PERSONAL 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. 1. CSID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2 SURNAME PERLIVITO FIRST NAME ANELITO none MIDDLE NAME CATERIC 3. DATE OF BIRTH 16. CITIZENSHIP Filipino 04-26-1065 Dual Citizenship (mm/dd/vvvv) by birth by naturalization 4 PLACE OF BIRTH Baybay City : Leute If holder of dual citizenship. Pls. indicate country: please indicate the details. Male Female 5 SEX Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Widowed House/Block/Lot No. Separated Other/s: atag Subdivision/Village 518" Baybay Cut 7. HEIGHT (m) 8 WEIGHT (kg) 75 405 -ZIP CODE 6521 " AR " 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. 10 GSIS ID NO CM -3876139 Baybay Cuk 11. PAG-IBIG ID NO 0861099273 09 ute 12 PHILHEALTH NO 13-000016622-8 ZIP CODE 4521 13. SSS NO. 19 TELEPHONE NO nonc nonc 116-626-286 09495079227 20 MOBILE NO 15 AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) andito & Yohoo. com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME 13ESTUDIO DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR. SR) Ma. Nisole Clara S. Cano FIRST NAME CARMELITA 11/8/2003 Angeline & Cano MIDDLE NAME MERCADAL 9/15/2005 scif-cmployed Christian B-Pernito OCCUPATION 04-22-90 small sari-sari Store EMPLOYER/BUSINESS NAME Nelton B- Permao Bray. Potag residence BUSINESS ADDRESS TELEPHONE NO nonc PERNITO 24 FATHER'S SURNAME PASCUAL FIRST NAME ROMO MIDDLE NAME (CAJEILI) 25. MOTHER'S MAIDEN NAME (PRECIODA CAJETLIC SURNAME FIRST NAME PRECIOSA PONTINO MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUNI** SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC UNITS EARNED (if not graduated) HONORS RECEIVED GRADUATED From To VISCA FOUND Flom-Sch-(VIFES) Experimental Rural Housan ELEMENTARY Arm. 1975 1979 graduly 10179 nonc 21 SECONDARY Scoon dary 1979 1983 11 1983 ERHS, VISCA) VOCATIONAL / TRADE COURSE none Feyk State Univ. 13.5. Agr. Education COLLEGE 2002 11 1983 2002 TAES Major VISCA OPEN UNIWISH GRADUATE STUDIES L. M ks. Ed. 12 4nts 2,003 2004 Hamm SIGNATURE DATE 0-04-18

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CS FORM 212 (Revised 2017), Page 2 of	SIGNA	TURE	N Hamm	V		DATE	16			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / No. 30VERNMENT /	PEOPLE / VOL	UNTARY OR	GANIZATION/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/dx	±/yyyy)	NUMBER OF HOURS	Balan Ba	POSITION / NATURE OF WORK
Gabar Central Johnsol Gan-PTCA	66/02	06/05	470	Gen	. PTCA PIESIdent
Boybay IV District Presidents Assn.	07/02	06/05	1 1	- Dist	net 10 Secretary
Patag Coconnet Farmers Amon-(PACOFAS	1	presunt	-	7/1-1	ident - Founder
Coupled for Christ (CFC)	01/96	1	-	House	. 1 11
Holy Spirit Porish Church (1/54)	02/94	12/16	Ivr	Lay	Minuter
Phil. Alliance of Lab. Equipmet	09/18	09/19	Ivr	Ma	Moev
UJERS (PALEU)	L	t	1-1-		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PRO		ENDED			
(Start from the most recent L&D training program and include only the relevant L&D training taken to 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE	DATES OF	iel Executive Mana	Type of LD	
(Write in full)	(mm/de		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Quality Assurance & Compliance - Part 2		Supt,	2 1-10		PALEY, Quezon City
	06/18	07/18	2 days		Mai
PRIME-HRM	08/18	08/18	day		DDA/PRPEO - USU
Similar on Fire Presention	~	- '	day	Lie e	OPA - VSY.
Basic Life Support (BLS)	Cypangui	unturus koran	48 Mm	3.	DOH - USU Infirmary
W/5 trains & Workshop under					/
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	1 1 1 1 2 2 2		20112		2011
VIII. OTHER INFORMATION	ntinue on separate :	sheet if necessary			
	N-ACADEMIC DISTIN	NCTIONS / RECOG	SNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
The province in an analysis of the province in	Picagni		71100	oh	Chairman - Cot
landscapping, 22nd of F	cb. 20	or b	y- 130	rybay	Sub-comittee on
teaching in te 10 District	Admi	nistro	Hors	9	Law/Ground Mainte
elam-salvols feadurs		1		,	Inand)
first-aid	Mig.J W	् इट्टरप्र ११	1 12		
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	onlinue on separale	sheel if necessar	STORESTON PARENTS		2
SIGNATURE			D	ATE	10 -04 - 18 CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the bointing	a or recommending authority or to the		
chief of bureau or office or to the person who has immediate			
Bureau or Department where you will be apppointed,	e supervision over you in the Onice,		
HOLD NO. 120 HOLD NO. 12 H	A CONTRACT CONTRACTOR AND A CONTRACT CO		
a. within the third degree?	YES NO		
b. within the fourth degree (for Local Government Unit - Car	YES NO		
		If YES, give details:	
35, a. Have you ever been found guilty of any administrative of	fense?	YES NO	
		If YES, give details:	
		ii 120, give details.	
b. Have you been criminally charged before any court?		YES NO	
	Defined Policy New York	If YES, give details:	
		Date Filed:	
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of a	any law decree ardinance or regulation by		
any court or tribunal?	iny law, decree, ordinance or regulation by	YES NO	
any court of thounar:		If YES, give details:	
37. Have you ever been separated from the service in any of the	ne following modes: resignation.	YES NO	
retirement, dropped from the rolls, dismissal, termination, e		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	ection held within the last year (except		
Barangay election)?		If YES, give details:)
 b. Have you resigned from the government service during to 		YES NO	0
election to promote/actively campaign for a national or local	l candidate?	If YES, give details:	
39. Have you acquired the status of an immigrant or permaner	t resident of another country?	Dyrs day	
		If YES, give details (country):	
		ii 1 Lo, give details (country).	
40 Duran and to (a) Indiana and Daniel's Ant (DA 0074). (b) 14	0.1.6.8.1.18		
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 			
), please answer the following items:	/	
a. Are you a member of any indigenous group?		YES N	0
b. Are you a person with disability?		If YES, please specify:	/
Are you a person with disability?		YES VE	Ó
c. Are you a solo parent?		If YES, please specify ID No:	,
Are you a solo parent?		YES DAY	0
		If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)		
NAME	ADDRESS	TEL. NO.	
		TEL. NO.	
Dr. Roberto C. Guarte	VSU-COF		000
Dr. Ma. Botan J. Buzon			
Dr Ma Strul J Buzon	VSU +nfirmary		
17-on- Allan Gumba	USU - Infirmary 13 way- Patas , Pansay W		
42. I declare under oath that I have personally accomplished	ed this Personal Data Sheet which is a t	rue, correct and	A drongly
complete statement pursuant to the provisions of perti	nent laws, rules and regulations of the	Republic of the	Statopander
Philippines. I authorize the agency head/authorized repres	sentative to verify/validate the contents state	ed herein.	ELITO CPERNITO
agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall caus	e the filing of	РНОТО
administration in initial cascifs against me.			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			authorities and the control
PLEASE INDICATE ID Number and Date of Issuance	1 XA	The state of the s	
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U1111 ID CRU -006-01	Of 1) Summer		The second secon
ID/License/Passport No.: -6/24 -4	Signature (Sign inside the b	200	
Date/Place of Issuance:	O - O4 ^ IX		
	Date Accomplished		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	ng his/her validly issued government	ID as indicated above.
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	1 Jugune		
	ATTY. RYSAN C. GUINOCOR		
	VSULEGAL OFFICER Person Administering Oati		
	r order Administering Oati		