## PERSONAL DATA SHEET

Print legibly. Mark appropriate box	xes with "  and use separate sheet if necessary.	Service Control	Section.	1 CS ID No			(to be filled up by CSC)	
WARREN FOR MEDICAL			<b>357</b> 455	图 新安地 有美洲				
2. SURNAME	BIE NIGIAILIAINI		1 1 1	1 1 1		1 1 1	1 1 1 1	
FIRST NAME	MIAIRILIOINI	1 1 1 1				1 1 1	1111	
MIDDLE NAME	D11   A   2	1 1 1 1	1 1 1	]   3. NAME	EXTENSION (e.g. Jr.,	Sr.)		
4. DATE OF BIRTH (mm/dd/yyy	1 11 11	2 16. RESIDENTIAL A	DDRESS		OATOG.	2 LYBA	7 0171	
5. PLACE OF BIRTH	CEBU CITY			BRGY	PATAGI	PATON	/ or iy,	
6. SEX	☑ Male ☐ Female			1	LEYTE			
7. CIVIL STATUS	☐ Single ☐ Widowed		ZIP CODE	6521				
	Married Separated	17. TELEPHONE NO	D.					
	Annulled Others, specify	18. PERMANENT AI	DDRESS	2064	01111	2 24 2	AY CATH	
8. CITIZENSHIP	FILIPINO			BRGY,	FRIAG,	P // Di	17 0119,	
9. HEIGHT (m)	5'4"			WYTE				
10. WEIGHT (kg)	80		ZIP CODE	6	T21			
11. BLOOD TYPE	u B "	19. TELEPHONE NO	19. TELEPHONE NO.					
12. GSIS ID NO.	68041601471	20. E-MAIL ADDRES	20. E-MAIL ADDRESS (if any)		elbengalar & yahoo. com.			
13. PAG-IBIG ID NO.	1700 - 0024 - 2893	21. CELLPHONE NO	O. (if any)	092013				
14. PHILHEALTH NO.	13-000039836-6	22. AGENCY EMPL	OYEE NO.	V000 100				
15. SSS NO.		23. TIN		162-770-413				
J. FAMILY BACKGRO	UND	Jan Carley						
24. SPOUSE'S SURNAME	BENGALAN		25. NAME OF	CHILD (Write full name	and list all)	DATE OF	BIRTH (mm/dd/yyyy)	
FIRST NAME	EMMYLOU					0 01	101199	
MIDDLE NAME	L ABEN/A		CHMSTIAN MAR BENG					
OCCUPATION	AGRICHITY PAR TEUN NO	CO GU ST		iel Ben		07	104/1999	
EMPLOYER/BUS. NAME	LGM- PAYBKY						7 -1	
BUSINESS ADDRESS							1 1	
TELEPHONE NO.	053 - 335 - 3755						1 1	
	(Continue on separate sheet if necessary)						1 1	
26. FATHER'S SURNAME	BENGAUN						1 1	
FIRST NAME	DA MARO (DE US	A PED)					1 1	
MIDDLE NAME	18MA 62	9					1 1	
27. MOTHER'S MAIDEN NAME							1 1	
SURNAME	BENGRAM						1 1	
FIRST NAME	EUGENIA (DE	USA CRO					1 1	
MIDDLE NAME	D1 102	)		(Contin	ue on separate sheet	if necessary)		
IIISIADII (PATIONALIA)				Gert St. St. St. St. St. St. St. St. St. St				
28.	NAME OF SCHOOL	DEGREE COURSE	YEAR	HIGHEST GRADE/	INCLUSIVE I		SCHOLARSHIP/	
LEVEL	(Write in full)	(Write in full)	GRADUATED (if graduated	LINITS FARNED	From	То	ACADEMIC HONORS RECEIVED	
				(ii not graduated)				
ELEMENTARY	GABAS EVEM. SCHOOL		1980		-			
SECONDARY	GABAS EVEM. SCHOOL BAYBAY NAT'L H.S.	187 YEAR	1987				-	
VOCATIONAL	WALL II .	IVI /CNIC	1-161			-		
VOCATIONAL / TRADE COURSE								
COLLEGE								
				-		-		
GRADUATE STUDIES								
			-	-	-	-		
		(Continue on separate sh	neet if necessar	у)				
						A STATE OF THE PARTY OF THE PAR	Page 1 c	

in annas	The second secon	BILITY							
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING			DATE OF EXAMINATION / CONFERMENT CONFERMENT				LICENSE (if applicable)  DATE OF		
							NUMBER	RELEASE	
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		91133			<u> </u>		20 -		
	9	* *							
				NAME AND ADDRESS OF TAXABLE PARTY.	e sheet if necessary) Our current work)				
DO INCLUSIVE DATES			AGENCY / OFFICE / COMPANY	MONTHLY & STEP		STATUS OF	GOV'T SERVICE		
From	То	(Write in	full)		(Write in full)	SALARY	INCREMENT (Format "00-0")	APPOINTMENT	(Yes / No)
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				Continue on separa	te sheet if necessary)	- 1 1	CS FORM	212 (Revised 20	05), Page 2 of

YE'R DILLINGARY WORK OR INVOLVER. IN CIVIC	/ NON-GOVERNMEN	T / PEOPLE	)LUNTARY ORGANIZATION/S			
31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/de		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То	1100110			
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	Continue on separate sheet in	necessary)	Washington and the second			
Management of the most rec	ent training.)					
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COUI (Write in full)	RSES (mm/d	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		CONDUCTED/ SPONSORED BY (Write in full)		
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	Continue on separate sheet	f necessary)	Name of State of Control of Contr			
33. SPECIAL SKILLS / HOBBIES: 34.	NON-ACADEMIC DIST (W	INCTIONS / RECOG	NITION:	MEMBERSHIP IN  35. ASSOCIATION/ORGANIZATION (Write in full)		
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	Continue on separate sheet	if necessary)		CS FORM 212 (Revised 2005), Page 3 of		

a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?  b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?    YES   NO     YES, give details:   YES, give details:	*			
37 a. Have you ever been formally charged?  ☐ YES ✓ NO  If YES, give details:	,			
b. Have you ever been guilty of any administrative offense?  □ YES □ NO If YES, give details:				
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?    YES   YOO   If YES, give details:				
39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?    YES   NO     If YES, give details:				
40. Have you ever been a candidate in a national or local election (except Barangay election)?  If YES, give details:				
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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 □ NO  If YES, please specify:				
b. Are you differently abled?  c. Are you a solo parent?  C. Are you a solo parent?  DYES DNO  If YES, please specify:  If YES, please specify:	If YES, please specify:			
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)				
NAME ADDRESS TEL. NO.				
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and				
complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.	IO IO			
11494291 COMMUNITY TAX CERTIFICATE NO.  Bay bay, lengte ISSUED AT  SIGNATURE (Sign inside the box)				
3 127 115 9/15/16	RIGHT THUMBMARK			