P.	V.									
CS Form No. 212 Révised 2017										
1.	PER	SO	NAL DA	TA S	HE	ET				
WARNING: Any misinterpre	tation made in the Personal Data Sheet	and the	Work Experience Sheet sh	all cause th	e filing of a	deninintenti	desiral and an all			
READ THE ATTACHED GUIL	DE TO FILLING OUT THE PERSONAL I	DATA OL	EET (BOO) DECORE 1000			manau eu y	/criminal case/s a	igainst the pe	erson concern	
Print legibly. Tick appropriate both I. PERSONAL INFORMAT	yes ( Tauring as schallage suger it uecessal)	y. Indicate	N/A if not applicable. DO NOT	ABBREVIA	TE.	ORM.	) No.	(Do not fil	lup. For CSC use	
2 SURNAME										
FIRST NAME	ALKUINO									
MIDDLE NAME	MOEL						NAME EXTENSION	N (JR . SR)		
3. DATE OF BIRTH	MASCARINAS									
(mm/dd/yyyy)	01/12/1961		16. CITIZENSHIP	a and a second		Filipino	Dual Citizens	ship		
4. PLACE OF BIRTH	01/12/1101						aby birth	gatemag	uralization	
5. SEX	Male DFe	-	-	If holder of dual citizenship,		The state of the s	Pls. indicate country:			
				QUIANS.			en de deservation de la company de la co			
6 CIVIL STATUS	Single Married  Wildowed Separated		17. RESIDENTIAL ADDRESS	-	House/Block/L	at No.	The state of the s			
	Other/s:			or to value of	Subdivision/V		S	TA CRU	12	
7. HEIGHT (m)	162 m				BA7 City/Municip	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN		Barangay		
8. WEIGHT (kg)	65 kg		ZIP CODE		6521	ality		Province	The second second second	
BLOOD TYPE	В	Salar.	18. PERMANENT ADDRESS		00 21					
). GSIS ID NO.	610011202399				House/Block/L	ot No.	the contract of the selection of the sel	Street	0	
PAG-IBIG ID NO.		And a second second second			Subdivision/	THE RESERVE OF THE PERSON NAMED IN		STA C Barangay	1242	
. PHILHEALTH NO.	1700-0029-50			*	BAY B	ality		LEYTE Province		
SSS NO.	13-000069894		ZIP CODE	6521			- Company			
. TIN NO.	N/A		19. TELEPHONE NO.		NA					
	928 - 633-568		20. MOBILE NO.	0936215615						
AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	N/A						
FAMILY BACKGROUND										
SPOUSE'S SURNAME FIRST NAME	LAPASANDA		NAME EXTENSION (JR., SR)		23. NAME of CHILDREN (Write full name and list all)			DATE OF BI	RTH (mm/dd/yyy	
MIDDLE NAME	LKSA		NAME EXTENSION (JR., SR)	VAL CAPASANDA ALKUIN			+UINO	NO 02/14/200		
OCCUPATION	VARRON			1 4			10/12			
EMPLOYER/BUSINESS NAME	N/A					The state of the last of the l				
BUSINESS ADDRESS	Ke/A					-				
TELEPHONE NO.	N/A	200								
FATHER'S SURNAME	0906557944	9							-	
FIRST NAME	JOSE	Ti-	NAME EXTENSION (JR., SR)				22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
MIDDLE NAME	BOKTULINI		NAME EXTENSION (JR., SR)				-			
MOTHER'S MAIDEN NAME	Bojojosijoj									
SURNAME	MASCARINIAS									
FIRST NAME	FELISA									
MIDDLE NAME	ABOUANA			-	n	Continue	anarote of the at 17		-	
EDUCATIONAL BACKGE	ROUND					onuite on se	parate sheet if neces	ssary)		
LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC	
ELEMENTARY	STA CHUR	1	PRIMARY EDUCA	DAU	From	To	(If not graduated)	GRADUATED	HONORS RECEIVED	
SECONDARY	ELEMENTARY SCHOOL	1	The Character of the Ch	17700	1968	19.73		1973		

GECENDARY EDUCATION

BS INFORMATION IN COMPUTER SCHENCE

DATE

AUTO MOTTINGE

1977

1981

1993

1977

1951

1993

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1973

1980

1990

SECONDARY

VOCATIONAL / TRADE COURSE

GRADUATE STUDIES

SIGNATURE

COLLEGE

BAYBAT HIGH SCHOOL SAMSON PECHNICAL AND FABHION SCHOOL

UNIVERSITY OF CEBY

tow

CARE	ER SERVICE/ RA	1080 (BOA	RD/ BAR) UNDE	R RATING	DATE OF					ĻICENSE (if	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT			ERMENT	NUMBER	Date (			
M/A M/A		K/A	M/A M/A				4/3	14/2			
olude priv			from your re	(G ecent work) Descripti	ontinue on separate shee		in the attack	ed Work Ex	operience she	et	
(m	ISIVE DATES m/dd/yyyy)			ON TITLE o not abbreviate)	DEPARTMENT / AG (Write in fu	ENCY / OFFICE	/ COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From Oi/2005	PLESENT	Apmin	USTRATIVE	ADE III	INSTITUTE OF THE	WALL EN	COLOGY WAGENESIT	1244. Of	INCREMENT	CASUAL	) YES
bi/was	08/50/2005	ONUTRI	CHWE OF	TA ENCUDER EPATOR	UNIVERSITY			J.00. 66	14/15	JOB ONDER	YES
65/2003	06/31/2005			CABORDR	UNIVERSITY			4,000.00	MA	JOB ORDER	YES
			210	(Co	ntinue on separate sheet	f necessary)				12 (Revised 2017), F	

,	NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm	SIVE DATES Udd/yyyy)	NUMBER OF HOURS	F	OSITION / NATURE OF WORK
	4/4	From H/A	To	NA		WA
	7/A	NA	14/8	NYA		y A
	Andrew Angles of Production Control of the Control					
	ELOPMENT (L&D) INTERVENTIONS/TRA		TTENDED			
	alising program and include only the relevant LED training	INCLUSIV	E DATES OF	idel Execultye/Meneg	Type of LD	
TITLE OF LEARNING	AND DEVELOPMENT INTERVENTIONS/TRAINING PROG (Write in full)	(rnm	NDANCE (dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	MA	From Cc/K	N/A	KK	N/A	K/K
	- /18	176	170	174	10/14	17A
				The state of the s		
			1 1 1 1 1 1 1 1 1	i izeni wi	Karmén Milles	
			-			
				- 100V		0 - 874 832
		110		14/2		
			14144			
		(Continue on separate	sheet if nocessar	7)		
THER INFORMATION		NON-ACADEMIC DIST	INCTIONS ( PECC	GNITION		MEMBERS LID IN A PROCNATION HOLDS
SPECIAL SKILLS	and HOBBIES 32.		te in full)	GREETUN	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)
DW/146		H/A				N/A
		A STATE OF THE STA				
			CIV.	3		
	1111	(Continue on separate	sheet If necessar	d		
SIGNATU	RE Allto		DATE	1		CS FORM 212 (Revised 2017), Page

**b** .t

c	are you related by consanguinit thief of bureau or office or to the sureau or Department where yo	e person who has immedia	g or recommending authority, or to the te supervision over you in the Office,		,		
a.	within the third degree? within the fourth degree (for L		YES NO If YES, give details:				
35. a.	. Have you ever been found gu	ilty of any administrative of	fense?				
			If YES In Market In YES, give details:	10			
b.	Have you been criminally cha	rged before any court?		If YES, give details:	NO te Filed:		
an Ha	aun unu quer haen convicted o	f erime er violation of o		Status of	Case/s:		
an	y court or tribunal?	rany crime or violation of a	ny law, decree, ordinance or regulation by	If YES, give details:	NO		
ret (ab	tirement, dropped from the rolls bolition) in the public or private	s, dismissal, termination, er e sector?	e following modes: resignation, nd of term, finished contract or phased ou	YES If YES, give details:	NO		
38. a. Ba	Have you ever been a candida arangay election)?	ite in a national or local elec	ction held within the last year (except	YES Z	NO		
				If YES, give details:			
ele	Have you resigned from the go	paign for a national or local	☐ YES ☑ NO If YES, give details:				
39. па	ave you acquired the status of a	an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):				
727	rsuant to: (a) Indigenous Peop 77); and (c) Solo Parents Welf e you a member of any indigen	are Act of 2000 (RA 8972),	na Carta for Disabled Persons (RA please answer the following items:	YES If YES, please specify:	NO		
. Are	e you a person with disability?			] NO			
Are	e you a solo parent?			YES NO			
41. REF	FERENCES (Person not related by con	sanguinity or affinity to applicant h	appointee)				
	NAME		ADDRESS	TEL. NO.			
HOT	- HUMBERTO N. N	aontes Jr.	YSU, RAHRAY CMY	cela			
PROP		BANDE	YOU, BAYBAY CITY	N/A			
Park	1	CECAR	YSU, BAY BAY OLLY	H/A			
42. I de stat auth mis	eclare under oath that I have p tement pursuant to the provis horize the agency head / auti	ersonally accomplished this sions of pertinent laws, re horized representative to y	s Personal Data Sheet which is a true, co ales and regulations of the Republic of verify/validate the contents stated herein, ents shall cause the filing of administration	the Philippines, I	PHOTO		
Govern	nment Issued ID (i.e.Passport, GSIS, SSS SE INDICATE ID Number and Date	s, PRC, Driver's License, etc.)	2		Same of the second		
		CICENCE	Alla ca				
ID/Licen:	nse/Passport No.: DOY - SY		Signature (Sign inside the box		A Separation of the second of		
Date/Pla	ace of Issuance: BAYBAY			- Theu			
		0	Date Accomplished  4 JUN 2019		Right Thumbmark		
	SUBSCRIBED AND SWORN to b	erore me trus	ATTY. RYSAM C, GUINOCOL VSU LEPerson Administering Oath	ng his/her validly issued goven	ment ID as indicated above.		
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