evised 2017	TIASDA	CHICAGO COMPANIES				-	22.2	NAL LAWSICESICS		
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ncerned. EAD THE ATTACHED GUIDE	TO FILLING OUT	THE PERSON	AL DATA SHEE	T (PDS) BEFORE ACCOMPLI	SHING THE					
nt legibly. Tick appropriate boxes PERSONAL INFORMATIO		ate sheet if nece	essary. Indicate N/	A if not applicable. DO NOT ABB	REVIATE.		1. CSID No.		(Do not fill	up. For CSC us
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FIRST NAME	ROMMEL							NAME EXTENSION (JR	, SR)	
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(mm/dd/yyyy)		8/6/1970		16. CITIZENSHIP		✓ Filip	ino	Dual Citizenship		uralization
PLACE OF BIRTH		BAYBAY GITY	-	If holder of dual citizens	ship,			Pls. indicate o		uranzauori
5. SEX	Male	- m 1 342 5	✓ Female	please indicate the det	ails.					
	Single		✓ Married	17. RESIDENTIAL ADDRESS		-	200 200 300			
6 CIVIL STATUS TYOO BOAYRES TO EUTATA	Widowed	anacavisa sa s		HO PROTYAGENT HOPE		ouse/Block/Lot N			Street GUADALUPE	
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B. WEIGHT (kg)	JNTCSCDB per	70 KLS.	Y-LIBRARY	ZIP CODE		IDE III	A JMQA	6521	7/1/2013	1/2012
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MANENT Y	NBC 524 PE	7,947,00	- LIBRARY	LETTE STATE UNIVERSIT	1	City/Municipality			Province	71/2004
2. PHILHEALTH NO. THEMAMS	UNICSCOB PER	13-000014501	INAMOLI-	LEYTE STATE UNIVERSIT		ORKERI	W YTLLITY W	-	11/30/2004	16/1999
3. SSS NO. Y YJIAO	А\И	ANA 127/26/DAY	OF AGRIC.	19. TELEPHONE NO. SAYASIN		RER	LABO	N/A	1/1/1994.	1/1989
4. TIN NO.		116-623-326		20. MOBILE NO.				N/A		
5. AGENCY EMPLOYEE NO.		V000114		21. E-MAIL ADDRESS (if any)						
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2. SPOUSE'S SURNAME FIRST NAME	1-1			NAME EXTENSION (JR., SR)	23. NAME of C		e full name and		DATE OF	BIRTH (mm/d
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7. CARE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	plicable),
BA		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA		RMENT	NUMBER	Date of Validity
person	y A sagainst the	l ärlministrative/criminal case	ANA use the filing of	fence Street shall be	heet and the Work Expe	ersonal Da	nade in the Pe	sinter Mation	NGAME y m
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V. WORK E	XPERIENCE	91.14 BP	(Co	ntinue on separate shee	if necessary)			a property	
		nt. Start from your recent wo	ork) Description	of duties should be	indicated in the attached	Work Experi	The second second		
	JSIVE DATES m/od/yyyy)	POSITION TITLE (Write in full/Do not abb			ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOVT SERVICE
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29.	ORK OR INVOLVEMENT IN		NT / PEOPLE / VO	SIVE DATES	SALES CONTRACTOR		Company and the second section with the second section of
	NAME & ADDRESS OF ORG (Write in full)	ANIZATION	(mm	/dd/yyyy)	NUMBER OF HOURS	palmoquqa e	POSITION / NATURE OF WORK
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	r coordaining program and meilide	nely the relevant Lau, training take		VE DATES OF	nie#Executive/Man.	Type of LD	
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Series y			I guive				re you a member of any indigenous gr
	DN (A)	If YES, please speci					
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100	in trockships	563-7572	AV CITY	VSU, BAYB		ОН	MS. SHEIRA MAY T. CAMAC
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