## ERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes ( 🔲 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) PERSONAL INFORMATION 2. SURNAME MATIOM FIRST NAME FELIPE NAME EXTENSION (JR., SR) MIDDLE NAME MORERA 3. DATE OF BIRTH 12/2/1964 16. CITIZENSHIP (mm/dd/vvvv) Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MARCOS, BAYBAY, LEGTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX Female Single 6 CIVIL STATUS Married 17. RESIDENTIAL ADDRESS Widowed Separated House/Block/Lot No. Other/s: MARCOS Subdivision/Village Barangay 7. HEIGHT (m) 1.6 BAUBAY LEUTE City/Municipality 822 8. WEIGHT (kg) ZIP CODE "0" 9 BLOOD TYPE 18. PERMANENT ADDRESS House/Block/Lot No. L-64120208292 10. GSIS ID NO MARCOS Subdivision Village 11. PAG-IBIG ID NO 1700-0028-7028 10 AMBAM LEUTE 12 PHILHEALTH NO 13-000057423-7 ZIP CODE (0521 13. SSS NO. None 19. TELEPHONE NO. NONE 943-256-199 14. TIN NO 20. MOBILE NO. 0975-427-2670 15. AGENCY EMPLOYEE NO V000631 21. E-MAIL ADDRESS (if any) NONE 22. SPOUSE'S SURNAME MATIOM 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) MILA AME EXTENSION (JR., SR FIRST NAME JESSA ALAO MATIOM ETIS MIDDLE NAME NIND ALAD MATIOM OCCUPATION HOUSE WIFE JOFIL ALAO MATIOM NONE EMPLOYER/BUSINESS NAME MARIEL ALOO MATION NOME BUSINESS ADDRESS JOMAR ALAO MATION NONE TELEPHONE NO. MILTE ALAO MATTON 24. FATHER'S SURNAME MATIOM MARCELIND NAME EXTENSION (JR., SR) FIRST NAME BAGARINAD MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME MORERA FIRST NAME CLECERIA MIDDLE NAME DAYON (Continue on separate sheet if necessary) OUND NAME OF SCHOOL SCHOLARSHI LEVEL BASIC EDUCATION/DEGREE/COURSE HIGHEST LEVEL YEAR ACADEMIC HONORS (Write in full) (Write in full) UNITS EARNED GRADUATED (if not graduated) From To RECEIVED ELEMENTARY SAN AGUSTIN ELEM SCH EVEM. GRADUATE 1971 1976 1976 nonte MATRAS NA PARBALAN DAMULÁAN SECONDARY HIGH SCHOOL GRADUATE 1976 1980 1980 None VOCATIONAL / NONE TRADE COURSE COLLEGE None NONE GRADUATE STUDIES (Continue on separate sheet if necessary) SIGNATURE DATE 8-302018 CS FORM 212 (Revised 2017), Page 1 of 4

	SPECIAL LA	AWS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	DI ACE OF EV	INATION (SS)	COLUMN TO SERVICE STATE OF THE	LICENSE (i	f applicable)
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			(If Applicable)	CONFERMENT			ERMENT	NUMBER	Date o Validity
Electrician Eligibility				3/6/2011	LEYTE		3302081-	2/23/2	
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	DOITE DAILE	nt. Start from your recent		And the second second		hed Work Ex	SALARY/ JOB/ PAY		
From	m/dd/yyyy) To	POSITION TITI (Write in full/Do not ab		DEPARTMENT / AGEN (Write in full/D	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
16/82	12/31/82	Painter Mide		What all	0	14.05	INCREMENT		(Y/N)
11/83	8/31/87	Mason Bill		PIU, NAT	onu	14.91	00-0	Casurl	Yes
130/84	3/16/04	Laborer		VISCA		14.95	00-0	Casul	Yes
115/04	,	Mason 1	* 194	LSU		1.45	00-0	Cersurl	Yes
16/16	4/15/16	Adam. Mdu	111	¥8h		274.10	010	Casual	tes
116/16	Present	Adm. Bill	7	VSU		517.18	03-0	casual	Yes
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VI. VOLUNCARY WORK OR INVOLVEMENT IN CIVIC	NT/PEOPLE/V	OLUNTARY C	DRGANIZATIC,	و المالية ا		
29. "NAME & ADDRESS OF ORGANIZATION (Write in full)		SIVE DATES /dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
Nowe	FIOR	10				
		100				
			5 - 10			
(C	ontinue on separate	sheet if necessary				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I Start from the most recent L&D/training program and include only the relevant L&D/training taken	PROGRAMS AT	TENDED	hiof/Evon ti = 18			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
		То		Supervisory/ Technical/etc)	(Write in full)	
Orientation Seminar of Pishan Laws Rules Seminar worshop on Public Accountability continue source	1/9/1992		16			
Seminar washing on friend Accounterability	14 19/2010	1/19/2010	8			
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		al Asile				
(Cor	ntinue on separate st	heet if necessary)				
NO.	N-ACADEMIC DISTING	CTIONS / PECOCH	ITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					
Tishing	None					
Fishing Compension  Maron	2 .5,0 .	2.54		1 start of	end not	
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7355		a aleman	- *			
	tinue on separate sh	eet if necessary)	all)			
SIGNATURE		DATE	8-	2018	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to appoin chief of bureau or office or to the person who has immedureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit -	☐ YES				
35.	a. Have you ever been found guilty of any administrative	YES V NO If YES, give details:				
	b Have you been criminally charged before any court?	☐ YES				
36.	Have you ever been convicted of any crime or violation of by any court or tribunal?					
	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?					
38.	<ul> <li>a. Have you ever been a candidate in a national or local Barangay election)?</li> <li>b. Have you resigned from the government service durin last election to promote/actively campaign for a national</li> </ul>	If YES, give details:  YES  NO  NO				
39.	Have you acquired the status of an immigrant or perman	If YES, give details:  YES  If YES, give details (country):				
b.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897) Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES				
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)				
t	NAME	ADDRESS	TEL. NO.			
p	ngr. Marilo Lilio Vallehzona r. Oscar B. Posar	ven, boybay city, lyte maron, Baybay oity, lyte				
Go	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head / authorized reagree that any misrepresentation made in this do administrative/criminal case/s against me.  Vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  EASE INDICATE ID Number and Date of Issuance	tinent laws, rules and regulations of the	ne Republic of the			
Gov	icense/Passport No.: HIZ-IIV8 Z574  a/Place of Issuance: Nor - 12, vory in the	Signature (Sign inside the bo	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	ATTY RYSM! C. CUINOCOP VSUIFGREUSOP Administering Oath	ing his/her validly issued government ID as indicated above.			