## 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

| Print legibly. Tick appropriate boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.  I. PERSONAL INFORMATION  2. SURNAME LORETO  FIRST NAME GINA  MIDDLE NAME ARCIGA  3. DATE OF BIRTH (mm/dd/faeed) 16. CITIZENSHIP | ✓ Filip                                                                      | 1. CS ID No.                            | NAME EXTENSION (J                                    | (Do not fill up. f          | For CSC use only                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|-----------------------------|------------------------------------------------|--|
| 2. SURNAME LORETO  FIRST NAME GINA  MIDDLE NAME ARCIGA  3. DATE OF BIRTH                                                                                                                                                                                         | √ Filip                                                                      |                                         | NAME EXTENSION (J                                    |                             |                                                |  |
| FIRST NAME  GINA  MIDDLE NAME  ARCIGA  3. DATE OF BIRTH  ARCIGA                                                                                                                                                                                                  | √ Filip                                                                      |                                         | NAME EXTENSION (J                                    |                             |                                                |  |
| MIDDLE NAME  ARCIGA  3. DATE OF BIRTH  ACCITIZATION ID                                                                                                                                                                                                           | <b>✓</b> Filip                                                               |                                         | NAME EXTENSION (J                                    |                             |                                                |  |
| 3. DATE OF BIRTH 44/90/4067 40 CHT/TANGUID                                                                                                                                                                                                                       | ☑ Filip                                                                      |                                         |                                                      | R., SR)                     |                                                |  |
| 11/20/1067                                                                                                                                                                                                                                                       | ☑ Filip                                                                      |                                         |                                                      |                             |                                                |  |
| (mm/dd/yyyy)                                                                                                                                                                                                                                                     |                                                                              | ✓ Filipino ☐ Dual Citizensh             |                                                      |                             | nip<br>□by naturalization                      |  |
| 4. PLACE OF BIRTH Malinao, Albay If holder of dual citizenship,                                                                                                                                                                                                  | Pls. indicate                                                                |                                         |                                                      |                             |                                                |  |
| 5. SEX                                                                                                                                                                                                                                                           |                                                                              |                                         |                                                      | ~                           |                                                |  |
| 6 CIVIL STATUS Single Married 17. RESIDENTIAL ADDRESS                                                                                                                                                                                                            |                                                                              |                                         |                                                      | ose P. Laurel Street        |                                                |  |
| ☐ Widowed ☐ Separated ☐ H                                                                                                                                                                                                                                        | ouse/Block/Lot I                                                             | Vo.                                     | Regino                                               | Street Palermo Sr., Z       | one-5                                          |  |
|                                                                                                                                                                                                                                                                  | Subdivision/Village Baybay City                                              |                                         |                                                      | Barangay<br>Leyte           |                                                |  |
|                                                                                                                                                                                                                                                                  | City/Municipality                                                            |                                         |                                                      | Province                    |                                                |  |
| 8. WEIGHT (kg) 54.43 ZIP CODE 6521                                                                                                                                                                                                                               |                                                                              |                                         |                                                      |                             |                                                |  |
|                                                                                                                                                                                                                                                                  | 20 Jo<br>House/Block/Lot No.                                                 |                                         |                                                      | ose P. Laurel Street Street |                                                |  |
| 10. GSIS ID NO.                                                                                                                                                                                                                                                  | Subdivision/Villag                                                           | ае                                      | Regino Palermo Sr., Zone-5  Barangay                 |                             |                                                |  |
| 11. PAG-IBIG ID NO. <b>1210-52160263</b>                                                                                                                                                                                                                         | Baybay City City/Municipality                                                |                                         |                                                      | Leyte Province              |                                                |  |
| 12. PHILHEALTH NO. 13-025059592-2 ZIP CODE 6521                                                                                                                                                                                                                  |                                                                              |                                         |                                                      |                             |                                                |  |
| 13. SSS NO. 33-0702713-6 19. TELEPHONE NO. None                                                                                                                                                                                                                  | None                                                                         |                                         |                                                      |                             |                                                |  |
| 14. TIN NO. 129-063-216 20. MOBILE NO. 0936-545-90                                                                                                                                                                                                               | 0936-545-9037                                                                |                                         |                                                      |                             |                                                |  |
| 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) ginaloret                                                                                                                                                                                                    | o67@yah                                                                      | oo.com.p                                | h.com                                                |                             |                                                |  |
| II. FAMILY BACKGROUND                                                                                                                                                                                                                                            |                                                                              |                                         |                                                      |                             |                                                |  |
| 22. SPOUSE'S SURNAME LORETO 23. NAME of C                                                                                                                                                                                                                        | 23. NAME of CHILDREN (Write full name and list all)  DATE OF BIRTH (mm/dd/yy |                                         |                                                      |                             |                                                |  |
| FIRST NAME   ELBIN   NAME EXTENSION (JR., SR)   LEIGH JEAN                                                                                                                                                                                                       | LEIGH JEANNE A. LORETO 07/0                                                  |                                         |                                                      |                             | 3/1999                                         |  |
| MIDDLE NAME SUAN LEANNE MA                                                                                                                                                                                                                                       | LEANNE MARIE A. LORETO                                                       |                                         |                                                      | 03/13/2001                  |                                                |  |
| OCCUPATION Private Architect/Master Plumber LEJOHN OW                                                                                                                                                                                                            | LEJOHN OWEN A LORETO                                                         |                                         |                                                      | 7/2005                      |                                                |  |
| EMPLOYER/BUSINESS NAME NA                                                                                                                                                                                                                                        |                                                                              |                                         |                                                      |                             |                                                |  |
| BUSINESS ADDRESS Baybay City, Leyte                                                                                                                                                                                                                              |                                                                              |                                         |                                                      |                             |                                                |  |
| TELEPHONE NO. 0936-3360603                                                                                                                                                                                                                                       |                                                                              |                                         |                                                      |                             |                                                |  |
| 24. FATHER'S SURNAME ARCIGA                                                                                                                                                                                                                                      |                                                                              | *************************************** |                                                      |                             |                                                |  |
| FIRST NAME MATIAS NAME EXTENSION (JR., SR)                                                                                                                                                                                                                       |                                                                              |                                         |                                                      |                             |                                                |  |
| MIDDLE NAME CAÑA                                                                                                                                                                                                                                                 |                                                                              |                                         |                                                      |                             |                                                |  |
| 25. MOTHER'S MAIDEN NAME BOTON                                                                                                                                                                                                                                   |                                                                              |                                         |                                                      |                             |                                                |  |
|                                                                                                                                                                                                                                                                  | -                                                                            |                                         |                                                      |                             |                                                |  |
|                                                                                                                                                                                                                                                                  |                                                                              |                                         |                                                      |                             |                                                |  |
| FIRST NAME CARISO                                                                                                                                                                                                                                                |                                                                              |                                         |                                                      |                             |                                                |  |
| MIDDLE NAME                                                                                                                                                                                                                                                      | (C                                                                           | ontinue on se                           | parate sheet if neces                                | ssary)                      |                                                |  |
| III. EDUCATIONAL BACKGROUND                                                                                                                                                                                                                                      |                                                                              |                                         |                                                      |                             |                                                |  |
| 26. LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE (Write in full) (Write in full)                                                                                                                                                                           | PERIOD OF                                                                    | ATTENDANCE To                           | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED           | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY BARANGKA ELEMENTARY SCHOOL PRIMARY                                                                                                                                                                                                                    | 1975                                                                         | 1981                                    | Graduted                                             | 1981                        |                                                |  |
| SECONDARY QUIRINO HIGH SCHOOL SECONDARY                                                                                                                                                                                                                          | 1981                                                                         | 1985                                    | Graduted                                             | 1985                        |                                                |  |
| VOCATIONAL / TRADE COURSE NA                                                                                                                                                                                                                                     |                                                                              |                                         |                                                      | -                           |                                                |  |
| COLLEGE PHILIPPINE SCHOOL OF BUSINESS ADMINISTRATION (PSBA)  BSBA-Accounting                                                                                                                                                                                     | 1985                                                                         | 1989                                    | Graduted                                             | 1989                        |                                                |  |
| GRADUATE STUDIES .                                                                                                                                                                                                                                               |                                                                              |                                         |                                                      |                             |                                                |  |
| (Continue on separate sheet if necessary)                                                                                                                                                                                                                        |                                                                              |                                         |                                                      |                             |                                                |  |
| SIGNATURE graduel DATE 0                                                                                                                                                                                                                                         | 2/20/                                                                        | 2019                                    | CS FORM 212                                          | ? (Revised 2017),           | Page 1 of 4                                    |  |

|                                                                                                                                        | R SERVICE/RA             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF                                 |                                                    |                   |                                                                                     | LICENSE (if a            | pplicable)                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable) |                          |                                    | EXAMINATION /<br>CONFERMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TION / CONFER                           | MENT                                               | NUMBER            | Date of Validity                                                                    |                          |                           |
| arangay Eligibility - Treasurer                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** | 220108170354                                       | 11/29/201         |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        | XPERIENCE                |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ontinue on separate shee                | t if necessary) be indicated in the attach         | ed Work Exp       | perience shee                                                                       | et.                      |                           |
| . INCLU<br>(mr                                                                                                                         | SIVE DATES<br>n/dd/yyyy) | POSITION 7<br>(Write in full/Do no |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | GENCY / OFFICE / COMPANY<br>ull/Do not abbreviate) | MONTHLY<br>SALARY | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable)& STEP<br>(Format "00-0")/<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/N) |
| 08/06/2018                                                                                                                             | Present                  | Administrative Aide III            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Accounting Departme                     | nt                                                 |                   | -                                                                                   |                          | Yes                       |
| 05/09/2014                                                                                                                             | 07/30/2018               | Administrative Aide III            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | General Services Divi                   |                                                    | 6,600.00          |                                                                                     | Job Order                | Yes                       |
| 07/01/2007                                                                                                                             | 11/30/2013               | Barangay Treasurer                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Barangay Zone-5                         |                                                    | 2,500.00          |                                                                                     | Appointed                | Yes                       |
| 03/16/1999                                                                                                                             | 06/30/2000               | Property Accountant                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CB Richard Ellis Philip                 | 12,000.00                                          | -                 | Permanent                                                                           | Private                  |                           |
| 05/13/1996                                                                                                                             | 09/08/1997               | Property Accountant                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Century Properties M                    | 8,000.00                                           | -                 | Probationary                                                                        | Private                  |                           |
| 06/01/1992                                                                                                                             | 04/30/1996               | Admin Staff-Accounting Staff       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | California Beverage T                   | 6,000.00                                           |                   | Permanent                                                                           | Private                  |                           |
| 12/16/1990                                                                                                                             | 06/15/1991               | Accounting clerk                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | National Bookstore                      | 5,000.00                                           |                   | Contractual                                                                         | Private                  |                           |
| 05/10/1990                                                                                                                             | 11/15/1990               | Sales Clerk                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Shoe Mart Manila                        |                                                    | 3,500.00          |                                                                                     | Contractual              | Private                   |
|                                                                                                                                        | 11/10/1000               | Odio Ordin                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     | 1111111                  |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
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|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    | *                 |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
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|                                                                                                                                        |                          | u u                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                    |                   |                                                                                     |                          |                           |
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|                                                                                                                                        |                          |                                    | A CONTRACTOR OF THE PROPERTY O |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | **************************************             |                   |                                                                                     |                          |                           |
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| ***************************************                                                                                                |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    |                   |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                    | ,                 |                                                                                     |                          |                           |
|                                                                                                                                        |                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                       |                                                    | 1                 | 1                                                                                   | 1                        | +                         |

| I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / N GOVERNMENT                                                                                                              |                                                     |                               | RGANIZATIO       |                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 9. NAME & ADDRESS OF ORGANIZATION (Write in full)                                                                                                                     |                                                     | VE DATES Id/yyyy) To          | NUMBER OF HOURS  |                                                               | POSITION / NATURE OF WORK                                                         |
| eneral Parents -Teachers & Community Association - Baybay 1 Central School                                                                                            | 07/01/2010                                          | 06/30/2012                    |                  | President                                                     |                                                                                   |
| rangay Treasurer Association - Baybay City Chapter                                                                                                                    | 12/01/2012                                          | 11/30/2013                    |                  | President                                                     |                                                                                   |
|                                                                                                                                                                       |                                                     |                               |                  |                                                               |                                                                                   |
| (Con<br>LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR<br>at from the most recent L&D/training program and include only the relevant L&D/training taken for | the last five (5) year                              | TENDED  rs for Division Chi   |                  | gerial positions)                                             |                                                                                   |
| ). TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)                                                                                  | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To |                               | NUMBER OF HOURS  | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                                        |
| get Setting Workshop                                                                                                                                                  | 08/20/2018                                          | 08/21/2018                    | 24 hours         |                                                               | Visayas State University                                                          |
| minar-Workshop on 5S & Records Management                                                                                                                             | 02/18/2017                                          | 02/18/2017                    | 08 hours         |                                                               | College of Engineering - Visayas State Universit                                  |
| nder and Development Reorientation                                                                                                                                    | 09/16/2016                                          | 09/16/2016                    | 08 hours         |                                                               | Institute of Strategic Research and Developmen Studies - Visayas State University |
| 13 Annualized Mandatory Local Government Unit/Barangay Financial Compliance and vanced Fiscal Management Program                                                      | 02/25/2013                                          | 02/28/2013                    | 24 hours         |                                                               | Sangguniang Barangay                                                              |
|                                                                                                                                                                       |                                                     |                               |                  |                                                               |                                                                                   |
| (Con                                                                                                                                                                  | itinue on separate s                                | theet if necessary)           |                  |                                                               |                                                                                   |
| II. OTHER INFORMATION                                                                                                                                                 |                                                     |                               |                  |                                                               | T                                                                                 |
| 31. SPECIAL SKILLS and HOBBIES 32. NO                                                                                                                                 | N-ACADEMIC DISTIN                                   | NCTIONS / RECOG<br>e in full) | ENITION          |                                                               | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO<br>(Write in full)                      |
| atching TV, Dancing, Singing & Social Media  Baybay 1 Central School Award in                                                                                         | support to 2011                                     | -2012 Graduati                | ion Exercises as | s President                                                   | None                                                                              |
|                                                                                                                                                                       |                                                     | gr Co.                        |                  |                                                               |                                                                                   |
|                                                                                                                                                                       |                                                     |                               |                  |                                                               |                                                                                   |
|                                                                                                                                                                       |                                                     |                               |                  |                                                               |                                                                                   |

| Are you related by consanguinity or affinity to the pointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed,  a. within the third degree?  b. within the fourth degree (for Local Government Unit - Career Employees)? |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|
| 35.                                                                                                                                                                                                                                                                                                                                                             | a. Have you ever been found guilty of any administrative offen                                                                                                                                                                                               | ☐ 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 any any court or tribunal?                                                                                                                                                                         | ☐ YES ☑ NO If YES, give details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | 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)?                                                                                                                                                                        | ☐ YES ☑ NO  If YES, give details:  YES ☑ NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | b. Have you resigned from the government service during the election to promote/actively campaign for a national or local                                                                                                                                    | If YES, give details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |  |  |  |
| 39                                                                                                                                                                                                                                                                                                                                                              | Have you acquired the status of an immigrant or permanent                                                                                                                                                                                                    | ☐ YES ☑ NO If YES, give details (country):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |  |  |  |
| a.<br>b.                                                                                                                                                                                                                                                                                                                                                        | D. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?                                   | ☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | 41. REFERENCES (Person not related by consanguinity or affinity to applican                                                                                                                                                                                  | at /appointee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | NAME                                                                                                                                                                                                                                                         | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TEL. NO.                                                          |  |  |  |
| E                                                                                                                                                                                                                                                                                                                                                               | ngr. Mario Lilio P. Valenzona                                                                                                                                                                                                                                | VSU-General Services Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0917-6341514                                                      |  |  |  |
| E                                                                                                                                                                                                                                                                                                                                                               | ngr. Marlon G. Burlas                                                                                                                                                                                                                                        | VSU-General Services Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0917-6341520                                                      |  |  |  |
| - 4                                                                                                                                                                                                                                                                                                                                                             | rs. Erlinda S. Esguerra                                                                                                                                                                                                                                      | VSU-Accounting Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0917-6341538                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | 42. I declare under oath that I have personally accomplished<br>statement pursuant to the provisions of pertinent laws,<br>authorize the agency head / authorized representative to<br>misrepresentation made in this document and its attach<br>against me. | rules and regulations of the Republic<br>o verify/validate the contents stated her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the Philippines. I ein. I agree that any                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: Philhealth ID  ID/License/Passport No.: 13-025059592-2  Date/Place of Issuance:                           | ent Issued ID: Philhealth ID  selPassport No.: 13-025059592-2  Figure 13-025059592-2  Signature (Sign inside the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |  |  |
| İ                                                                                                                                                                                                                                                                                                                                                               | SUBSCRIBED AND SWORN to before me this                                                                                                                                                                                                                       | 3 2 7 2019 , affiant ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nibiting his/her validly issued government ID as indicated above. |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                              | ATTY. RYSAN GUINOCOR VSU LEGAL STANDARD CONTROL OF THE PROPERTY OF THE PROPERT |                                                                   |  |  |  |

## **WORK EXPERIENCE SHEET**

Instructions: 1. Include only the work experiences relevant to the position being applied for.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment
- Duration: August 6, 2018 present
- Position: Admin Aide III
- Name of Office/Unit: Visayas State University
- Immediate Supervisor: Erlinda S. Esquerra
- Name of Agency/Organization and Location: Accounting Division
  - · Summary of Actual Duties
    - Preparation of monthly electric bills, IGP report
    - o Attend visitors, job requests, housing reimbursement and other clerical works.
    - And performs other related functions.
- Duration: May 9, 2014 August 3, 2018
- Position: Admin Aide III
- Name of Office/Unit: Visayas State University
- Immediate Supervisor: Engr. Mario Lilio P. Valenzona
- Name of Agency/Organization and Location: General Services Division
  - Summary of Actual Duties
    - o Prepares journal entries/voucher, obligates, liquidates for 101 Trust projects
    - o Prepares quarterly, semi-annual/terminal Financial Reports on each projects.
    - And performs other related functions.
- Duration: March 16, 19999 June 30, 2000
- Position: Property Accountant
- Name of Office/Unit: CB Richard Ellis Philippines (CBRE)
- Immediate Supervisor: Ms. Marilen Pugeda
- Name of Agency/Organization and Location: The Taipan Place Condominium
  - Summary of Actual Duties
    - Responsible for recording, processing, collecting dues of the tenants.
    - Prepare financial reports to the Board and the Developer of the condominium.
    - And performs other related functions.

GINA A. LORETO

(Signature over Printed Name of Employee/Applicant)

Date: \_\_02/20/20/9