| CS Form No. 212<br>Revised 2017                                  | PI                          | FRSO              | NAL DAT   | A SH   | IEET                |                            |                                 |                    | 70                             |  |
|--|-----------------------------|-------------------|---|--|---------------------|----------------------------|---------------------------------|--------------------|--------------------------------|--|
| WARNING: Any MAR PERFE   | MITTION                     |                   |   |  |                     |                            |                                 |                    |                                |  |
| WARNING: Any   | c., made in the Personal Da |                   | Work Experience Sheet shall                                 |  |                     | nistrative/cr              | iminal case/s aga               | inst the pers      | юп                             |  |
| READ THE ATTACHED GUIDE<br>Print legibly. Tick appropriate boxes |                             |                   |   |  | PDS FORM.           | 1. CS ID No.               |                                 | (Do not fill up. F | or CSC use only)               |  |
| I. PERSONAL INFORMATIO   | N .                         |                   |   |  |                     |                            |                                 |                    |                                |  |
| 2. SURNAME   | LATRAS                      |                   |   |  |                     |                            |                                 |                    |                                |  |
| FIRST NAME   | ORLANDO                     |                   |   |  |                     |                            | NAME EXTENSION (JR.             | SR) 52             |                                |  |
| MIDDLE NAME  | HILLARIASA                  |                   |   |  |                     |                            |                                 |                    |                                |  |
| DATE OF BIRTH     (mm/dd/yyyy)                                   | 101 07 100                  |                   | 16. CITIZENSHIP   | Filipino   |                     | ino [                      | Dual Citizenship                |                    |                                |  |
|  | 04-07-1950                  | 7                 |   |  |                     | by birth by naturalization |                                 |                    |                                |  |
| 4. PLACE OF BIRTH  | PATAG, BAYDAY CITY          | LEYTE             | If holder of dual citizenship, please indicate the details. |  |                     |                            | Pls. indicate country:          |                    |                                |  |
| 5. SEX   | Male                        | Female            | please indicate the de                                      | Musell   | THE STATE OF        |                            |                                 |                    |                                |  |
| 6 CIVIL STATUS   | Single Widowed              | Married Separated | 17. RESIDENTIAL ADDRESS                                     | House/Block/Lot No.  Subdivision/Village  BAT BAT  City/Municipality |                     | 0.                         | Street                          |                    |                                |  |
|  | Other/s:                    | Separateu         |   |  |                     |                            | PATAG<br>Barangay               |                    |                                |  |
| 7. HEIGHT (m)  | 1.00                        | in the second     | A kin with the last   |  |                     |                            | LEYTE Province                  |                    |                                |  |
| 8, WEIGHT (kg)   | 100                         |                   | ZIP CODE  | and the same of the same that the same of the                        |                     | 0521                       | 2/                              |                    | Province                       |  |
| 9. BLOOD TYPE  | 0                           |                   | 18. PERMANENT ADDRESS                                       |  |                     |                            | ~                               |                    |                                |  |
| 10. GSIS ID NO.  | 0                           |                   | 14 6 CA 109   | Hot  | House/Block/Lot No. |                            |                                 |                    | Street                         |  |
|  | OFN# 006-0118               | K-6708-9          | 1-2-1-1-7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-                    |  | abdivision/Village  |                            |                                 |                    | PATAG<br>Barangay<br>LEYTE     |  |
| 11. PAG-IBIG ID NO.  | 1700-0028-                  | 3600              | 164 108 140 H   | DATBAT<br>City/Municipality  |                     | /                          | Province                        |                    |                                |  |
| 12. PHILHEALTH NO.   | 1300-0085-                  | -90x              | ZIP CODE  | 6  |                     | 6121                       | 121                             |                    |                                |  |
| 13. SSS NO.  | NIA                         |                   | 19. TELEPHONE NO.   | 1  |                     | N/A                        | J/A                             |                    |                                |  |
| 14. TIN NO.  | 116-625-113                 | ,                 | 20. MOBILE NO.  | 1  |                     | D/A                        | D/A                             |                    |                                |  |
| 15. AGENCY EMPLOYEE NO.  | \$5×0045                    |                   | 21. E-MAIL ADDRESS (if any)                                 | NI   |                     |                            | A                               |                    |                                |  |
| II. FAMILY BACKGROUND  |                             |                   |   | 4. 648   |                     |                            |                                 |                    |                                |  |
| 22. SPOUSE'S SURNAME   | LATILIS                     |                   | L   | 23. NAME of CHILDREN (Write  |                     | e full name and            | list all)                       | DATE OF BIR        | DATE OF BIRTH (mm/dd/yyyy)     |  |
| FIRST NAME   | JOSEPHINE                   |                   | NAME EXTENSION (JR., SR)                                    | ANALYN T. LAT  |                     | LATILAS                    |                                 | 02-04-1987         |                                |  |
| MIDDLE NAME  | TAGUD                       |                   |   | JUNIEL T. LA   |                     | LATRA                      | TRAS                            |                    | 12-09-1988                     |  |
| OCCUPATION   | Hover WIF                   | E                 |   | Y045   | т,                  | LATR                       | ATRAS                           |                    | 11-30-1991                     |  |
| EMPLOYER/BUSINESS NAME   | N/A                         | -                 |   | ORLANS   | DO T.               | LATRAS                     | TRAS, JR.                       |                    | 02-18-1998                     |  |
| BUSINESS ADDRESS   |                             |                   | 1 16776   | MHOL   | ANTH!               | NY T. L                    | ATTLAS                          | 11-19-201          |                                |  |
| TELEPHONE NO.  | N/2                         | <u> </u>          |   | ENGENE T.  |                     | LAT                        | nas                             | 04-02-2009         |                                |  |
| 24. FATHER'S SURNAME   | LATIPAS                     |                   | NAME EXTENSION (JR., SR)                                    | 70N185 T-  |                     | LATI                       | LATRAS                          |                    | 01-11-2012                     |  |
| FIRST NAME   | DIOCOADO                    |                   | NA  |  |                     |                            |                                 |                    |                                |  |
| MIDDLE NAME  | PABROQUE                    | 2                 |   |  |                     |                            |                                 |                    |                                |  |
| 25. MOTHER'S MAIDEN NAME   | 1110.110                    | A                 |   |  |                     |                            |                                 |                    |                                |  |
| SURNAME<br>FIRST NAME  | VILLARIAS                   | A                 |   |  |                     |                            |                                 |                    |                                |  |
| MIDDLE NAME  | DEWS                        | SANTOS            | r   |  | II.                 | antinus an es              | parate sheet if neces           | rend .             |                                |  |
| III. EDUCATIONAL BACKO   | 1/ -                        | JAN 1V            |   |  | lo lo               | onunue on se               | parate sneet if neces           | Saly)              |                                |  |
| 26.  | NAME OF SCH                 | Inol              | DACIC EDUCATION DE CO                                       | EE IOOU IDOE   | DEBIOD OF           | ATTENDANCE                 | HIGHEST LEVEL/                  |                    | SCHOLARSHIP/                   |  |
| LEVEL  | (Write in ful               |                   | BASIC EDUCATION/DEGRI<br>(Write in full)                    | EE/COURSE  |                     |                            | UNITS EARNED (if not graduated) | YEAR<br>GRADUATED  | ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY   | GABAS ELE                   | MON TAR;          | BAND + 1  | 1.   | From                | То                         | . /-                            | s.K.               | NON                            |  |
| -  | cutor                       |                   | GAMPEL  | A. m.  | 1966                | 1971                       | G-V                             | Rgh                |                                |  |
| SECONDARY  | N/A                         |                   | 11/14   |  | FILA                | MA                         | MA                              | KIN                | N/A                            |  |
| VOCATIONAL /<br>TRADE COURSE                                     | N/A                         |                   | NA  |  | MA                  | 1./12                      | MA                              | XVII               | NIM                            |  |
| COLLEGE  | N/A                         |                   | NA  | olino S)   | NA                  | XIA                        | Jei/X                           | 40                 | 14/11                          |  |
| GRADUATE STUDIES   | 11/4                        | ATE               | MX  |  | hi//L               | LIK                        | XIX                             | xyh                | N/h                            |  |
| SIGNATURE  |                             | 1                 | (Continue on separate sheet if nec                          | ressary)   |                     | ATE                        | 1 10.1/                         | L                  |                                |  |
| COMPLETE   | 1 Ovan.                     | do l              | -c/m  |  |                     | .,,_                       | 04/24                           | FORM 212 (Revise   | ed 2017), Page 1 of 4          |  |

| CAREE           | REER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE RAMINATION / PLACE OF EXAMINATION / CONFERMENT |                                     |   |   | MENT                     | LICENSE (if ap    | Date of   |                       |  |
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|                 | te employmen<br>SIVE DATES   | t. Start from your recent           | work) Descriptio                        | n of duties should be i   | ndicated in the attached | Work Experi       | ence sheet.   |                       |  |
|                 | n/dd/yyyy)   | POSITION T<br>(Write in full/Do not |   | DEPARTMENT / AGENCY / OFFICE / COMPANY<br>(Write in full/Do not abbreviate) |                          | MONTHLY<br>SALARY | GRADE (if<br>applicable)& STEP<br>(Format "00-0")/<br>INCREMENT | STATUS OF APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N)   |
| 1/01/2017       | PNESENT  | ADMINISTRATINE                      | ALDE 1                                  | NOONTHENT ME A  | NIMAL OCIONCE            | 10,07~            | 1-2   | PETRUMBENT            | 761  |
| 1 1             | 11   | ADMINISTRATIVE                      |   | Towns of The Party of Street,   | Many chance              |                   | 1-1   | PETEMANENT            | yes  |
| 1 1             | 01/31/2016   | FARM WORL                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1   | OF ANIMA SCHOOL          |                   | 3-1   | TEMPORTY              | YEZ  |
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| 29. NAME & ADDRESS OF OR                                    | NTARY WORK OR INVOLVEMENT IN CIVIC / No. SOVERNMENT / PEOPLE / VOLUNTARY  NAME & ADDRESS OF ORGANIZATION (Write in full) (Write in full) (Write in full)   |  | E DATES                                 | NUMBER OF HOURS       | amogra a                       | DOCTON ANTIPE OF HOME  |  |  |
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| 8   | Principal Principal Control  |  |   |                       |                                |  |  |  |
|   | ENT ING  |  |   |                       |                                |  |  |  |
| /II. LEARNING AND DEVELOPMENT (L&D) I                       |  | ontinue on separate s<br>POGRAMS ATTE  |   | ry)                   |                                |  |  |  |
| Start from the most recent L&D/training program and include |  |  |   | Chief/Executive/Manag | gerial positions)              |  |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE                  | RVENTIONS/TRAINING PROGRAMS  | INCLUSIVE DATES OF<br>ATTENDANCE   |   |                       | Type of LD<br>(Managerial/     | CONDUCTED/ SPONSORED BY  |  |  |
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| neithreana ansaulte/W                                       |  | S Zemina N   | Jan 1                                   |                       |                                |  |  |  |
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| VIII. OTHER INFORMATION                                     |  |  |   |                       |                                |  |  |  |
| 31. SPECIAL SKILLS and HOBBIES                              | 32. No   | ON-ACADEMIC DISTI<br>(Write  | NCTIONS / REC<br>le in full)            | OGNITION              | 2000                           | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)         |  |  |
| RESTRAINING CMALL   |  | <u> </u>   |   |                       | de la                          |  |  |  |
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| 34. Are you related by consanguinity or affinity to the pointing   |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| chief of bureau or office or to the person who has immediate<br>Bureau or Department where you will be apppointed,                             | supervision over you in the Office,  |  | positive the contraction of   |  |  |  |
| a. within the third degree?  |  | ☐ YES                                  | No  |  |  |  |
| b. within the fourth degree (for Local Government Unit - Care  | YES  | □ NO                                   |   |  |  |  |
| 2. Maint and router degree (for Ecoal Government Onle - Oak  | If YES, give   | /                                      |   |  |  |  |
|  |  | ii i Lo, give                          | actuis.   |  |  |  |
| 35. a. Have you ever been found guilty of any administrative offer   | ense?  |  | [7] NO  |  |  |  |
| o your loans gaing or any duminous dive our  |  | YES give                               | dotails:  |  |  |  |
|  |  | If YES, give                           | uetails.  |  |  |  |
|  |  | -                                      |   |  |  |  |
| b. Have you been criminally charged before any court?  |  | YES                                    | □ NO  |  |  |  |
|  |  | If YES, give                           |   |  |  |  |
|  |  | Date F                                 |   |  |  |  |
|  | The last make the party of the art   | Status of Ca                           | se/s:   |  |  |  |
| 36. Have you ever been convicted of any crime or violation of an   | ny law, decree, ordinance or regulation by   | YES                                    | No              |  |  |  |
| any court or tribunal?   |  | If YES, give                           | details:  |  |  |  |
|  | THE STATE OF THE S | Car Commencer                          | CONTRACTOR OF THE PROPERTY OF |  |  |  |
| 37. Have you ever been separated from the service in any of the  | e following modes: resignation,  | ☐ YES                                  | □ NO  |  |  |  |
| retirement, dropped from the rolls, dismissal, termination, er   |  | If YES, give                           | details:  |  |  |  |
| (abolition) in the public or private sector?   |  |  |   |  |  |  |
| 38. a. Have you ever been a candidate in a national or local ele   | ction held within the last year (except  | YES                                    | ☑ NO  |  |  |  |
| Barangay election)?  |  | If YES, give                           |   |  |  |  |
| b. Have you resigned from the government service during the  | ne three (3)-month period before the last  | YES                                    | NO  |  |  |  |
| election to promote/actively campaign for a national or local  | 승규가 있다. 하는 100대 전에 대한 경기에 되었다. 이 지수가 있는 사람들이 가지 않는데 하다 되었다.  | If YES, give                           |   |  |  |  |
| 39. Have you acquired the status of an immigrant or permanent  | resident of another country?   |  |   |  |  |  |
|  | Toolaghi of another sound).  | YES NO If YES, give details (country): |   |  |  |  |
|  |  | II TES, give                           | details (country).  |  |  |  |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371): (b) Mai  | and Corta for Dipabled Parsons (PA   |  |   |  |  |  |
| <ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May<br/>7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).</li> </ol> |  |  |   |  |  |  |
| Are you a member of any indigenous group?  | please another the following learns.   |  |   |  |  |  |
| rice you a monitor of any magorious group?   |  | 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)  |  |   |  |  |  |
| NAME   | ADDRESS  | ŒL, NO.                                |   |  |  |  |
| TOURL  | ADDRESS  | QEL, NO.                               |   |  |  |  |
| DR. DINAH M. ESPINA  | DEPARTMENT OF ANIMAL SCIENCE   | 091732767                              | 13  |  |  |  |
|  |  |  | 1000000   |  |  |  |
| DR. LOUTU C. BESTIL  | DEPATMENT OF ANIMAL SCIENCE  | 091770170                              | 948   |  |  |  |
|  |  |  |   |  |  |  |
| 42. I declare under oath that I have personally accomplished   | this Personal Data Sheet which is a ti   | rue, correct and                       |   |  |  |  |
| complete statement pursuant to the provisions of pertin  | ent laws, rules and regulations of the   | Republic of the                        | Orignoo Lety<br>ORIGNOO Y. LATRK, SR  |  |  |  |
| Philippines. I authorize the agency head/authorized represe<br>agree that any misrepresentation made in this docu                              | entative to verify/validate the contents state   | ed herein.                             | URLANDO Y. LATRIK, SK   |  |  |  |
| administrative/criminal case/s against me.   | inent and its attachments shall caus   | e the filing of                        | РНОТО   |  |  |  |
|  | PERSONAL PROPERTY OF STREET  | art Anna Santa                         |   |  |  |  |
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| VM. Vis CA.  | Signature (Sign inside the bi  | ox)                                    | annihitias.   |  |  |  |
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| SUBSCRIBED AND SWORN to before me thisAP   | , affiant exhibiting   | ng his/her validly is                  | ssued government ID as indicated above.   |  |  |  |
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|  | ATTY. RYSAN C. GUINOC  | 000                                    |   |  |  |  |
| BIAG   |  |  | SIGNATURE   |  |  |  |
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|  | ROLL OF ATTORNEYS NO. 574  | 167                                    |   |  |  |  |