP OF TLE DEF		6/4,5,11,18/2016	06/19/2016	48	TECHNICAL	ECIJA DEPARTMENT OF EDUCATION-NUEV
GRADE 9 TEACHERS COMPETENCIES	ARTMENT READS/COORDINATORS AND	11/20/2014	11/21/2014	16	TECHNICAL	ECIJA
				1	1	
			-	-		
				-		
			-	-		
			-	-	-	
			-	-	-	
			-	-	-	
	(Cont	inue on separate sheet i	f necessary)			
/III. OTHER INFORMATION	Conc	or, separate sireet i	3)			
	T nove	ADEMIC DISTINCTIONS	PECOCNITION			MEMBERSHIP IN ASSOCIATION/ORGANIZAT
31. SPECIAL SKILLS and HOBBIES	32. NON-AC	ADEMIC DISTINCTIONS (Write in full)	RECOGNITION			33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
COMPUTER LITERATE		ACHIEVER'S AWAF	RD			STA. MARIA NATIONAL HIGH SCHOO
		SIBLE TEACHER (1)		FACULTY CLUB LICAB DISTRICT TEACHERS ASSOCIAT
LETTERING	MOST RESPON	HOIDLE TEACHER (ONOUL LEVE	.L)		INC.
	(Cont	tinue on separate sheet		T		
SIGNATURE	470	_	DATE			CS FORM 212 (Revised 2017), Page

77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF	DI ACE OF EVAMINAT	ION (CONFERN	(ENIT	LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	ION / CONFERM	IEIVI	NUMBER	Date of Validity		
PROFESSIONAL BOARD EXAMINATION FOR TEACHERS 70.08		11/22/1987	CABANAT	CABANATUAN CITY			09/11/2018		
	(PERIENCE te employme	nt. Start from your recer		ontinue on separate shee ion of duties should	tif necessary) be indicated in the attac	hed Work Ex	perience shee	et.	
INCLUS	SIVE DATES /dd/yyyy)	POSITION TIT (Write in full/Do not a	TLE .	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	То			DEDARTMEN	T OF EDUCATION -		INCREMENT		
01/01/2020	Present	MASTER TEACHER I		STA. MARIA NAT	TONAL HIGH SCHOOL T OF EDUCATION -	P42,662	18-2	PERMANENT	YES
7/19/2019	12/31/2019	MASTER TEACHER I		STA. MARIA NAT	TONAL HIGH SCHOOL T OF EDUCATION -	P41,140	18-2	PERMANENT	YES
01/01/2019	07/18/2019	MASTER TEACHER I		STA. MARIA NAT	TONAL HIGH SCHOOL T OF EDUCATION -	P40,637	18-1	PERMANENT	YES
1/01/2018	12/31/2018	MASTER TEACHER I		STA. MARIA NAT	TONAL HIGH SCHOOL T OF EDUCATION -	P38,085	18-1	PERMANENT	YES
1/01/2017	12/31/2017	MASTER TEACHER I		STA. MARIA NAT	TONAL HIGH SCHOOL T OF EDUCATION -	P35,693	18-1	PERMANENT	-
7/19/2016	12/31/2016	MASTER TEACHER I		STA. MARIA NA	TONAL HIGH SCHOOL T OF EDUCATION -	P33,452	18-1	PERMANENT	YES
1/01/2016	07/18/2016	TEACHER III			TONAL HIGH SCHOOL T OF EDUCATION -	P23,289	13-5	PERMANENT	YES
8/16/2013	12/31/2015	TEACHER III			TONAL HIGH SCHOOL T OF EDUCATION -	P22,306 P22,086	13-5	PERMANENT	YES
6/01/2012	08/15/2013	TEACHER III			STA. MARIA NATIONAL HIGH SCHOOL DEPARTMENT OF EDUCATION -		13-4	PERMANENT	YES
6/01/2011	05/31/2012	TEACHER III		DEPARTMEN	STA. MARIA NATIONAL HIGH SCHOOL DEPARTMENT OF EDUCATION -		13-4	PERMANENT	
8/16/2009	05/13/2011	TEACHER III		DEPARTMEN	STA. MARIA NATIONAL HIGH SCHOOL DEPARTMENT OF EDUCATION -		13-4	PERMANENT	-
7/01/2009	08/15/2009	TEACHER III		DEPARTMENT OF E	STA. MARIA NATIONAL HIGH SCHOOL DEPARTMENT OF EDUCATION - STA.		13-3	PERMANENT	-
7/01/2008	06/30/2009	TEACHER III		DEPARTMEN	TOF EDUCATION -	P16,753 P14,197	12-3	PERMANENT	YES
07/01/2007	06/30/2008	TEACHER III		DEPARTMEN	TIONAL HIGH SCHOOL IT OF EDUCATION -	P12,906	12-3	PERMANENT	YES
08/16/2006	06/30/2007	TEACHER III		DEPARTMEN	TIONAL HIGH SCHOOL IT OF EDUCATION - TIONAL HIGH SCHOOL	P11,733	12-3	PERMANENT	YES
08/16/2003	08/15/2006	TEACHER III		DEPARTMEN	IT OF EDUCATION - TIONAL HIGH SCHOOL	P11,446	12-2	PERMANENT	YES
07/01/2001	08/15/2003	TEACHER III		DEPARTMEN	IT OF EDUCATION - TIONAL HIGH SCHOOL	P11,167	12-1	PERMANENT	YES
08/16/2000	06/30/2001	TEACHER III		DEPARTMENT O	F EDUCATION CULTURE	P10,635	12-1	PERMANENT	YES
01/01/2000	08/15/2000	TEACHER I		DEPARTMENT O	F EDUCATION CULTURE FA. MARIA HIGH SCHOOL	P10,194	10-4	PERMANENT	YES
11/01/1997	12/31/1999	TEACHER I			F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P9,267	10-4	PERMANENT	YES
08/11/1997	10/31/1997	TEACHER I			F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P7,687	10-4	PERMANENT	YES
01/01/1997	08/10/1997	TEACHER I			F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P7,558	10-3	PERMANENT	YES
01/01/1996	12/31/1996	TEACHER I			F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P6,075	10-3	PERMANENT	YES
01/01/1995	12/31/1995	TEACHER I			F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P4,964	10-3	PERMANENT	YES
08/11/1994	12/31/1994	TEACHER I		The state of the s	F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P3,964	10-3	PERMANENT	YES
01/01/1994	08/10/1994	TEACHER I		AND SPORTS - S	F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P3,933	10-2	PERMANENT	YES
11/20/1991	12/31/1993	TEACHER I		AND SPORTS - ST	F EDUCATION CULTURE TA. MARIA HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
08/11/1991	11/19/1991	TEACHER I		AND SPORTS - CA	F EDUCATION, CULTURE RRANGLAN HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
07/01/1989	08/10/1991	TEACHER I	-	AND SPORTS - CA	F EDUCATION, CULTURE RRANGLAN HIGH SCHOOL	P3,102	10-1	PERMANENT	YES
08/11/1988	06/30/1989	SECONDARY SCHO			F EDUCATION, CULTURE RRANGLAN HIGH SCHOOL pet if necessary)	P1,764	10-1	PERMANENT	YES
SIGNA	TURE	To E	6	DATE			CS FORM	212 (Revised 2017)	Page 2 of 4

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,		
a. within the third degree?		☐ YES ☑ NO
b. within the fourth degree (for Local Government Unit - C	YES V NO	
Ç (If YES, give details:	
35. a. Have you ever been found guilty of any administrative of	YES NO	
		If YES, give details:
b. Have you been criminally charged before any court?		✓ YES ✓ NO If YES, give details:
		Date Filed:
		Status of Case/s:
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or	☐ YES ☑ NO
regulation by any court or tribunal?		If YES, give details:
37. Have you ever been separated from the service in any of		☐ YES ✓ NO
retirement, dropped from the rolls, dismissal, termination, phased out (abolition) in the public or private sector?	end of term, finished contract or	If YES, give details:
38. a. Have you ever been a candidate in a national or local e	Nection hold within the last year (except	
Barangay election)?	section held within the last year (except	☐ YES ☑ NO 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:
		II 1E3, 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) M	Magna Carta for Disabled Persons (RA	
7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	네 귀족하면 그리고 하다가 하는데 없는 전에 다시고 있다. 그리고 있는데 맛이 되었다.	
a. Are you a member of any indigenous group?		│
b. Are you a person with disability?		YES NO
		版论品s, please specify ID No:
c. Are you a solo parent?	Certified Correct By: Approved 1	YES V NO
	Received Payment By:	If YES, please specify ID No:
41. REFERENCES (Person not related by consanguinity or affinity to app	icant /appointee)	
аоз и виие намычев зооз ВМАИ	E DEBIT SSSS ADDRESS TIBAG BENEVILLED AND SOS ELEVEN THOUSAND	III INDEE NO.
Mayor EUFEMIA D. DOMINGO 00198111	POBLACION SUR, LICAB, NUEVA	NONE
	ECIJA	
Brgy. Captain ALBERT M. LOPEZ	STA. MARIA, LICAB, NUEVA ECIJA	NONE WATER
MARVIN A. BATOY	MALLORCA, SAN LEONARDO, NUEVA	MAGATINONE
42. I declare under oath that I have personally accomplish	ECIJA ed this Personal Data Sheet which is:	a true correct and
complete statement pursuant to the provisions of perfect		
Philippines. I authorize the agency head / authorized re	presentative to verify/valldate the conte	nts stated herein. I TADIQUE, TEODORA L.
agree that any misrepresentation made in this doc administrative/criminal case/s against me.	cument and its attachments shall ca	ause the filing of
etc.) PLEASE INDICATE ID Number and Date of		
Government Issued ID: PRC	(4)	
ID/License/Passport Nc 0391857		
ID/LICENSE/Fassport NC 033169/	pox)	
Date/Place of Issuance 06/29/1998 MANILA	Right Thumbmark	
CLIDOCDIDED AND CANODAL & before the	Aire big/hear glidh is and a second at the s	
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued government ID as indicated above.
	Person Administering Oat	h
	r orson Administening Oat	
		CS FORM 212 (Revised 2017), Page 4 of

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

7. CAF		1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONE	RMENT	LICENSE (if applicable)		
E	BARANGAY ELIGIBIL	LITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	TEACL OF EARININA	TION / CONFE	-NWEN I	NUMBER	Date of Validity	
									 	
									-	
						-				
WORK	EXPERIENCE		(Co	ntinue on separate sheet i	f necessary)		na jednovanja izv			
		nt. Start from your recen	work) Description	n of duties should b	indicated in the attache	ed Work Ex	nerience sheet			
INC	LUSIVE DATES (mm/dd/yyyy)	POSITION TI (Write in full/Do not a	ΓLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То				oo nataasionalo,	0.041	(Format *00-0*)/ INCREMENT	AT TORYTWELL	(Y/N)	
86	2005	PART OWN	IER		BEAUTY SPECIALIST	150K				
0	2016	MARKETING MA	NAGER		M WAREHOUSE PORATED	60K				
16	Jul-16	MARKETING MA	NAGER	JESUMORA	CORPORATION	NONE				
15	PRESENT	OWNER			ILINE BUSINESS					
16	PRESENT	DIRECTOR OF SALES OFFICER		CENTURY PROPERTIES DEVELOPMENT CORP		35K				

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SIGN	IATURE	Amelita m	· Prugn	vo si separate sneet ir	DATE					
			10				CSF	FORM 212 (Revised 20	117), Page 2 o	
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NAME & ADDRESS OF		(mm/d	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in f	un)	From	To	Tromber or neone		Toomon Thurst Lot Work
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C				-		
LEARNING AND DEVELOPMENT (L8		inue on separate :		ry)		
LEARTH O AND DEVELOR MENT (ES	D) IN ENVENTIONAL VALUE		DATES OF			
TITLE OF LEARNING AND DEVELOPMENT IN	TERVENTIONS/TRAINING PROGRAMS	ATTEN	IDANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in	iull)		ld/yyyy)	Nomber of Hours	Supervisory/ Technical/etc)	(Write in full)
		From	То			
	L L					
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	fCon!	tinue on separate	sheet if necessa	nrv)		<u> </u>
OTHER INFORMATION						
						T
SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTII (Writ	e in full)	JGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)
						
	10)				
	Con	linue on separate	sheet if necessa			1
SIGNATURE	Smilite M. M.	your		DA	ITE	
	/	()				CS FORM 212 (Revised 2017), Page
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l.						

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	eer Employees)?	☐ 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?	y 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, 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.	42. 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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.						
F	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	Smelita M. Rug	no lino				
	D/License/Passport No.: 211-938-841-000	ox)					
	hate/Place of Issuance: 07/10/2003	Signature (Sign inside the b	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above.				
		h					

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 boxe	as () and use separate sheet if necessary. Indic	ate N/A if not applicable. DO NOT	T ABBREVIA	TE.	1. CS ID N	0.	(Do not fill up	. For CSC use on	
I. PERSONAL INFORMATI	ON								
2. SURNAME	DIMAGIBA								
FIRST NAME	FRANCIS EMIL FORT	FRANCIS EMIL FORT NAME EXTENSION (JR., SR)							
MIDDLE NAME	VALLE								
DATE OF BIRTH (mm/dd/yyyy)	03/10/1991	16. CITIZENSHIP		PHILIPPINES					
4. PLACE OF BIRTH	MAKATI CITY, METRO MANILA If holder of dual citizenship,					Pls. indicate co	untry:		
5. SEX	MALE	please indicate the de	etails.						
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	н	13A House/Block/Lot No.			ZIPPER		
			SAN	LORENZO V	ILLAGE		Street SAN LORENZO		
7. HEIGHT (m)	1.7M	-	S	Subdivision/Vil. MAKATI	lage		Barangay METRO MANILA		
8. WEIGHT (kg)	100 KG	ZIP CODE		City/Municipa	lity	1223	Province		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		13A		1223	ZIPPER		
10. GSIS ID NO.	<u></u>			ouse/Block/Lo SAN LORENZ		Т	Street SAN LORENZO		
				ubdivision/Vill	lage		Barangay		
11. PAG-IBIG ID NO.	121103971159			MAKAT City/Municipal			METRO MANIL Province	Α	
12. PHILHEALTH NO.	01-051838778-8	ZIP CODE		1223					
13. SSS NO.	34-2963583-3	19. TELEPHONE NO.				88760070			
14. TIN NO.	411-581-160	20. MOBILE NO.			(09175360310			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)			francis_din	nagiba310@yahoo.cor	<u>n</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	:	23. NAME of C	HILDREN (W	rite full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)						***************************************	
MIDDLE NAME					N/A				
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	DIMAGIBA								
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) JR.							
MIDDLE NAME	LACSON								
25. MOTHER'S MAIDEN NAME									
SURNAME	VALLE								
FIRST NAME	MARIA ELOISA	4							
MIDDLE NAME	NEYRA			(0	Continue on se	parate sheet if neces	sary)		
II. EDUCATIONAL BACKG	ROUND	T							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION		1998	To 2005		2005	RECEIVED	
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	~	2005	2009		2009		
VOCATIONAL / TRADE COURSE							2009		
COLLEGE	DE LA SALLE UNIVERSITY- MANILA	BS ACCOUNTANCY	,	2009	2013		2013		
GRADUATE STUDIES									
		Continue on separate sheet if necess	sary)						
SIGNATURE	for			D	ATE				
				-		CS	FORM 212 (Revised	1 2017), Page 1 of 4	

27. CAR	EER SERVICE/ RA 108	80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
		(If Applicable)	EXAMINATION / CONFERMENT	TION / CONFE	RMENT	NUMBER	Date of Validity		
	CPA BOA	.RD		OCT. 2013	013 METRO MANILA			155951	2026
	·				Y				
	5-00-000 mg/cs (b. 00-00-00-00-00-00-00-00-00-00-00-00-00-					*************			
-				+			***************************************		
V. WORK	EXPERIENCE		(Co	ntinue on separate sheet if	necessary)				
(Include pri	vate employment	t. Start from your recer	nt work) Descripti	on of duties should b	e indicated in the attac	hed Work E	The same of the sa	et.	
	LUSIVE DATES mm/dd/yyyy)	POSITION T			ICY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)		o not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
02/01/2022		VP OPERAT	IONS	1	EACHERS MUTUAL SSOCIATION				
14/08/2014	31/12/2021	INTERNAL AUDI	TOR (AM)	1	HILIPPINE ISLANDS				
01/11/2013	01/05/2014	AUDIT STA	AFF	SYCIP GORRES	VELAYO AND CO				

			Profesional Englishment Statement of the Control of						

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		y Autoritati di minulari di sandari dan Autoritati di Santa ya di Santari minulari di Apoli di Malanti						B. 100 pt. 100	
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			75	ntinua a					
SIGN	ATURE	1/3		ntinue on separate sheet if	necessary) DATE				
		72					CSI	ORM 212 (Revised 20	117). Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT 29. NAME & ADDRESS OF		INCLUS	SIVE DATES		IN/S	
(Write in		(mm	/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			-			
			-	-		
			-			
		-				
VII. LEARNING AND DEVELOPMENT (L8		entinue on separat		rry)		
(Start from the most recent L&D/training program and in						
20			VE DATES OF ENDANCE		Type of LD	
 TITLE OF LEARNING AND DEVELOPMENT IN (Write in 			ddd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	
Effective ML/TF Risk Assessment in Insurar	ice	04/02/2025	04/02/2025	2 HOURS		FINTELEKT
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	(Co	entinue on separat	e sheet if necessa	nry)		
VIII. OTHER INFORMATION			eras		S. Mariema	
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		(44)	rite in full)			(Write in full)
			1 -8			
					8	
	(Co	ntinue on separat	e sheet if necessa	ry)		
SIGNATURE	- for			DA	TE	
		The same of the sa	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN	CS FORM 212 (Revised 2017). Page 3 of

34.	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be approinted,					
	a. within the third degree?	NO				
	b. within the fourth degree (for Local Government Unit - Career Employees)?	NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offense?	NO 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 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?	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?	NO If YES, please specify:				
b. c.	Are you a solo parent?	INO If YES, please specify ID No: NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
	NAME ADDRESS	TEL. NO.				
42.	I declare under oath that I have personally accomplished 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 stat agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	Republic of the led herein.				
P G	Devernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance Divernment Issued ID: PRC Vicense/Passport No.: 0155951 Signature (Sign inside the but is the signature)	DOX)				
	SUBSCRIBED AND SWORN to before me this affiant exhibit	ing his/her validly issued government ID as indicated above.				
	, aniani exilibit	ing moner validity issued government to as indicated above.				
	Person Administering Oa					
-		CS FORM 212 (Revised 2017), Page 4 of 4				

CS	Form	No.	212
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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 concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.								
READ THE ATTACHED GUIDE 1 Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE () and use separate sheet if necessary. Indicate	ET (PDS) BEFORE ACCOMP E N/A if not applicable. DO NOT	ABBREVIAT	E.	I. CS ID No.		(Do not 什 up. Fo	or CSC use only)
I PERSONAL INFORMATIO	N							
2. SURNAME	FELICIANO							
FIRST NAME	PONCIANO					NAME EXTENSION (JR.,	, SR)	
MIDDLE NAME	CASIMIRO							
DATE OF BIRTH (mm/dd/yyyy)	DEC. 03, 1955 16. CITIZENSHIP			☑ Filipir	ю 🗌	Dual Citizenship	by naturaliza	tion
4. PLACE OF BIRTH	TALAVERA N. E.	If holder of dual citizens	hip,			Pls. indicate co	untry:	
5. SEX	✓ Male ☐ Female	please indicate the det	ails.	Philippines				-
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Но	226 ANDAL ALINO, House/Block/Lot No. TALAVERA Subdivision/Village			Street Barangay	
7. HEIGHT (m)	5'4			NUEVA ECIJA City/Municipality			Province	
8. WEIGHT (kg)	114 LBS	ZIP CODE		<i>энулии</i> тарану		3114	Province	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		6 ANDAL ALINC			Otrost	
10. GSIS ID NO.		1		use/Block/Lot No TALAVERA).		Street	
11. PAG-IBIG ID NO.		1		NUEVA ECIJA			Barangay	
12. PHILHEALTH NO.	030002307652	ZIP CODE		City/Municipality	3114		Province	
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.	200-017-000	21. E-MAIL ADDRESS (if any)						
II. FAMILY BACKGROUND		21. E-MAIL ADDITION (II dily)						
22. SPOUSE'S SURNAME	CELLONA		23. NAME of C	HILDREN (Writ	e full name and	flist all)	DATE OF BIRTH	l (mm/dd/yyyy)
FIRST NAME	MERCEDES	NAME EXTENSION (JR., SR)						
MIDDLE NAME	BAYAN							
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
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			(0	Continue on s	eparate sheet if nece	essary)	
III. EDUCATIONAL BACKG	ROUND			1				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	TTENDANCE 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	M. L. Arma.	Continue on separate sheet if nec	essary)	DA	TE			
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MORANE PARTIES MORANE Start from your score work) Description of pulses should plant adversarial Start from your score work) Description of pulses should plant adversarial Start from your score work										
RECURSIVE DATES POSITION ITTLE (Within faulton and attitude) DEPARTMENT AGENCY COFFEE COMPANY MICRIALY MICRIA				(Co	ntinue on separate sheet	if necessary)				
28. INCLUSIVE DATES POSITION TITLE (Witter in fulfic) and abbreviately DEPARTIVENT / ADRINCY / OFFICE / COMPINION SUCREY STATUS OF STA			nt. Start from your rece	nt work) Description	on of duties should l	be indicated in the attacl	ned Work Ex	perience she		
Commonweight Comm	28. INCLU	USIVE DATES						SALARY/JOB/PAY		GOVT
S003/1999 S002/1999		1						applicable)& STEP (Format *00-0*)/		SERVICE (Y/N)
1972/2016 914/97 COMMUNITY OFFICE PAMO-G.O 6500.00 TEMP. 915/97 930/98 PRIVATE SECRETARY CO-TERM, G.O. 8700.00 CO. TEMP 915/98 11/23/98 AGRI-TECHNOLOGIST GOV. OFFICE 6700.00 TEMP. 11/24/98 11/07/2002 SOVSNG, TRADING OFFICE FOOD TERMINAL 15000.00 PERMENENT 910/12/005 630/97 AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL 970/12/007 630/16 CONSULTANT LGU LICAB NE 7000.00 CONTRACTUAL 980/12/016 PRESENT AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL 980/12/016 RESENT AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL 10/07/07/07/07/07/07/07/07/07/07/07/07/07			LABORE	D.4	PDOV/II /	THOR OFFICE	4000.00	INCREMENT		
9/15/97 9/20/98 PRIVATE SECRETARY CO-TERM, G.O. 9700.00 CO. TEMP 6/16/98 11/23/98 AGRI-TECHNOLOGIST GOV. OFFICE 9700.00 TEMP, 11/24/98 11/01/2002 SOVSNG, TRADING OFFICE FOOD TERMINAL 15000.00 PERMENENT 01/01/20/95 8/20/97 AGRI-TECHNOLOGIST LGU QUEZON NE 0000.00 CONTRACTUAL 07/01/20/96 8/20/97 POLITUAL AFFIAR OFFICER I HOUSE OF REPRESENTATIVES 22000.00 CO. TEMP 07/01/20/14 8/20/16 CONSULTANT LGU LICAB NE 7000.00 CONTRACTUAL 08/01/20/16 PRESENT AGRI-TECHNOLOGIST LGU QUEZON NE 0000.00 CONTRACTUAL 08/01/20/16 PRESENT AGRI-TECHNOLOGIST AGRI-TECHNOLOGI		-					-			
		-			ļ					
11/12/498 11/01/2002 SOVSNG, TRADING OFFICE FOOD TERMINAL 15000.00 PERMENENT 01/01/2005 8/30/07 AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL 07/01/2004 8/30/16 CONSULTANT LGU LICAB NE 7000.00 CONTRACTUAL 08/01/2016 PRESENT AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL 08/01/2016 PRESENT 08/01/2016 P		-					-			
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07/01/2014 6/30/16 CONSULTANT LGU LICAB NE 7000.00 CONTRACTUAL 08/01/2016 PRESENT AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUAL	01/01/2005	6/30/07					6000.00		CONTRACTUAL	
08/01/2016 PRESENT AGRI-TECHNOLOGIST LGU QUEZON NE 6000.00 CONTRACTUA L	07/01/2007	6/30/10	POLITUAL AFFIA	R OFFICER I	HOUSE OF R	EPRESENTATIVES	22000.00		CO. TEMP	
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(Continue on separate sheet if necessary)	08/01/2016	PRESENT	AGRI-TECHNO	DLOGIST	LGU	QUEZON NE	6000.00		1	71
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	15									
		 								
						M necessary A				
SIGNATURE DATE CS FORM 212 (Revised 2017).	SIGN	ATURE	Alling	(Co	orianue on separate sheet	DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN			Y ORGANIZATIO	ON/S	
29. NAME & ADDRESS OF OI (Write in full)			IVE DATES (dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
	Jan Heller					
						,
		 				
					35	
			sheet if necessar	ry)		
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu					agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIV ATTE	E DATES OF NDANCE (dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	
CORPORATE GOVERNANC	E SEMINAR	4/28/15	4/28/15	4 HRS		PHILIPPINE CORPORATE ENHANCE AND GOVERNANCE, INC
CONPORATE GOVERNANCE & A	AMLA SEMINAR	6/21/16	05/12/2017	5 HRS		PHILIPPINE CORPORATE ENHANCE AND GOVERNANCE, INC
BASIC MEET INSPECTION TRA	INING COURSE	4/17/17	05/12/2017	160 HRS		NMIS REGION III
TECHNICAL BREFING IN HYBRIDE	LIGHT PRODUCTION	6/31/17	6/13/17	8 HRS		ATI-RTC 3
TRAINING ON SUSTAINABLE AGRICULTURE PRO COMMUNITY FOOD PRO		6/20/17	6/22/17	24 HRS		ATI-RTC 3
		-	-		7	
		-	-			
		-	-	-		
*						
			-			
	(Con	tinue on separate	sheet if necessar	ry)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-		INCTIONS / RECO te in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING						
PLAYING BASKETBALL						
		-/	- 2.5			
		And Annual Control				
		änue on separate	sheet if necessar			·
SIGNATURE	plan			DA	TE	CS FORM 212 (Revised 2017), Page 3 of 4

	chief of bureau or office or to the person who has immediate s 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		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 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?	y law, decree, ordinance or regulation	☐ YES [If YES, give details:	☑ NO		
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		
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	tion held within the last year (except	✓ YES 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 c	☐ YES If YES, give details:	□ NO			
39.		☐ 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?	piedse answer the following items.	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?		TES If YES, please specify II	✓ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	ATTY. EDNO N JOSON	GUIMBA NE				
	ATTY. TOMAS F. LAHOM	QUEZON NE		(20)		
	ATTY. OLIVE JANE G.CORNEJO	TALAVERA N.E		1		
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 document 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.	PHOTO		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	God hood		A Communication of the Communi		
۱H	overnment Issued ID: 15265694	Morning				
۱ŀ	/License/Passport No.:	oox)				
	ate/Place of Issuance: 08/20/202020 QEUZON NE	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.		
		h				