PERSONAL DATA SHEET

Print legibly. Mark appropriate bo	ixes with " 🗸 and use separate sheet if necessary.	199 199		1. CS ID No.	the state of the s	,,	(to be filled up by CSC)		
	MIONE CONTRACTOR OF THE PARTY O	Little Str. Hall				risk and the			
2. SURNAME	AIMPOCEPILIE		1 1 1						
FIRST NAME	ajaisipiaivi IIIIIII								
MIDDLE NAME	SIGINICIPIZALILILI		1 1	3. NAME EXTENSION (e.g. Jr., Sr.)					
4. DATE OF BIRTH (mm/dd/yy)	I al O 400			VSU upper campus,					
5. PLACE OF BIRTH	Culava Biliran			Bayba	111	Ly A	1 miles		
6. SEX	☑ Male ☐ Female			Bayra	y cti	Y	ey		
7. CIVIL STATUS	☐ Single ☐ Widowed	ZIP CODE 6521				2.5			
	Married Separated	17. TELEPHONE NO	D.	053-5	6370	455			
	Annulled Others, specify	18. PERMANENT A	DDRESS	VSU			Campus		
8. CITIZENSHIP	Pilipino						/		
9. HEIGHT (m)	5'2	7		Baybay City Luyte			ryte		
10. WEIGHT (kg)	70		ZIP CODE	CODE 6521					
11. BLOOD TYPE	B"	19. TELEPHONE NO	O	053-563-7455			5		
12. GSIS ID NO.	63080302454	20. E-MAIL ADDRES	SS (if any)						
13. PAG-IBIG ID NO.	1700-0024-0862	21. CELLPHONE N	O. (if any)	0435	1410	800	7		
14. PHILHEALTH NO.	13-000014967-6	22. AGENCY EMPL	OYEE NO.	V000	564				
15. SSS NO.	The state of the s	23. TIN		116-622-798					
16.227/15/42/16/16/16	D ID		1707	The second second	9萬萬時間。				
24. SPOUSE'S SURNAME	Ampocepple		25. NAME OF (CHILD (Write full name ar	nd list all)	DATE OF	BIRTH (mm/dd/yyyy)		
FIRST NAME	mangarita		alean		occepple	many	22 1988		
MIDDLE NAME	cailing		a/eus	glavaz C. Arpoceplu			march 26 1991		
OCCUPATION	Snakes vindor		Jesse C. Arpociphe V			Jak	24 1994		
EMPLOYER/BUS. NAME			Jayson C. Arpacephe, U			July	124 1994		
BUSINESS ADDRESS	VSCA Baybay City Leyte		Joel				114 2000		
TELEPHONE NO.	053-563-7455		Joine	C. Ary	DOEPHE.	July 114 2000			
	(Continue on separate sheet if necessary)	,					1 1		
26. FATHER'S SURNAME	= Decease	d	,	5		-	1 1		
FIRST NAME			-			1 1			
MIDDLE NAME							1 1		
27. MOTHER'S MAIDEN NAME						-	1 1		
SURNAME	Deceased			-		1 1			
FIRST NAME	1/4						1 1		
MIDDLE NAME	3.			(Continue	on separate shee	t if necessary)			
(All sold of tels 1 All t	(AKAROI),II)		**********	HIGHEST GRADE/	INCLUSIVE I	DATES OF			
28. LEVEL	NAME OF SCHOOL	DEGREE COURSE	YEAR GRADUATED	LEVEL/	ATTEND		SCHOLARSHIP/ ACADEMIC HONORS		
LLYLL	(Write in full)	(Write in full)	(if graduated)	(if not graduated)	From	То	RECEIVED		
ELEMENTARY						145	10 (01)		
	6 / / / / / / / / / / / / / / / / / / /			211					
SECONDARY	Damulaan Albuera			graduatea	2001	2002			
VOCATIONAL / TRADE COURSE	7/0								
COLLEGE									
			8.						
	7 - T			14	= TA 196				
GRADUATE STUDIES					1 24	-			
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	w w					-77	-p 13		
	(Cor	ntinue on separate she	eet if necessary)						
							Page 1 of 4		

Transfer S								125105 (11
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION / CONFERMENT	ON / CONFERM	IENT	NUMBER	DAT OF RELEASE		
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			(0)	ontinua on sanarati	sheet if necessary)			8	
	H				ansemonare n				
(mr	0. INCLUSIVE DATES (mm/dd/yyyy) POSITION (Write in			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)		MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To	adment.	aide V	GSD/	1SU/Baybay	12,150	V	Regular	· Yes
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			(C	ontinue on separa	te sheet if necessary)		CS FORM	212 (Revised 200	5), Page 2 of 4

THE TOTAL PROPERTY OF INVOLVEMENT IN CIVIC / NO	GOVERNME	NT / PEOPLE / \	/ UNTARY	ORGANIZATION'S	
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	То	- moonto		
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(Contin	ue on separate sheet	if necessary)			
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32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES		S OF ATTENDANCE	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)	From	То	HOOKS	(White in fully)	
more shop-PMS-OPES-GISD	01/19/2010	01 119 12010	8 hours		
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(Contin	ue on separate sheet	if necessary)			
	和政治 主义的	为CARPANA	西斯斯·	MEMBERSHIP IN	
33. SPECIAL SKILLS / HOBBIES: 34.	NON-ACADEMIC DIST (W	TINCTIONS / RECOGI rite in full)	NITION:	35. ASSOCIATION/ORGANIZATION (Write in full)	
1. Plumben			fo j	& a control control	
2 carpontice					
1. Plumber 2. carpontiree 3. welder 4. Electrisian 5. mechanic					
4 Electrisian			iv J	-	
5. mechanic					
(Contin	nue on separate sheet	if necessary)		CS FORM 212 (Revised 2005), Page 3	
Cartinate Anna Anna Anna Anna Anna Anna Anna Ann				. 00 1 01/141 2 12 (1/04/300 2000), 1 age	

F. ..

Are you related by consanguinity or affinity to of the f	following:		1
a. Within the third degree (for National Government Employ appointing authority, recommending authority, chief of off has immediate supervision over you in the Office, Bureau appointed?	☐YES ☑NO If YES, give details:		
 Within the fourth degree (for Local Government Employe appointing authority or recommending authority where you 	ees): bu will be appointed?	☐ YES ☑ NO If YES, give details:	
37 a. Have you ever been formally charged?		☐ YES ☑ NO If YES, give details:	_
b. Have you ever been guilty of any administrative offen	se?	☐ YES ☑ NO If YES, give details:	
	and in a second or	□YES ☑NO	
38. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	of any law, decree, ordinance or	If YES, give details:	- 6-4
39. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminatio phased out, in the public or private sector?	of the following modes: resignation, on, end of term, finished contract, AWOL or	☐YES ☑NO If YES, give details:	
40. Have you ever been a candidate in a national or local e	election (except Barangay election)?	☐YES ☐NO If YES, give details:	
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8	o) Magna Carta for Disabled Persons (RA 1972), please answer the following items:		
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:		
b. Are you differently abled?		☐ YES ☑ NO If YES, please specify:	*
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify:	
42. REFERENCES (Person not related by consanguinity or affinity to a	applicant / appointee)		
NAME	ADDRESS	TEL. NO.	And the second
1-1-0101110 01	maganhan Boybay Cit		
43. I declare under oath that this Personal Data Sheet had complete statement pursuant to the provisions of pert Philippines. I also authorize the agency head / authorized represent that this information shall remain confidential.	inent laws, rules and regulations of the Rep	ublic of the	
CC / 20 /3 - 27 07/926 COMMUNITY TAX CERTIFICATE NO.	they h		
Boybar City Layte ISSUED AT	SIGNATURE (Sign inside the	box)	2
January 105 1 2015	DATE ACCOMPLISHED	RIGHT THUN	MBMARK

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