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and use separate sheet if necessary. Indicate NUAÑA OGER ORCINO 3-01-1973 AYBAY CITY ☑ Male ☐ Female	WA if not applicable. DO NOT AE	LISHING THE BBREVIATE.	PDS FORM.			(Do not fill up.	For CSC use on			
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OGER ORCINO 3-01-1973 AYBAY CITY Male	Propher Commence (Commence)				INAME EXTENSION OF					
ORCINO 3-01-1973 AYBAY CITY Male	Propher Commence (Commence)				INAME ELITINGS IN LIE					
3-01-1973 AYBAY CITY ☑ Male ☐ Female	Propher Commence (Commence)				TOWNE EXTENSION (III	NAME EXTENSION (JR., SR)				
AYBAY CITY ☑ Male ☐ Female	Propher Commence (Commence)									
☑ Male ☐ Female		☑ Filipino ☐ Dual Citiz		Dual Citizenship						
☑ Male ☐ Female				by birth	by natural	zation				
	if holder of dual citize	And the second second		Pis. indicate o	ouniry.					
Cingle C Married	please indicate the de						-			
	17. RESIDENTIAL ADDRESS		MC(1 M ()			011				
☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lut No. SITIO LONOY			Sireei SAN ISIDRO					
.63		St	BAYBAY	16	Barangay LEYTE					
4	ZIP CODE		City/Municipality	/	Province 6521-A					
	18 PERMANENT ADDRESS				0021-74					
D 2004EE0000 (004 40 10 F04 6 17				lo.		Street				
P 2004559002 (021-1942-5911-4)	CONDENSATION FOR ALL TO	!	bdivision/Villag	10		Barangay				
15232591031	Programme State Commence					LEYTE Province				
3-0500062862-7	ZIP CODE	6521-A								
6-2325840-4	19. TELEPHONE NO.	NONE		NONE						
86-657-374-000	20. MOBILE NO.	09263177821								
00844	21. E-MAIL ADDRESS (if any)	NONE			214					
UAÑA		23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIRTH (mm/dd/yyyy)				
LMA	NAME EXTENSION (JR., SR) III	REGINNE D. MUAÑA			11-06-2002					
ALANON				SARAH JEAN D. MUAÑA			08-07-2005			
OUSEWIFE		CHARISE D. MUAÑA CHARLINE D. MUAÑA				01-03-2013 08-12-2016				
/A										
/A										
/A							·			
UAÑA	In the second se									
OMAS	NAME EXTENSION (JR., SR) SENIOR									
ASARTE		-4								
ODGINO										
			P	ontinue on se,	parate sheet d neces	sary)				
The state of the s					LICHEST LEVELY	Silver States and Asia	SCHOLARSHIP/			
NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	· ·	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS			
CARLOS P. GARCIA ELEMENTARY SCHOOL	PRIMARY FOLICATION					1086	NONE			
RAYRAY NATIONAL HIGH SCHOOL	HIGH SCHOOL									
CONCORD TECHNICAL INSTITUTE	AUTOMOTIVE MECHANIC						NONE			
NONE	The state of the s		:555	1000		:274	HOME			
NONE		- 1 - 10 (- A-A)								
46	ontinue on Jeoglete Speci i nece:	ssaryl				11 A 11 11 11 11 15				
	MOTHEN		DA	TE	12-1	2-2	019			
	P 2004559002 (021-1942-5911-4) 15232591031 3-0500062862-7 5-2325840-4 36-657-374-000 00844 UAÑA LMA ALANON OUSEWIFE (A IA UAÑA DMAS ASARTE DRCINO NGELITA JRINGA JRINGA JRINGA JRINGA JRINGA JRINGA LMA NAME OF SCHOOL (Write in full) CARLOS P. GARCIA ELEMENTARY SCHOOL RAYRAY NATIONAL HIGH SCHOOL CONCORD TECHNICAL INSTITUTE NONE	2 2004559002 (021-1942-5911-4) 15232591031 3-0500062862-7 20 MOBILE NO. 20 MOBILE NO. 21 E-MAIL ADDRESS (if any) UAÑA LMA ALANON OUSEWIFE IA IA UAÑA DMAS NAME EXTENSION (JR., SR) III ALANON OUSEWIFE IA IA UAÑA DMAS NAME EXTENSION (JR., SR) SENIOR ISARTE ORCINO NGELITA JRINGA NAME OF SCHOOL (Write in full) CARLOS P. GARCIA ELEMENTARY SCHOOL RAYBAY NATIONAL HIGH SCHOOL CONCORD TECHNICAL INSTITUTE NONE NONE NONE	18 PFRMANFNT ADDRESS #0 2004559002 (021-1942-5911-4) 15232591031 3-0500062862-7 ZIP CODE 5-2325840-4 19. TELEPHONE NO. 20. MOBILE NO. 21. E-MAIL ADDRESS (if any) UAÑA LIMA NAME EXTENSION (JR., SR) III ALANON OUSEWIFE IA IA UAÑA DMAS NAME EXTENSION (JR., SR) SENIOR SSARTE DRCINO NGELITA JRINGA JRINGA JRINGA NAME OF SCHOOL (Wirde in full) NAME OF SCHOOL (Wirde in full) RAYRAY NATIONAL HIGH SCHOOL RAYRAY NATIONAL HIGH SCHOOL RAYRAY NATIONAL HIGH SCHOOL CONCORD TECHNICAL INSTITUTE AUTOMOTIVE MECHANIC	18 PERMANENT ADDRESS	18 PFRMANFNT ADDRESS	18 PFRIAMFINI ADDRESS HouseBlock of No STID LONDY Subdivision/Village BAYBAY Culpiliana/quility Culpil	18 PERMANNIT ADDRESS			

27. CAF		1080 (BOARD/ BAR) UNDER	RATING	DATE OF			¥.	LICENSE (If a	opiicabie) *
Market Street and Market Street and Advantage of the Local	BARANGAY ELIGIBIL	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFE	RMENT	* NUMBER	Date of Validity
NC II (NAT	IONAL CERTIFIC	CATE II) IN AUTOMOTIVE	PASSED	4/11/2013	TESDA, CAL	UBIAN, LEY	TE	1308030200432	04-11-2013
					P				
v. Work	EXPERIENCE		€ •	winne un separaia sieer i	necessaryi				
(Include pri	vate employmer	t. Start from your recent w	ork) Description	of duties should be i	ndicated in the attached	Work Exper	ience sheet.		
	LUSIVE DATES mm/dd/yyyy)	POSITION TIT		DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT
From	То	(Write in full/Do not ab	breviate)	(Write in full/	Do not abbreviate)	SALARY	(Formet "00 0") INCREMENT	APPOINTMENT	SERVICE (17 N)
1/1/2019	PRESENT	ADMINISTRATIVE	AIDE VI	VISAYAS STA	ATE UNIVERSITY	P14,847.00	6	REGULAR	YES
1/1/2017	12/31/2018	HEAVY EQUIPMENT	PERATOR I	VISAYAS STA	ATE UNIVERSITY	P12,155.00	4	TEMPORARY/ REGULAR	YES
1/1/2016	12/31/2016	HEAVY EQUIPMENT (PERATOR I	VISAYAS STA	ATE UNIVERSITY	P11,658.00	4	TEMPORARY/	YES
7/1/2015	12/31/2015	HEAVY EQUIPMENT (PERATOR I	VISAYAS STA	ATE UNIVERSITY	P11,181.00	4	REGULAR TEMPORARY/	YES
7/1/2014	06-302015	HEAVY EQUIPMENT (PERATOR I	VISAYAS STA	ATE UNIVERSITY	P11,181.00	4	REGULAR TEMPORARY/	YES
10/16/2011	06-31-2014	GAS/DIESEL MEG	CHANIC	VISAYAS STA	ATE UNIVERSITY	P350.00/D		JOB ORDER	YES
7/15/2008	3/31/2011	GAS/DIESEL MEC		AUTOMEDIC	ORMOC BRANCH			COD CILDER	NO
9/24/2005	04-292008	GAS/DIESEL MEG	CHANIC		IVE ORMOC BRANCH				NO
9/17/2002	9/23/2005	GAS/DIESEL MEG			TIVE CEBU BRANCH				NO
/20/1999	5/4/2002	GAS/DIESEL MEC			IOTORS				
5/26/1997	8/25/1999	GAS/DIESEL MEC			E, INCORPORATED				NO
1/8/1996	3/15/1997	MECHANIC			IAN SERVICING				NO
/18/1995	02-201996								NO
710/1333	02-201996	DELIVERY TRUCK	DRIVER	EMCOR APPLIAN	CE, INCORPORATED			1	NO
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CICH	ATURE		1/1/1	times on senarate sheat if		10	_ 10		10
SIGN	AIUKE		1 /the	year	DATE	10		FORM 212 (Revised 20)	

IV. CIVIL SERVICE ELIGIBILITY

			ALVERT TO A SECRET OF YOUR	HOME SECTION AND ADDRESS OF THE PARTY OF THE		ALGORIAN TAKON BALIMBAN PERMUSAN PERMUTUNG PERMUTUNG PERMUTUNG BALIMBAN BALIMBAN PERMUSAN PERMUSAN		
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION		VE DATES dd/yyyy) To	NUMBER OF HOURS	battioniaus £	POSITION / NATURE OF WORK		
NONE	or countries and a surface of the countries of the countr	The state of the s	Reservoid	high season of	1000 :1100			
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(40)	steudp 1897 h							
and the second of the second o	Passo worth							
VII. LEARNING AND DEVELOPMENT (L&D) IN	#EDVENTIONS/TRAINING P	DOGRAMS ATT	ENDED	t				
(Start from the most recent L&D/Dalning program and include				nel/Executive Mana	genal positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)		ATTE	E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
	saur en Zara, Jano ber	FIOII	То	Para internal		TESDA 7 & AUTOMOTIVE SERVICE ASSOCIATION,		
AUTOMOTIVE MECHANIC (GAS ENGINE) SKILLS ENH	IANCEMENT	5/10/1999	6/11/1999	160	SKILLS	INC. OF CENTRAL VISAYAS		
ENGINE TROUBLESHOOTING OF ISUZU VEHICLES	ICTION OF PIOPUELS	8/12/2004	9/14/2004	170	SKILLS	ISUZU MOTORS MANDAUE CEBU RENEWABLE ENERGY RESEARCH CENTER		
LECTURE-DEMONSTRATION-WORKSHOP ON PRODU	tak awa 29y li	5/22/2019	5/22/2019 6/7/2019	16	TECHNICAL	HYUNDAI MOTORS		
EQUIPMENT OPERATION TRAINING PROGRAM OF CO	OUNTY BUS	6/6/2019	6///2019	DES 91 (1.50a)	TECHNICAL	HTUNDAI MOTORS		
	3							
		CS DATE OF A	elia el mi et	10 10 00	Tea san	Colone of a selection of the parties of		
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	\$01888880 I	TE U VIVERENTY	VISAYAS STA			OR, HENRY Y, GOLULA		
	09178341532	TE UNIVERSITY	VISAYASIV			ENGR. DELSO GUMAD		
		TE UNIVERSITY	VISAYAS STA			MS. ALICETLORES		
	29, 15100 Std 8 8	Steel which	ersonal Dala	Caint heralig	CODE VIEC	. । तेहा संस्था ताला तीहर भीता शहर की 1		
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VIII. OTHER INFORMATION	<u>(</u>	Continue on esparat	s alteet if necessar	**				
31. SPECIAL SKILLS and HOBBIES	32 N	ION-ACADEMIC DIST		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
	32. (Write in full)				(Wire in run)			
AIRCON REPAIR	NONE				NONE			
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SIGNATURE	- Hugge			D	ATE .	12-12-22/9 CS FORM 212 (Revised 2017), Page 3 of		

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,	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	,				
a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offer	YES NO If YES, give details:					
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 retirement, dropped from the rolls, dismissal, termination, en (abolition) 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 election Barangay election?	Continued Learner	☐ 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 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES If YES, please specify: ☐ YES If YES, please specify ID No: ☐ YES If YES, please specify ID No:	NO NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)					
NAME	ADDRESS	TEL. NO.				
DR. HENRY Y. GOLTIANO	VISAYAS STATE UNIVERSITY	O9086866102				
ENGR. CELSO GUMAOD	VISAYAS STATE UNIVERSITY	O9176341532	7/35			
42. 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			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		1ch				
Government Issued ID: DRIVER'S LICENSE	1/1/4	Est a				
ID/License/Passport No.: G01-94-179776 Date/Place of Issuance: BAYBAY CITY, LEYTE	Signature (Sign inside the b	00) /	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	050	ng his/her validly issued governme				
	TTTY. RYSAN C. GUINOCOR VSULEGAL DEFSON Administering Oat	h				