1	CS Form No. 2
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4	WARNING - Any

PERSONAL DATA SHEET

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PERSONAL INFORMATION)N								
2. SURNAME	POSAS		NAME EXTENSION (JR.,	00)					
FIRST NAME	MARICAR		1		NAME EXTENSION (JR.,	SR)			
MIDDLE NAME	BAGARINAO								
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP	Filipin	0 🗆	Dual Citizenship				
	NOVEMBER 07,1977								
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship,			Pls. indicate c				
5. SEX	☐ Male	please indicate the details.					~		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	. IL.			ANG ILANG Street			
	☐ Widowed ☐ Separated ☐ Other/s:	The state of the s	Commence of the second second second second			MARCOS			
7. HEIGHT (m)	1.5	Su	bdivision/Village BAYBAY			Barangay LEYTE			
	80	ZIP CODE	City/Municipality			Province			
8. WEIGHT (kg)		18. PERMANENT ADDRESS				LANG ILANG			
9. BLOOD TYPE	"O" TACH COMPANY	Ho	use/Block/Lot No), attituden		Street	(467,000		
10. GSIS ID NO.	N/A	Su	ıbdivision/Village	euro apit OL	mos as astrale;	MARCOS Barangay			
11. PAG-IBIG ID NO.	121045720662		BAYBAY City/Municipality	13.5.76 2.34	AND CONTRACTO	LEYTE Province			
12. PHILHEALTH NO.	030500706763	ZIP CODE	- The state of the						
13. SSS NO.	33-6943383-6	19. TELEPHONE NO.		: AHJ.	J		(3,85)		
4. TIN NO.	01109918	and the second second	ATION RESEARCH ASSISTA			ida -	128/2021		
15. AGENCY EMPLOYEE NO.			ATION RESEARCH ASSISTA			103	An on a rite		
I. FAMILY BACKGROUNL	E DESCRIPTION OF THE PROPERTY		ATCICCA	HUHADA	HIN WOHALL	Ma I	2/31/2020		
2. SPOUSE'S SURNAME		23. NAME of CH	ILDREN (Write	full name and I	ist all)	DATE OF BIRT	H (mm/dd/yyyy)		
FIRST NAME	NA	NAME EXTENSION (JR., SR)	Data Feronar						
MIDDLE NAME	N/A	A Start of Section 1					9134/9010		
OCCUPATION		Office of the Srad		cheppens	dau		811811645		
EMPLOYER/BUSINESS NAME	N/Δ					70701200			
BUSINESS ADDRESS	N/A	her Carriso garrio		aboon-	MEU.		A DRESPON		
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	POSAS								
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BAGARINAO								
25. MOTHER'S MAIDEN NAME		, .,							
SURNAME	BAGARINAO								
FIRST NAME	MARTINA								
MIDDLE NAME	GODINES	(Continue on separate sheet if necessary)							
	GF								
III. EDUCATIONAL BACK			PERIOD OF ATTENDANCE HIGHEST LEV UNITS EARNS		HIGHEST LEVEL/	YEAR	SCHOLARSHIP ACADEMIC		
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE			(if not graduated)				
	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	From	10					
26.			From 6/1/1984	3/1/1990		1990			
26. LEVEL	(Write in full)					1990			
26. LEVEL ELEMENTARY	(Write in full) VISCA FOUNDATION ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH SCHOOL		6/1/1984	3/1/1990					
26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	(Write in full) VISCA FOUNDATION ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH SCHOOL N/A	(Write in full)	6/1/1984	3/1/1990		1994			
26. LEVEL ELEMENTARY SECONDARY VOCATIONAL /	(Write in full) VISCA FOUNDATION ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH SCHOOL NIA VISAYAS STATE COLLEGE OF AGRICULTURE	(Write in full) BACHELOR OF ANIMAL SCIENCE MAJOR IN ANIMAL HEALTH	6/1/1994 6/1/1994	3/1/1990			201		
ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	(Write in full) VISCA FOUNDATION ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH SCHOOL N/A	(Write in full)	6/1/1994 6/1/1994	3/1/1990		1994	270		

	SERVICE ELIC			DATE OF				LICENSE (if ap	onlineble)
	SPECIAL LA	R SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable) CONFERMENT CONFERMENT			RMENT	NUMBER	Date of Validity		
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	EXPERIENCE								
es. INC	INCLUSIVE DATES (mm/dd/yyyy) POSI		TLE			MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT SERVICE
From	То	(Write in full/Do not	appreviate)	(Write in full/Do not abbreviate)		SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT 1	(Y/ N)
5/3/21	present	EDUCATION RESEAR	CH ASSISTANT	Office of the Graduate School		18, 784.04		CASUAL	YES
14/21	2/28/21	CLERK		Office of the	11068.00		JOB ORDER	NO	
/4/2021	2/28/2021	EDUCATION RESEAR	CH ASSISTANT	Office of the Graduate School		18, 784.04		CASUAL	YES
0/1/2020	12/31/2020	EDUCATION RESEAR	CH ASSISTANT	Office of the Graduate School		18, 784.04	3) 57	CASUAL	YES
/1/2020	09/31/20	CLERK	n is finding in 1300 per a 1989.	Office of the Graduate School		9960.00		JOB ORDER	NO
/1/2019	12/31/2019	Data Enco	der	Office of the Graduate School		9600.00		JOB ORDER	NO
/1/2018	12/31/2018	Data Enco		Office of the Graduate School		5200.00		JOB ORDER	NO
/1/2017	12/31/2017	Data Enco	der	Office of the	Graduate School	5200.00	3. 1	JOB ORDER	NO
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9. NAME & ADDRESS (Write			/E DATES ·	NUMBER OF HOURS		POSITION / NATURE OF WORK
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	If YES, give details					
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VENDUNG AND DEVELOPMENT (Continue on separate				
LEARNING AND DEVELOPMENT (L tfrom the most recent L&D/training program and i				//Executive/Manager	ial positions)	
		INCLUSIVE	INCLUSIVE DATES OF		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	I INTERVENTIONS/TRAINING PROGRAMS in full)	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS		
	- later or - Y+I	From	То		(Districtive)	\$15, 100 had \$100.
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	If YES, please specify I					
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OTHER INFORMATION	***************************************				11/2	
SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTI	NCTIONS / RECOG	NITION -		MEMBERSHIP IN ASSOCIATION/ORGANIZA
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SIGNATURE	2000	444 CUV		DA	ATE	May 3, 2021

34.	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*)				
	a. within the third degree?		☐ YES ☑	NO			
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ If YES, give details:	NO			
35.	a. Have you ever been found guilty of any administrative offe	YES If YES, give details:	NO				
	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 any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi 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.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please						
a.	Are you a member of any indigenous group?		☐ YES If YES, please specify:	☑ NO			
b.	Are you a person with disability?			✓ NO No:			
C.	Are you a solo parent?			✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
	NAME	ADDRESS	TEL. NO.	1 1			
	DR. ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9173064899				
byeres.	DR. JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076	STATE AND STATE OF THE PARTY OF			
	DR. EDITHA G. CAGASAN	VSU, BAYBAY CITY, LEYTE	9155913358	(8)			
-1000	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document 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.	РНОТО			
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egat turn	SUBSCRIBED AND SWORN to before me this2	8 MAY 2021 , affiant exhib	oiting his/her validly issued gov	vernment ID as indicated above.			
		ATTY SAIL GUINOCOR					
	ONTE May 8, 2001						
-		Person Administering Oa	ith	and the second			