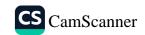
CS Form No. 212		No. of the last of			FACTOR :	and the stock Hotel		7.79
Revised 2017	PERSON	NAL DATA	A SH	IEE7	T		2 14.97.47 2011.17.54 Te	
concerned.	tion made in the Personal Data Sheet and the V					riminal case/s ag	alnst the pers	son
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEE  ( ) and use separate sheet if necessary. Indicate N/	T (PDS) BEFORE ACCOMPL A if not applicable. DO NOT AB	LISHING THE BREVIATE.	PDS FORM	1. CS ID No.		(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO	FERVANDEL	And the State of t						
2. SURNAME						NAME EXTENSION (JR	, SR)	
FIRST NAME	EDINO						Language Land	
MIDDLE NAME	TAN					-		
3. DATE OF BIRTH (mm/dd/yyyy)	06/11/89	16. CITIZENSHIP	Appendix and the second			by naturalization		
4. PLACE OF BIRTH	Baybay City	If holder of dual citizenship,		Pls. indicate country:				1000
5. SEX	Male Female	please indicate the details.						
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		Purok -1 puse/Block/Lol No.			Street Ilaya	
	☐ Widowed ☐ Separated ☐ Other/s:	appropried of the second of th				Par	yasu 9	ay
Carlo and appropriate	many allowed as makes of suppress the fire			bdivision/Village			Barangay ()	
7. HEIGHT (m)	5"		i c	Sayban ity/Municipality			Province	
8. WEIGHT (kg)	.56 kg.	ZIP CODE	6	2521-	A	,	30.0	1100
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS					+ lay or	mark of
10. GSIS ID NO.	NONE	(310 - 08 M	Į	30y bay		Pargosugay		
11. PAG-IBIG ID NO.	12 12-0409-1878	Miles Mulos	SubdivisidnVillage			Barangay J Leyte Provinge		
12. PHILHEALTH NO.	13-02541418-8	ZIP CODE	(e521-A					
13. SSS NO.	NONE	19. TELEPHONE NO.	0950 133104			2		
14. TIN NO.	331-002-224-00	20. MOBILE NO.	- 1	30 13	2101	-		
15. AGENCY EMPLOYEE NO.	4	21. E-MAIL ADDRESS (if any)		N THE WAY	- 40 Per Vo			property and a second
II. FAMILY BACKGROUND			23. NAME of CHI	DOEN (Weite	full name and l	iet all)	DATE OF BIRTI	H (mm/dd/yyyy)
22. SPOUSE'S SURNAME	Codog	NAME EXTENSION (JR, SR)	AND DESCRIPTION OF THE PERSON NAMED IN			the Marie Control of the	Maria de la companya del companya de la companya del companya de la companya de l	
FIRST NAME	Maricar		Jayole C. Ternan		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MIDDLE NAME	Casemero		Edmar C. Fernandez 10/24					4/16
OCCUPATION	House wife						11/0	7/23
EMPLOYER/BUSINESS NAME	Vowe							
BUSINESS ADDRESS	Vous							*
TELEPHONE NO.	Vone							
24. FATHER'S SURNAME	Fernandez							
FIRST NAME	Isidro	NAME EXTENSION (JR., SR)	9					
MIDDLE NAME	Busela							
25. MOTHER'S MAIDEN NAME	1900							
SURNAME	Torge				-			
FIRST NAME	Arsevia		-					
MIDDLE NAME	Mongcao		(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG		2000年1月1日 - 1000年1月1日 - 1000年1月 - 1						
				DECISION OF A	TTENDANCE	HIGHEST LEVEL	100 100	SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF A	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
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SECONDARY	A15 - Gabos Central School	Secondary	1	2014	2020	Groduate	2020	voue
VOCATIONAL / TRADE COURSE	N/A	NA	10 10 10	Aktivel med				
COLLEGE	NA	N/A						
GRADUATE STUDIES	WA	NA						1
SIGNATURE	<u></u>	ontinue on separate sheet if neces	ssary)	DA	TE			
				The state of the s	1000	CS	FORM 212 (Revise	d 2017). Page 1 of



IV. CIVIL SERVICE ELIGIBILITY  27. CAREER SERVICE/ RA 1000 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE  (1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			DATE OF				LICENSE (if applican		
BAF	RANGAY ELIGIBILIT	S/ CES/ CSEE Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Data Validit
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INCLU	SIVE DATES	Start from your recent					SALARY/ JOR/ PAY		GOV
From (mr	m/dd/yyyy) To	POSITION T (Write in full/Do not	abbreviate)		NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP ' (Format '00-0")	STATUS OF APPOINTMENT	SERVI
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NAME & ADDRESS OF OR	GANIZATION	INCLUSE	VE DATES				
(Wite in full)		(mm/dd/yyyy)		NUMBER OF HOURS	Medical Services in	POSITION / NATURE OF WORK	
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LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING	THE PERSON NAMED IN	with District Spines or the same		The second second second	THE ASSESSMENT OF THE	
TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED SPONSORED BY (Write in full)	
(Write in full)					Supervisory/ Technical/etc)		
mt. i. V li i.e.		From	To	-101	40075	LCCLDC .	
Dational Youth Co	uference	11/20/19	11/2/19	24 Mg			
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OTHER INFORMATION	And the second						
SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTIN		INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
		. (Write	e in fulf)		all areal party	33. (Write in full)	
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chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,		- N - N			
a. within the third degree?		☐ YES	NO		
b. within the fourth degree (for Local Government Unit - Ca	☐ YES	NO .			
35. a. Have you ever been found guilty of any administrative of	☐ YES				
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 court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of term in the public or private sector?	finished contract or phased out (abolition)	YES If YES, give details:	NO		
a. Have you ever been a candidate in a national or local e Barangay election)?      b. Have you resigned from the government service during	☐ YES				
election to promote/actively campaign for a national or loc	election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant or permane	☐ YES ☐ NO If YES, give details (country):				
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 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> <li>41. REFERENCES (Person not related by consanguinity or affinity to applications)</li> </ul>	2), please answer the following items:	If YES, please specify:  YES  If YES, please specify ID N	≥ NO		
NAME	ADDRESS	TEL NO.			
IVAME	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		
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repre agree that any misrepresentation made in this do administrative/criminal case/s against me.	tinent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the did not be determined to the det	РНОТО		
Government Issued ID (i.e Passport, CSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	TQ = - Section				
Government Issued ID:					
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SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued gove	mment ID as indicated above.		
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			CS FORM 212 (Revised 2017), Page 4 of 4		