PERSONAL DATA SHEET

WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the V	Vork Experience Sheet shall	cause the filing	g of administ	trative/crim	inal case/s again	st the person	concerned.		
	TO FILLING OUT THE PERSONAL DATA SHEE									
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() a use separate sheet if necessary, Indicate N	/A if not applicable. DO NOT AB	BREVIATE.		LCS ID No.		(Do not fill up. F	or CSC use only)		
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2 SURNAME	ISPAEL	All and Africa and American services and an artist of the services and a service and a					/			
FIRST NAME	CAPPIEL NAME EXTENSION (M. SR) VR.									
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3. DATE OF BIRTH (mm/dd/yyyy)	01 00 16	16. CITIZENSHIP		☑ Filipin		Dual Citizenship	apitud maanatus proce in hid misinin filoropusuun			
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4. PLACE OF BIRTH	BAYBAY CITY CENTE	If holder of dual citize	nship,			Pls. indicate c		- The state of the		
5 SEX	✓ Male ☐ Female	please indicate the d	etails ⁰)							
V. SEA			T	1				× -		
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hou	ise/Block/Lot No.			Street			
PVDD 02 R1633	Other/s:	DOLYGUETA LINGMI HARRIO	-	BRGY	. 41,	BUNAWI		1971 - 61		
7. HEIGHT (m)	t'2"	To the CO Administra	PROMINENT CONTRACTOR OF THE PARTY OF THE PAR	bdivision/Village	(CIT)	LE	Barangay > X/E			
			C	ity/Municipality			Province			
8. WEIGHT (kg)	63 KG	ZIP CODE	a	521			a FRESEN			
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Linux	se/Black/Lat No.			Street			
10. GSIS ID NO.			rigu		V. HI	BUNAW				
	10 10 14 19 01 01		BAI			abdivision/Village XBAX CITY LEXTE				
11. PAG-IBIG ID NO.	121210480601			City/Municipality Province						
12. PHILHEALTH NO.	13-000103271-3	ZIP CODE	65	21						
13. SSS NO.	33-1505882-5	19. TELEPHONE NO.		And the state of t	AND DESCRIPTION					
14. TRI NO.	185-038-330	ZV. MOBILE NO.	# 09	9556	75 09	943				
15. AGENCY EMPLOYEE NO.	VISIU	21. E-MAIL ADDRESS (if any)								
II. FAMILY BACKGROUND	101173									
22. SPOUSE'S SURNAME	16RAEL	Martine is a city for a series of city, action beautiful and a provide a simply organic	23. NAME of CH	ILDREN (Write	full name and	fist all)	DATE OF BIRT	H (mm/dd/yyyy)		
FIRST NAME	LIZA	NAME EXTENSION (JR., SR)	VIIDE	P. 15	RAFI		4-11	-99		
MIDDLE NAME	PALUGOD		THE PROPERTY OF THE PROPERTY O	THE RESERVE OF THE PARTY OF THE	Control of the Contro	SKAEL	1-15			
OCCUPATION	CLERK		1	P. /			8-25			
EMPLOYER/BUSINESS NAME							2-14			
BUSINESS ADDRESS	LGU BAYBAY CIT	Y LEYTE	VANEA P. ISRAEL 2-14-10							
TELEPHONE NO.							1			
24 FATHER'S SURNAME	ISRAEL				***					
FIRST NAME	GABRIEL	NAME EXTENSION (JR., SP)		Palashirosomeroresorranias dispension						
MIDDLE NAME	DERECHO	Autor man to the state of the s								
25 MOTHER'S MAIDEN NAME										
SURNAME	ISRAEL				Py Microsoft in the process due to the NY Allen with region	ridaspesii sitririir sitrimus tiinituu asuuruvit taihelustussa				
FIRST NAME	LOURDES									
MIDDLE NAME	ARGUILLES			(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND									
26.	NAME OF SCHOOL	DACK EDUCATION DECOR	CENDINAE	PERIOD OF AT	TTENDANCE	HIGHEST LEVEL	100 100	SCHOLARSHIP		
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IV. CIVIL SERVIC	E ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING DATE OF				t ,	LICENSE (il applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / PLACE OF EX		AMINATION / CONFERMENT		NUMBER	Date of Validity		
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			(Cor	ntinue on separate sheet i	f necessary)					
V. WORK EXPER (Include private em)		ı your recent v	work) Description	of duties should be	indicated in the attached	l Work Experie	nce sheet.			
28. INCLUSIVE DATES (mm/ddf/yyyy) POSITION TO			DEPARTMENT / AGE	MONTHLY SALARYI JOB/ PAY GRADE (If applicable)& STEP		STATUS OF	GOVT SERVICE			
	To	(Write in full/Do not at			Do not abbreviate)	SALARO	(Format 66-0") INCREMENT	APPOINTMENT	-(Y/N)	
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M. VOLUMTARY MARK OR INVESTIGATION	IT IN ONLY (NON COURSELECT				
VI. VOLUNTARY WORK OR INVOLVEMEN		elia mentena antara pala mandro en antara di per mende	The state of the s	V5	
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II. LEARNING AND DEVELOPMENT (L&					
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III. OTHER INFORMATION	(Co	ntinue on separate sheet if	necessary)		
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31. SPECIAL SKILLS and HOBBIES	32.	V-ACADEMIC DISTINCTION (Write in full)			33. (Write in full)
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34. Are you related by consanguinity or affinity to the appointing or r			error of the same		
chief of bureau or office or to the person who has immediate sup Bureau or Department where you will be apppointed,	pervision over you in the Office,		The second secon		
a. within the third degree?	a provincia vigo e escribir e proprio de la compansa de la compansa de la compansa de la compansa de la compan El 1900 de la compansa de la c	D vee	2 115		
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Combined M		NO		
b. within the fourth degree (for Local Government Unit - Career	Climoyede) (The same of the sa	NO		
Control of the Assessment of t		If YES, give details:			
11. L. E. 1. St. E. 1. 1. L. II. TP	A.				
35. a. Have you ever been found guilty of any administrative offense	and the second section is the second	YES Z	NO		
Employ registrations on the tipe of the Commission Anna Commission of the Commission		If YES, give details:			
		ergines une entre enhancement aus inter a martinistic de commissa de commo entre comment de commo entre comment			
b. Have you been criminally charged before any court?		☐ YES D	NO		
b. Have you been diffillially charged belore ally countr		If YES, give details:	4 10		
		Date Filed:			
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of any la	w dantae ardinance or regulation by				
any court or tribunal?	w, decree, ordinance or regulation by				
		If YES, give details:			
And the contract of the contract place of the composition of the contract of t		And a strain through Andrew (3.5 to Charles to Land 1.5 to Andrew (3.5 to Andrew			
37. Have you ever been separated from the service in any of the foll	12. P. C. B.	☐ YES	NO		
dropped from the rolls, dismissal, termination, end of term, finish	ned contract or phased out (abolition)	If YES, give details:			
in the public or private sector?	and an effective to the second				
38. a. Have you ever been a candidate in a national or local election	held within the last year (except	☐ YES	NO NO		
Barangay election)?		If YES, give details:			
b. Have you resigned from the government service during the th	ree (3)-month period before the last	YES	⊠ NO		
election to promote/actively campaign for a national or local can		If YES, give details:			
39. Have you acquired the status of an immigrant or permanent resi	dent of another country?				
by There you adjust the states of all littling art of political of the	done of another country:	YES	№ NO		
		If YES, give details (country):		
40 D 11 (11 F D 11 1 (D1 2071) (111)		discretional de Alemania de Al			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna and (c) Solo Parents Welfare Act of 2000 (RA 8972), please ans 					
	swer the following items:				
Are you a member of any indigenous group?		TYES	NO NO		
b. Are you a person with disability?	and the state of the continuous experiences and the state of the section of the state of the sta	If YES, please specify:	Manufactural des advantation de la companya del companya del companya de la companya del la companya de la comp		
The years person min accounty:		TYES If YES, please specify IE	No.		
c. Are you a solo parent?		YES	₩ NO		
		If YES, please specify ID			
A1 PETERNOTO (Parana adaptata)					
41. REFERENCES (Person not related by consanguinity or affinity to applicant /app	pointee)		en de la companya de		
NAME	ADDRESS	TEL. NO.			
ENGR. MARLON G. BURLAS	PPO				
LEGARIO B. RAMOS	ILE				
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42 1 1 1 2 2 2 2 1 1 1					
42. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent	s Personal Data Sheet which is a t	rue, correct and			
Philippines. I authorize the agency head/authorized representati	ve to verify/validate the contents state	Republic of the	GABRIEL A. ISRAELJR.		
agree that any misrepresentation made in this documen	t and its attachments shall caus	e the filing of	PHOTO		
administrative/criminal case/s against me.	radication occupied and Administrative control of the control of the control of the control of the control of	The state of the second se			
ADDRESS AND ADDRES					
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SUBSCRIBED AND SWORN to before me this 2 1 M	1AY 2021 , affiant exhib	iting his/her validly issued go	overnment ID as indicated above.		
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