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 concerned.

| | DE TO FILLING OUT THE PERSONAL DAT | | | | 1. CS ID No. | | o not fill un. Fo | r CSC use only) |
|--------------------------|------------------------------------|--|--------------------------------|-------------------------------|--------------|---|-------------------------|--|
| I. PERSONAL INFORMAT | | sicate WA II not applicable. | 70 NOT ABBI | CLVIATE. | 1. 00 ID NO. | (12 | o not iii up. 1 o | r coo doc only) |
| 2. SURNAME | Añonuevo | | | | | | | |
| FIRST NAME | Arjhon | | | | | NAME EXTENSION (| JR., SR) | |
| | Artiaga | | | | | | | |
| 3 DATE OF BIRTH | - | 4C OITIZENOUID | | | | Filipino | | |
| (mm/dd/yyyy) | 5/5/2002 | 16. CITIZENSHIP | | | | Filipino | | |
| 4. PLACE OF BIRTH | Goa, Camarines Sur | If holder of dual citizer | nship, | | | Pls. indicate co | untry: | |
| 5. SEX | Male | please indicate the de | etails. | | | | | |
| 6 CIVIL STATUS | Single | 17. RESIDENTIAL ADDRESS | | 445 | | | block 27 | |
| O OIVIE OTATOO | olligie | | Hous | se/Block/Lot N | lo. | Δ | Street ddition hills | |
| | | | | division/Villag | | | Barangay | |
| 7. HEIGHT (m) | 167 | | | daluyong c ty/Municipality | | M | etro Manila Province | |
| 8. WEIGHT (kg) | 73 | ZIP CODE | | | | | | |
| 9. BLOOD TYPE | N/A | 18. PERMANENT ADDRESS | Hous | 445 se/Block/Lot N | lo. | | block 27 Street | |
| 10. GSIS ID NO. | N/A | | | | | Α | ddition hills | |
| 11. PAG-IBIG ID NO. | N/A | | | | ıyong city | / | Barangay Metro Ma | nila |
| | | 71D 00DE | Cit | ty/Municipality | , | | Province | |
| | N/A | ZIP CODE | | 1550 | | | | |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | | | | N/A | | |
| 14. TIN NO. | N/A | 20. MOBILE NO. | | | 091 | 97609317 | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | İ | i | arjhonanon | uevo@gmail.co | m | |
| II. FAMILY BACKGROUN | D | | | | | | DATE | AE DIDTH |
| 22. SPOUSE'S SURNAME | | | 23. NAME of Ch | | | and list all) | | of Birth Id/yyyy) |
| FIRST NAME | | NAME EXTENSION (JR., SR) | <u> </u> | | N/A | | | |
| MIDDLE NAME | | | | | | | | |
| OCCUPATION | | | 1 | | | | | |
| EMPLOYER/BUSINESS NAME | | | 1 | | | | | |
| BUSINESS ADDRESS | | | l | | | | | |
| TELEPHONE NO. | | | l | | | | | |
| 24. FATHER'S SURNAME | Añonuevo | | l | | | | | |
| FIRST NAME | Aristedy | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | Avila | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | Artiaga | | | | | | | |
| FIRST NAME | Lany | | | | | | | |
| MIDDLE NAME | Lleva | | | (Con | tinue on sep | arate sheet if nece | ssary) | |
| III. EDUCATIONAL BACK | (GROUND | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | EE/COURSE PERIOD OF ATTENDANCE | | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATE D | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| ELEMENTADY | Nueva da Febrero elementary school | | | From | To 2014 | (if not graduated) | 2014 | KEGEIVED |
| ELEMENTARY | Nueve de Febrero elementary school | | | 2008 | 2014 | | 2014 | |

| SECONDARY | Mataas na paaralang Neptali A Gonzalez | | 2014 | 2018 | | 2018 | |
|------------------------------|--|--|------|------|----|----------------|--|
| VOCATIONAL / TRADE COURSE | Rizal Technological University | TVL-Programming | 2018 | 2020 | | 2020 | |
| COLLEGE | | | | | | | |
| GRADUATE STUDIES | | | | | | | |
| | (Cor | ntinue on separate sheet if necessary) | | | | | |
| SIGNATURE | Arjh Arjhanuevo | | DA | TE | Au | ugust 30, 2023 | |

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| | | (A 1080 (BOARD/ BAR) | RATING | DATE OF | | | | LICENSE (if a | pplicable) |
|------|-------------|--|-----------------|-----------------------------|--------------------------|--------------|--|--------------------------|-------------------|
| | | LAWS/ CES/ CSEE FY / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINA | TION / CONFE | RMENT | NUMBER | Date o Validit |
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| WORK | EXPERIENC | F | (Cont | inue on separate shee | t if necessary) | | _ | _ | |
| | | | ecent work) Des | cription of duties : | should be indicated in t | the attached | d Work Expe | rience sheet. | |
| | USIVE DATES | POSITION ⁻ | חדו ב | DEDARTMENT / ACC | ENCY / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if | CTATUC OF | GOV" |
| | nm/dd/yyyy) | (Write in full/Do no | | | /Do not abbreviate) | SALARY | applicable)& STEP (Format "00-0")/ INCREMENT | STATUS OF APPOINTMENT | SERVIO (Y/ N |
| From | То | | | | | | INCREMENT | | |
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| | | | (Cont | inue on separate shee | t if necessary) | | | | |
| SIGN | ATURE | Aribated | Añon | | DATE | Αı | Ja 30. | 2023 | |
| | | r crjulen i | ₽₩™∄⊼₩₩ | 4010 | | | | ORM 212 (Revised 20) | |

| VI. VOLUNTARY WORK OR INVOLVEM | ENT IN CIVIC / NON-GOVER | NMENT / PE | OPLE / VOL | UNTARY OF | RGANIZATIOI | V/S |
|--|--------------------------|-----------------|------------------------------|--------------------|---|---|
| 29. NAME & ADDRESS OF C (Write in fu | | (mm/d | /E DATES d/yyyy) To | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| | | From | 10 | | | |
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| | | nue on separate | | | | |
| VII. LEARNING AND DEVELOPMENT ((Start from the most recent L&D/training program and | | | | | /Executive/Manage | erial positions) |
| 30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu | | ATTEN | DATES OF DANCE d/yyyy) | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) |
| | | From | То | | Technical/etc) | |
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| | (Conti | nue on separate | sheet if necessa | ry) | | |
| VIII. OTHER INFORMATION | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-A | ACADEMIC DISTIN | ICTIONS / RECO e in full) | GNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full) |
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|-----------|--|------|---|
| SIGNATURE | Arjhon Arpañonuevo | DATE | August 30, 2023 |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | CS FORM 212 (Revised 2017), Page 3 of 4 |
| | | | |
| | | | |

| 34. Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has imme Bureau or Department where you will be appointed, | nting or recommending authority, or diate supervision over you in the | | |
|--|---|--|--------|
| a. within the third degree? b. within the fourth degree (for Local Government Unit - | NO NO If YES, give details: | | |
| 35. a. Have you ever been found guilty of any administrative | e offense? | If YES, give details: | |
| b. Have you been criminally charged before any court? | | If YES, give details: | |
| 36. Have you ever been convicted of any crime or violation regulation by any court or tribunal? | of any law, decree, ordinance or | If YES, give details: No | |
| 37. Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector? | n, end of term, finished contract or | If YES, give details: PO | |
| a. Have you ever been a candidate in a national or loca (except Barangay election)? | | If YES, give details: NO | |
| b. Have you resigned from the government service duri the last election to promote/actively campaign for a nation. Have you acquired the state of the state | ional or local candidate? | If YES, give details: NO | |
| 99. Have you acquired the status of an immigrant or perma | inent resident of another country? | If YES, give details (country): No | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) (RA 7277); and (c) Solo Parents Welfare Act of 2000 (F Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | RA 8972) please answer the | If YES, please specify: If YES, please specify ID No: 10 | |
| 11. REFERENCES (Person not related by consanguinity or affinity to app | | TEL. NO. | |
| Lourence N. Tampy | ADDRESS | 0955225686) | |
| Thon Kevin Pansoy | | 09041158772 | |
| Miguel Pargilinar | | 09958731467 | |
| 12. | | PHOTO | |
| Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Government Issued ID: ID/License/Passport No.: | Signature (Sign inside the | | |
| Date/Place of Issuance: | Date Accomplished | | |
| SUBSCRIBED AND SWORN to before me this | , affiant ext | nibiting his/her validly issued government ID as indicated | d abov |

W D. va 1014