## CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION 2. SURNAME MONTES NAME EXTENSION (JR., SR) FIRST NAME DIANA NA MIDDLE NAME TOCO 3. DATE OF BIRTH 16. CITIZENSHIP 08 / 28 / 1996 (mm/dd/yyyy) Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH BAYBAY LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details Male / Female 5 SEX / Single Married 17. RESIDENTIAL ADDRESS M. L. QUEZON CT., COR. M.H. DEL PILAR CT. 6 CIVIL STATUS Widowed Separated C. VELOCO DOMINGO Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.45 m City/Municipality 8. WEIGHT (kg) ZIP CODE 6521 39 kgs M.L. BUEZON CT., COR. M.H. DEL PILAR ST. House/Block/Lot No. Street 18. PERMANENT ADDRESS 9. BLOOD TYPE At DOMINGO C. VELOSO 10. GSIS ID NO. NIA Subdivision/Village BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 1212 - 4912 - 4708 City/Municipality Province 13 - 0255 16851 - 8 12. PHILHEALTH NO ZIP CODE 6521 (053) 06 - 4282399 - 1 13 SSS NO 19. TELEPHONE NO. 563 -9530 14 TIN NO 0936 953 6869 751 - 884 - 125 20 MOBILE NO 0939 102 1529 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) Stephenmontes 0/2345@ gmail. com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NIA NAME EXTENSION (JR., SR) FIRST NAME NIA NIA NIA MIDDLE NAME NIA NA OCCUPATION EMPLOYER/BUSINESS NAME NIA BUSINESS ADDRESS NIA NIA TELEPHONE NO MONTES 24 FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME DANICO MIDDLE NAME CANDINATO 25. MOTHER'S MAIDEN NAME TOCO SURNAME FIRST NAME ESMERALDA BORLEO (Continue on separate sheet if necessary) MIDDLE NAME

S. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS
			From	То	(if not graduated)		RECEIVED
ELEMENTARY	GRACE CHRISTIAN SCHOOL	ELEME NTARY	2000	2009		2009	HENTION
SECONDARY VISAYAS STATE UNIVERSITY  LABORATORY HIGH SCHOOL		HIGH ICHOOL	2009	2013		2013	WITH HONORS
VOCATIONAL / TRADE COURSE	NIA						
COLLEGE JAINT PAUL SCHOOL OF PROFESSIONAL STUDIES		ACCOUNTANCY ACCOUNTING TECHNOLOGY	293	298		2018	CHED
GRADUATE STUDIES	NIA						
	1	Continue on separate sheet if necessary)					
SIGNATURE	Au Fino	Au Frients		ATE	APRIL 08, 2021		

7. CARE			RATING	DATE OF				LICENSE (if	applicable)
SPECIAL LAWS/ CES/ CSEE			(If Applicable)	EXAMINATION / PLACE QF EXAMINATION / CONFERMENT CONFERMENT			RMENT	NUMBER	Date o
LAREER JE	rvice professi	ONAL ELIGIBILITY	82.59%	10/18/2015	2015 TACLOBAN CITY, LESTE		SYTE'	r	
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	JSIVE DATES m/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
15/15/2019	07/15/2020	ACCOUNTING A	SOCIATE	SISON CORILLO PARONE AND COMPANY		P14500.00			
14/10/2017	05/12/2017	STUDENT IN	TERN	LAND BANK OF	THE PHILIPPINES	N/A			
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			(Co	ntinue on separate sheet if	necessary)	133			
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VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VO	LUNTARY C	ORGANIZATION/	<b>'S</b>	
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV (mm/dx From		NUMBER OF HOURS		POSITION / NATURE OF WORK
JUNIOR PHILIPPINE INSTITUTE O	F ACCOUNTANTS	2013	2018	43 200		MEMBER
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	Receive Cart					
				-		
	(Con	tinue on separate s	sheet if necessar	y)		
VII. LEARNING AND DEVELOPMENT (L&D) I		OGRAMS AT	TENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)		From To			Supervisory/ Technical/etc)	(Write in full)
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	Con	tinue on separate s	sheet if necessar	w)		
VIII. OTHER INFORMATION				27		
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	ICTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ENGLISH PROFICIENCY	24%		N/A			N/A
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SIGNATURE	Alton mont	Ne imba nos		DA	ΤE	API-LL 08 , 2021  CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES . ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☐ NO  If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES					
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☐ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir the public or private sector?	YES NO If YES, give details:  RECIGNATION DUE TO COVID-19 PANDEMIC					
38.	a. Have you ever been a candidate in a national or local electronary election)?	☐ YES ☐ NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☐ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):					
40.							
a.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group?	answer the following items:	YES NO				
b.	Are you a person with disability?		If YES, please specify:				
C.	Are you a solo parent?	If YES, please specify ID No:					
-			If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant  NAME						
		ADDRESS  MAINT PAUL SCHOOL OF PROFESSIONAL	TEL. NO. 0977 002 1928				
_	MARILOU E. MALQUISTO	LAND BANK OF THE PHUPPINES, A.	(059) 563-9218				
	A · ELENA D. DICO	BONIFACIO ST., BAYBAY CITY, LEYTE  OSON COPILLO PARONE AND COMPANY,					
12	HAROLD M. MORI	PUENTE COMEÑA ST., CEBU CHY, CEBU	254 - 5469				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the lentative to verify/validate the contents state	Republic of the ad herein.				
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
lŀ	VEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHILHEALTH						
lŀ	/License/Passport No.: 13 025 \$ 1 4 9 5 1 8						
۱H	ate/Place of Issuance: BAYBAY CITY, LEYTE	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this						
		-11					
		ATTY. RYSAN C. GUINOC	COR				
		VSULEGAL OFFICER Person Administering Oath	1				