S FORM 212 (Revised 2005)								
*	PERSOI	NAL DA	ATA S	SHEET				
Contract of the Contract of th	ooxes ☐ with "✓" and use separate sheet if necessary.			1. CS ID No.			(to be filled up by CSC	
I. PERSONAL INFORM	MATION							
2. SURNAME	MARITI/INIEIZI I I	1 ! ! ! 1	111		1 1 1	1 1 1 1		
FIRST NAME	WITHFIREDIAIII	1	1 1 1	1 1 1 1	1 1 1 1		_	
MIDDLE NAME	CIAIRIPI/101 1 1 1 1 1 1	1 1 1 1 1	1 1 1	3. NAME	EXTENSION (e.g. J	r., Sr)	× j	
4. DATE OF BIRTH (mm/dd/y	(1) (4) (4)	16. RESIDENTIAL A	DDRESS	TAMMO	ALAO,	BACKIC	TAN	
5 PLACE OF BIRTH	BINAY SAN FERNAND	The second and the depleton of		LA UN.	ION			
6. SEX 7. CIVIL STATUS		4 51						
	☐ Single ☐ Widowed ☐ Married ☐ Separated ☐ Annulled ☐ Others, specify	17 TELEPHONE NO		072 682 2369 TAMMOCALAD, BAENOTAN				
8. CITIZENSHIP	24					GENO11	710	
9. HEIGHT (m)	HU/P/X10			CA UI	NION			
	5'8"		ZIP CODE					
10. WEIGHT (kg)	165 165	10. TELEBUONE NO		10011 /1	. 12/1			
11. BLOOD TYPE	 B	19. TELEPHONE NO		09/6 66	1/361			
12. GSIS ID NO.	1	20. E-MAIL ADDRES		107271	82 121	<i>'</i>		
13. PAG-IBIG ID NO. 14. PHILHEALTH NO.		21. CELLPHONE NO		1072)6	1/ 200	7		
	1 02 102/12 0 D	22. AGENCY EMPLO 23. TIN	OYEE NO.		-			
II. FAMILY BACKGRO	03 1936239 O	23. HN						
E	TO A SECURE OF THE PARTY OF THE		OF NAME OF	CUIII O CUI de Aut es es	41-4-40	DATE OF	DIDTI (/mmiddin m. c)	
24. SPOUSE'S SURNAME	MARTINEZ			CHILD (Write full name :		-	BIRTH (mm/dd/yyyy)	
FIRST NAME	ACMA		FICK	A RODGO		9	24 69	
MIDDLE NAME	MELLA		BERT	- /	MARTINE	11	471	
OCCUPATION	RETIRED NURSE		THERESA LANDER			8 25 /5		
EMPLOYER/BUS. NAME			CAUR !	-N TOLEN	1120		2 80	
BUSINESS ADDRESS							1 1	
TELEPHONE NO.	1					ļ	<i>I I</i>	
	(Continue on separate sheet if necessary)				ed francisco de la constitución de	1	1 1	
26 FATHER'S SURNAME	MARTINEZ					100	123 17	
FIRST NAME	FLAVIANO						d a	
MIDDLE NAME	MACAG BA		-			<u> </u>	I I	
27. MOTHER'S MAIDEN NAME						 	<i>'</i>	
SURNAME	CARPIO					1	13/2/	
FIRST NAME	EMICIA						f f	
MIDDLE NAME	SUBAD			(Gontinu	e on separate shee	t if necessary)		
III. EDUCATIONAL BA	ACKGROUND							
28. LEVEL	NAME OF SCHOOL	DEGREE COURSE	YEAR GRADUATED	HIGHEST GRADE/ LEVEU	INCLUSIVE ATTEND		SCHOLARSHIP: ACADEMIC HONORS	
	(Write in full)	(Write in full)	(if graduated)	UNITS EARNED (if not graduated)	From	То	RECEIVED	
ELEMENTARY	PUSPUS ELEM SCHOOL		1956		1950	1956		
SECONDARY	PUSPUS ELEM SCHOOL U.P. A16H SCHOOL		1959		1956	1959		
VOCATIONAL / TRADE COURSE								
COLLEGE	UNIVERSITY OF STO TRUBEY	B.S. HEMSTRY	1964		1954	1964		
		BS						
GRADUATE STUDIES	CENTRO ESCOLAR LANGUER	TED TECH	1966		1964	1966		
DIVINGUALE GEODIES	51/4							
	WIVERSITY OF CALIF	B.S. WDISTRIÁL	1981		1979	1981		
		ntinue on separate shee	et if negessary)					

			The second secon						-	+
						2				-
1										
Wook			(Co	ntinue on separate s	iheet if necessarvi					
INC	EXPERIENC LUSIVE DATES	E (Include private emp	loyment	Start from yo	ur current work,). ^{1/2}	17 - 12 AV			
From (mm/dd/yyyy) To	POSITION TITLE (Write in full)		DEPARTMENT / AG	ENCY / OFFICE / COM Vrite in full)	/PANY	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT	STATUS OF APPOINTMENT	G/ SEF
1969		SAUES		MERCUPU	Deug Cok	0.0		(Format *00-0*)		(Yes
1971	1974	SA/IZ		d 100-776.	177 A 5					-
974	1977	SAUES SAUES MEDICAL TE	CHAIR	LOS,	ANGELEZ	CA	DK 1172			
977	1981		-//////	08/57 CA	MARTÍNEO	THE	ER KI	x/c w		
i	ł 1	MEDICAL TECH	NIZOS	15T (H. H.	H. HEAG	1740	ENZ	0)	D. Œ	1760
981	2800	ANALYST, U.	5.1	HPT OF	,	501	With	>		***************************************
200	2001	US POSTAL	80%	RVICE	DETEN.	76				
1	1 1					+				1
/	1 1									2
j	/ /	and the same of th		12.						-
/ -	1 1				Andreas and the second and the secon					***************************************
/	1 1									
/	/ /									
	1 1					11			Management	
<i>t</i>	/ /									Anna anna anna anna anna anna anna anna
	1 1		_			el.				
	1 1				***					

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIV	IC / NON-GOVERNMEN	IT / PEOPLE / \	OLUNTARY	ORGANIZATION/S	
31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/d	/E DATES Øyyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	То			
	/_/	1 1			
	<i>I I</i>	1 1			
	1 1	1 1			
	- /- /	I I			
	- 1 1	1 1			
VII. TRAINING PROGRAMS (Start from the most re	(Continue on separate sheet if ecent training)	necessary)			
	INCLUSIVE DATES	OF ATTENDANCE			
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT CO (Write in full)	ORSES (mm/d	d/yyyy)	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
	From	To ,			
		1 /			
	/ / /	<i>I 1</i>			
		1 1 -			
	1 1	/ /			
	1 1	f f			
	1 1	1 1			
,					
3 -					
	1 1	1 1			
	1 1	f f			
	1 1	/ /			
	1 1	/ /			
	1 1	1 1			
	(Continue on separate sheet if	/ / /			
VIII. OTHER INFORMATION	Committee on Separate Sheet I	ideesa())			
33. SPECIAL SKILLS / HOBBIES: 34.	NON-ACADEMIC DISTIN	ICTIONS / RECOGNI	TION:	MEMBERSHIP IN 35. ASSOCIATION/ORGANIZATION	
		S IN AUTO		(Write in full)	
		nn sen sind menteren and de la mente en meteor de la designation de senape que			

(Continue on separate sheet if necessary)

b Within the fourth degree (for Lc overnment appointing authority or recommending authority	Employees): where you will be appointed?	☐ YES M NO If YES, give deta	iils:		
37 a. Have you ever been formally charged?		TYES TO NO If YES, give d	etails:		
b. Have you ever been guilty of any administrati	TYES MO	YES YNO If YES, give details: YES YNO If YES, give details:			
38. Have you ever been convicted of any crime or vi regulation by any court or tribunal?					
39. Have you ever been separated from the service retirement, dropped from the rolls, dismissal, ten phased out, in the public or private sector?	in any of the following modes: resignation, mination, end of term, finished contract, AWOL or	If YES, give de	etails:		
40 Have you ever been a candidate in a national or	TYES TO NO If YES, give de	TYES MNO If YES, give details:			
 41. Pursuant to: (a) Indigenous People's Act (RA 837 7277); and (c) Solo Parents Welfare Act of 2000 a. Are you a member of any indigenous group? b. Are you differently abled? c. Are you a solo parent? 	YES NO If YES, please specify: YES, please specify: YES NO If YES, please specify: If YES, please specify:				
42. REFERENCES (Person not related by consanguinity or affini	rty to applicant / appointee)				
NAME A3. I declare under oath that this Personal Data Shee	ADDRESS et has been accomplished by me, and is a true on	TEL. NO.	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)		
complete statement pursuant to the provisions of Philippines. I also authorize the agency head / authorized repr	et has been accomplished by me, and is a true, co pertinent laws, rules and regulations of the Repub presentative to verify i validate the contents stated	blic of the	Computer generated or xerox copy of picture is not acceptable		
that this information shall remain confidential.			РНОТО		
CC/20/5 09/60/4/ COMMUNITY TAX CERTIFICATE NO.	- Wild Char	Ä			
BACNOTAN LA UNION ISSUEDAT 3 1 07 17	SIGNATURE/Joign inside the box	(x)			