

CS Form No. 33-B  
Revised 2018



Republic of the Philippines  
Province of Batangas  
MUNICIPALITY OF MATAASNAKAHOY

(Stamp of Date of Receipt)



Ms. CAMILLE C. GORDO

You are hereby appointed as Administrative Aide I (Utility Worker I) (SG-1) \_\_\_\_\_  
(Position Title)  
under Permanent status at the Office of the Mayor \_\_\_\_\_  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of Ten Thousand One Hundred Forty Eight P 10,148.00  
pesos per month.  
The nature of this appointment is Original vice \_\_\_\_\_  
(Original, Promotion, etc.)  
N/A, who Vacant with Plantilla Item No. 11  
(Transferred, Retired, etc.)  
Page 1.

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

JANET MAGPANTAY ILAGAN

Municipal Mayor

February 18, 2025

Date of Signing

Subject to one (1) year  
Probationary period

Accredited/Deregulated Pursuant to  
CSC Resolution No. 2200778, s. 2022  
dated December 29, 2022

DRY SEAL

(Stamp of Date of Release)

## Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from September 5, 2024 to September 20, 2024 and posted in CSC-FO Batangas, Public Market, Office Lobby from September 5, 2024 to September 20, 2024 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 23, 2024.

  
**GALLY D. TIPAN**  
Mun. Human Res. Mgt. Officer

## Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on February 14, 2025.

  
**JANET MAGPANTAY ILAGAN,**  
Municipal Mayor  
Chairperson, HRMPSB/Placement Committee

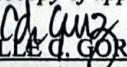
## CSC/HRMO Notation

ACTION ON APPOINTMENTS			Recorded by
<input type="checkbox"/> Validated per RAI for the month of _____			
<input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____			
□ Appeal	DATE FILED	STATUS	
<input type="checkbox"/> CSCRO/ CSC-Commission			
□ Petition for Review			
<input type="checkbox"/> CSC-Commission			
<input type="checkbox"/> Court of Appeals			
<input type="checkbox"/> Supreme Court			

Original Copy - for the Appointee  
Original Copy - for the Civil Service Commission  
Original Copy - for the Agency

## Acknowledgement

Received original/photocopy of appointment on February 18, 2025

  
**CAMILLE G. GORDO**  
Appointee

**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.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

**I. PERSONAL INFORMATION**

2. SURNAME	GORDO		
FIRST NAME	CAMILLE		
MIDDLE NAME	CORPUZ		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 14, 1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	032 MANDIGMA House/Block/Lot No. Street PUROK 1 1 Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	4223
8. WEIGHT (kg)	60	18. PERMANENT ADDRESS	032 MANDIGMA House/Block/Lot No. Street PUROK 1 BRGY. 1 Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	4223
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09065537343
12. PHILHEALTH NO.	09-25184289-5	21. E-MAIL ADDRESS (if any)	camillecrpz47@gmail.com
13. SSS NO.	04-4323708-7		
14. TIN NO.	399-025-246-00000		
15. AGENCY EMPLOYEE NO.	OMM-0011		

**II. FAMILY BACKGROUND**

22. SPOUSE'S SURNAME	GORDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MATTHEW	NAME EXTENSION (JR., SR) N/A	JADEN BRYANT C. GORDO	April 1, 2012
MIDDLE NAME	MANIGBAS		THOMAS KOBE BRYANT C. GORDO	September 2, 2024
OCCUPATION	SELF EMPLOYED		NOTHING FOLLOWS	
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CORPUZ			
FIRST NAME	CATALINO	NAME EXTENSION (JR., SR) JR		
MIDDLE NAME	TIBURCIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	DE SILVA			
FIRST NAME	EMILIA			
MIDDLE NAME	TEÑOSO		(Continue on separate sheet if necessary)	

**III. EDUCATIONAL BACKGROUND**

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CANOSSA ACADEMY	PRIMARY	2000	2006	GRADUATED	2006	N/A
SECONDARY	CANOSSA ACADEMY	HIGH SCHOOL	2006	2010	GRADUATED	2010	N/A
VOCATIONAL / TRADE COURSE	LIPA CITY COLLEGES	ASSOCIATE IN HOTEL & RESTAURANT MANAGEMENT	2017	2019	GRADUATED	2019	N/A
COLLEGE	DE LA SALLE LIPA	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN MARKETING MANAGEMENT	2010	2014	107 UNITS	UNDERGRADUATE	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

**SIGNATURE***[Signature]***DATE**

September 20, 2024

#### **IV. CIVIL SERVICE ELIGIBILITY**

*(Continue on separate sheet if necessary)*

#### **V. WORK EXPERIENCE**

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	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	GOVT SERVICE (Y/ N)
From	To						
July 2, 2024	Present	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 7,000.00	N/A	Job Order	N
January 4, 2024	June 30, 2024	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 7,000.00	N/A	Job Order	N
July 6, 2023	December 29, 2023	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 7,000.00	N/A	Job Order	N
January 4, 2023	June 30,2023	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 7,000.00	N/A	Job Order	N
July 6, 2022	December 30, 2022	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 6,000.00	N/A	Job Order	N
June 1, 2022	June 30,2022	Clerical Aide	Office of the Mayor- LGU Mataasnakahoy	₱ 6,000.00	N/A	Job Order	N
January 2021	December 2021	Hairdresser/ Manager	TJ Salon Lipa City	₱ 20,000.00	N/A	Contractual	N
January 2020	December 2020	Hairdresser/ Manager	TJ Salon Lipa City	₱ 20,000.00	N/A	Contractual	N
May 2019	December 2019	Hairdresser/ Manager	TJ Salon Lipa City	₱ 20,000.00	N/A	Contractual	N

## Nothing follows

*(Continue on separate sheet if necessary)*

**SIGNATURE**

## Op Quiz

DATE

September 20, 2024

OR INVOLVEMENT IN CIVIC JN-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZA

*(Continue on separate sheet if necessary)*

**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Planing workshop on the Localization of Philippine Development Program and Establishment of datebased thru POPDEV mentoring approach	07-Nov-22	10-Nov-22	24hrs	Managerial	POPCOM- COMMISSION ON POPULATION DEVELOPMENT
Training on Localization of Phillipine Population Development Program PPDP on the establishment of Database thru POPDEV mentoring approach among local population	05-Oct-22	07-Oct-22	24hrs	Technical	LGU PLANNING MEMBERS
Pre-Marriage Orientation Training	Sept 12, 2022	Sept 14, 2022	24hrs	Managerial	POPCOM- COMMISSION ON POPULATION DEVELOPMENT

### **Nothing follows**

*(Continue on separate sheet if necessary)*

#### **VIII. OTHER INFORMATION**

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer literate	N/A	N/A
Excellent in Interpersonal and Communication skills		
Nothing follows		

(Continue on separate sheet if necessary)

**SIGNATURE**

Ch Gr 3

DATE

September 20, 2024

34. Are you related by consanguinity or affinity to the appointing 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 appointed,
- within the third degree?
  - within the fourth degree (for Local Government Unit - Career Employees)?

YES  NO

YES  NO

If YES, give details:

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35. a. Have you ever been found guilty of any administrative offense?

YES  NO

If YES, give details:

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- 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 law, decree, ordinance or regulation by any court or tribunal?

YES  NO

If YES, give details:

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37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

YES  NO

If YES, give details: Resignation

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38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

YES  NO

If YES, give details: \_\_\_\_\_

- b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

YES  NO

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

YES  NO

If YES, give details (country): \_\_\_\_\_

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

- a. Are you a member of any indigenous group?

YES  NO

If YES, please specify: \_\_\_\_\_

- b. Are you a person with disability?

YES  NO

If YES, please specify ID No.: \_\_\_\_\_

- c. Are you a solo parent?

YES  NO

If YES, please specify ID No.: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME

ADDRESS

TEL. NO.

MAYOR JANET M. ILAGAN

MATAASNAKHOY BATANGAS

09175781717

VICE MAYOR JAY M. ILAGAN

MATAASNAKHOY BATANGAS

09175177337

ELMA S. PAGTALUNAN

LIPA CITY BATANGAS

09164876046

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: Driver's License

ID/License/Passport No.: D06-15-00-1687

Date/Place of Issuance: 08/08/2022-Lipa City

Cd Guyz

Signature (Sign inside the box)

SEPTEMBER 20, 2024

Date Accomplished



SUBSCRIBED AND SWORN to before me this 20th day of Sept., 2024, affiant exhibiting his/her validly issued government ID as indicated above.

GALLY D. TIPAN

Municipal Human Resource Management Officer

WORK EXPERIENCE SHEET

- Duration: June 1, 2022– Present
- Position: Job Order (Clerical Aide)
- Name of Office/Unit: Office of the Municipal Mayor
- Immediate Supervisor: Mayor Janet M. Ilagan
- Name of Agency/Company and Location: Municipal Government of Mataasnakahoy / Brgy. IV, Mataasnakahoy, Batangas

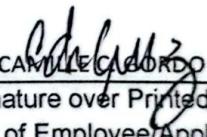
- Summary of Actual Duties

Recorded, processed, and monitored incoming and outgoing documents, ensuring accuracy and timely distribution; Endorsed, transferred and/or released documents to other departments, as the case may be, facilitating efficient workflow; Performed various administrative duties as directed by the Mayor and provided administrative support contributing to the overall operations of the office; Assisted clients, visitors, and other stakeholders with their inquiries and requests enhancing the delivery of fast, quality and excellent public service; Assisted patients and/or their authorized representatives for the processing or requests for medical assistance with different provincial and national offices.

- Duration: May 15, 2019– December 2021
- Position: Hair dresser
- Name of Office/Unit: TJ Salon
- Immediate Supervisor: Emilia S. Corpuz & Catalino T. Corpuz Jr
- Name of Agency/Company and Location: Brgy Bolbok, Lipa City

- Summary of Actual Duties

Assisted, Managed and Provided customer services to the clients ensuring their hair is styled, cut, colored and treated according to their desire and preference. Performs haircuts, trims and re styled based on clients request and personal preference, applying colorants, highlights and other treatments, wash and conditions clients hair using appropriate products. Provide professional advices/ suggestion to the clients based on their hair type and face shape.

  
CARMELITO G. ONDO  
(Signature over Printed Name  
of Employee/Applicant)

Date: September 20, 2024



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**C E R T I F I C A T I O N**

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Ms. Camille C. Gordo as Administrative Aide I (Utility Worker I) in the Office of the Municipal Mayor of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN  
Municipal Mayor



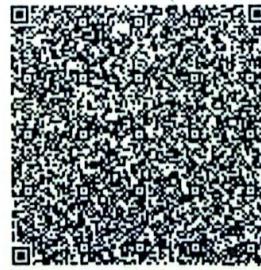
Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION			
<b>Republic of the Philippines</b> <b>CERTIFICATE OF LIVE BIRTH</b>							
(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)							
Province <b>BATANGAS</b> City/Municipality <b>Lipa City</b>		Registry No. <b>94-3343</b>					
C H I L D	1. NAME	(First) <b>CAMILA</b>	(Middle) <b>DE SILVA</b>	(Last)			
	2. SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	3. DATE OF BIRTH	(day) <b>14</b>	(month) <b>August</b>	(year) <b>1994</b>
	4. PLACE OF BIRTH	(Name of Hospital/Clinic/Institution/ House No., Street, Barangay)		(City/Municipality) <b>FERNANDO AIR BASE HOSPITAL</b>	(Province) <b>Lipa City, Batangas</b>		
	5a. TYPE OF BIRTH	<input checked="" type="checkbox"/> 1. Single		b. If multiple birth, child was			
		<input type="checkbox"/> 2 Twin		<input checked="" type="checkbox"/> 3 First	<input type="checkbox"/> 2 Second		
		<input type="checkbox"/> 3 Triplet, etc.		<input checked="" type="checkbox"/> 3 Others, Specify			
	c. BIRTH ORDER	(live births and fetal deaths including this delivery) (first, second, third, etc.)		d. WEIGHT AT BIRTH <b>2722</b> grams			
	6. MAIDEN NAME	(First) <b>EMILIA</b>	(Middle)	(Last)			
	7. CITIZENSHIP	<b>FILIPINO</b>	T.	8. RELIGION	<b>DE SILVA</b>		
	9a. Total number of children born alive:	b. No. of children still living including this birth:	c. No. of children born alive but are now dead:				
10. OCCUPATION			11. Age at the time of this birth:	years <b>30</b>			
12. RESIDENCE (House No., Street, Barangay)			(City/Municipality)	(Province)			
13. NAME	<b>Lebrin Sibod, Sico</b>	(First)	(Middle) <b>Lipa City</b>	(Last) <b>Batangas</b>			
14. CITIZENSHIP	<b>CAVILLINO</b>	T.	15. RELIGION	<b>CORPUZ JR.</b>			
16. OCCUPATION	<b>FILIPINO</b>	17. Age at the time of this birth:		years <b>35</b>			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)							
December 19, 1992 at Fernando Air Base Lipa City							
19a. ATTENDANT	<b>OUR LADY OF MIRACULOUS MEDAL CHAPEL</b>						
<input checked="" type="checkbox"/> 1 Physician	<input type="checkbox"/> 2 Nurse	<input type="checkbox"/> 3 Midwife					
<input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife)	<input type="checkbox"/> 5 Others (Specify)						
19b. CERTIFICATION OF BIRTH							
I hereby certify that I attended the birth of the child who was born alive at:	8:30 PM		o'clock am/pm on the date stated above.				
Signature <i>Agnes Jiao</i>	Address <b>Sico, Lipa City</b>						
Name in Print <b>AGNES JIAO</b>	Date <b>Aug. 18, 1994</b>						
Title or Position <b>Physician</b>							
20. INFORMANT							
Signature <i>Emilia T. Silva-Corpus</i>	Address <b>Sico, Lipa City</b>						
Name in Print <b>Emilia T. Silva-Corpus</b>	Date <b>Aug. 18, 1994</b>						
Relationship to the child <b>Mother</b>							
21. PREPARED BY							
Signature <i>Erliana Silva</i>	Signature <i>Erliana</i>						
Name in Print <b>ERLIANA A. SILVA</b>	Name in Print <b>ERLINDA A. LEVINES</b>						
Title or Position <b>General Clerk</b>	Title or Position <b>REGISTRATION OFFICER IV</b>						
Date <b>Aug. 18, 1994</b>	Date <b>Sept. 25, 1994</b>						
FOR OCRG USE ONLY: Population Reference No. <b>1014-194 REQ3</b>							
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR							
41 <b>9403373</b>							
42 <b>1</b>							
43 50 <b>2140894</b>							
56 <b>10140</b>							
61 <b>1</b>							
62 64 <b>01 2722</b>							
68 69 <b>1 1</b>							
70 72 74 <b>01 01 00</b>							
76 79 <b>X20 30</b>							
81 <b>10140</b>							
86 87 <b>1 1</b>							
88 91 <b>799 30</b>							
93 <b>1</b>							
94 121992 <b>121992</b>							
95 10140 <b>10140</b>							
96 0823794 <b>0823794</b>							

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**BEST POSSIBLE IMAGE**



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**CLAIRE DENNIS S. MAPA, Ph. D.**  
**National Statistician and Civil Registrar General**  
**Philippine Statistics Authority**

Municipal Form No. 97  
(Revised January 2007)

Republic of the Philippines (To be accomplished in quadruplicate using black ink)

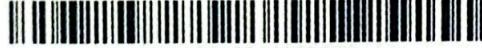
## OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF MARRIAGE**

Province	BATANGAS			Registry No.	2021-0206		
City/Municipality	LIPA						
HUSBAND				WIFE			
1. Name of Contracting Parties	(First) MATTHEW (Middle) MANIGBAS (Last) GORDO			(First) CAMILLE (Middle) DE SILVA (Last) CORPUZ			
2a. Date of Birth	(Day) 21	(Month) JANUARY	(Year) 1992	(Age) 28	(Day) 14	(Month) AUGUST	(Year) 1994
2b. Age				(Age) 26			
3. Place of Birth	(City/Municipality) MATAAS NA KAHYO, BATANGAS, PHILIPPINES			(Country)	(City/Municipality) LIPA CITY, BATANGAS, PHILIPPINES		
4a. Sex	MALE	(Citizenship)		FEMALE	(Citizenship)		FILIPINO
4b. Citizenship	FILIPINO			FILIPINO			
5. Residence	(House No., St., Barangay, City/Municipality, Province, Country) BRGY.1, MATAAS NA KAHYO, BATANGAS, PHILIPPINES			(House No., St., Barangay, City/Municipality, Province, Country) SAMPAGUITA HOMES, SAMPAGUITA LIPA CITY, BATANGAS, PHILIPPINES			
6. Religion/ Religious Sect	ROMAN CATHOLIC			ROMAN CATHOLIC			
7. Civil Status	SINGLE			SINGLE			
8. Name of Father	(First) IGNACIO	(Middle) SARMIENTO	(Last) GORDO	(First) CATALINO JR.	(Middle) TIBURCIO	(Last) CORPUZ	
9. Citizenship	FILIPINO			FILIPINO			
10. Maiden Name of Mother	(First) JOSEPHINE	(Middle) KATIMBANG	(Last) MANIGBAS	(First) EMILJA	(Middle) TEÑOSO	(Last) DE SILVA	
11. Citizenship	FILIPINO			FILIPINO			
12. Name of Person/ Who Gave Consent or Advice	(First) N/A	(Middle)	(Last)	(First) N/A	(Middle)	(Last)	N/A
13. Relationship	N/A			N/A			
14. Residence	(House No., St., Barangay, City/Municipality, Province, Country) N/A			(House No., St., Barangay, City/Municipality, Province, Country) N/A			
15. Place of Marriage:	PARISH OF SAINT ANTHONY OF PADUA (Office of the House of/Barangay of/Church or/Mosque of)			LIPA CITY	BATANGAS (Province)		
16. Date of Marriage:	21	JANUARY	2021	(Day)	(Month)	(Year)	17. Time of Marriage: 3:00 PM am/pm
18. CERTIFICATION OF THE CONTRACTING PARTIES: THIS IS TO CERTIFY: That I, MATTHEW MANIGBAS GORDO and I, CAMILLE DE SILVA CORPUZ, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we have entered, a copy of this is hereto attached /X/ have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed/markred with our fingerprint this certificate in quadruplicate this 21 <sup>st</sup> day of JANUARY 2021.							
(Signature of Husband)				(Signature of Wife)			
19. CERTIFICATION OF THE SOLEMNIZING OFFICER: THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT: <input type="checkbox"/> a. Marriage License No. 7310820 issued on NOVEMBER 27, 2020 at LIPA CITY <input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art. 209 of Executive Order No. 209. <input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.							
(Signature Over Printed Name of Solemnizing Officer)				GUEST PRIEST	CATHOLIC 2020-29633THK9K-2022 (Religion/Religious Sect, Registry No. and Expiration Date, if applicable)		
20a. WITNESSES (Print Name and Sign): Additional at the back							
MR. JOEL LANCITA				MRS. MARY GRACE L. GARDIOLA	MR. GREG D. ARELLANO	MRS. OFELIA S. ARELLANO	
21. RECEIVED BY Signature				21. REGISTERED BY THE CIVIL REGISTRAR Signature			
Name in Print CLAUDIA B. LUCERO				Name in Print VANESSA P. RECTO			
Title or Position ADMIN. ASST. I				Title or Position REGISTRATION OFFICER IV			
Date JANUARY 29, 2021				Date JANUARY 29, 2021			
REMARKS/ANNOTATIONS (For LCRO/OCRG/Shari'a Circuit Registrar Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
4bH 4bW 5H 5W 6H 6W 7H 7W 0101 60801018 60801014 080811							

08605-HE-105JMV-00072-MI001

BEST POSSIBLE IMAGE



T002086051050007207242023001

UQ700135626



*CDSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**



## OFFICE OF THE MUNICIPAL ACCOUNTANT

### CERTIFICATION

**THIS IS TO CERTIFY** that funds are available for the position of Administrative Aide I (Utility Worker I) in the Office of the Municipal Mayor of this municipality, with Salary Grade 1 amounting to ONE HUNDRED TWENTY ONE THOUSAND SEVEN HUNDRED SEVENTY SIX PESOS (P 121,776.00) per annum as per Annual Budget CY-2025 of this municipality.

Issued this 18th day of February , 2025 at Mataasnakahoy, Batangas.



**LENILYN C. CARAAN**  
Municipal Accountant

**Republic of the Philippines**  
**POSITION DESCRIPTION FORM**  
**DBM-CSC Form No. 1**  
(Revised Version No. 1, s. 2018)

**1. POSITION TITLE (as approved by authorized agency) with parenthetical title**

**Administrative Aide I  
(Utility Worker I)**

**2. ITEM NUMBER**

**3. SALARY GRADE**

11

1

**4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS**

Province  
 City  
 Municipality

1st Class  
 2nd Class  
 3rd Class  
 4th Class

5th Class  
 6th Class  
 Special

**5. DEPARTMENT, CORPORATION OR AGENCY/  
LOCAL GOVERNMENT**

**6. BUREAU OR OFFICE**

Local Government Unit of Mataasnakahoy, Batangas

Office of the Mayor

**7. DEPARTMENT / BRANCH / DIVISION**

**8. WORKSTATION / PLACE OF WORK**

Office of the Mayor

Office of the Mayor

**9. PRESENT APPROP  
ACT**

**10. PREVIOUS APPROP ACT**

**11. SALARY AUTHORIZED**

**12. OTHER COMPENSATION**

SB Resolution  
No. 182-S-2024/  
Ordinance of Budget  
No. 25-S-2024

N/A

P 10,148.00

PERA	2,000.00
Cash Gift	5,000.00
Clothing Allow.	7,000.00
Year End Bonus	10,148.00
Mid-year Bonus	10,148.00
PEI	5,000.00

**13. POSITION TITLE OF IMMEDIATE SUPERVISOR**

**14. POSITION TITLE OF NEXT HIGHER SUPERVISOR**

Municipal Mayor

None

**15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED**

*(if more than seven (7) list only by their item numbers and titles)*

POSITION TITLE

ITEM NUMBER

N/A

N/A

**16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK**

Broom, Dustpan, Telephone, Computer, Logbook

**17. CONTACTS / CLIENTS / STAKEHOLDERS**

17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive / Managerial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Agencies	<input type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**18. WORKING CONDITION**

Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)
Field Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION**

Exercise control and supervision over all local administrative affairs of the municipality, enforce the laws and ordinances, initiate and maximize generation of resources and revenues and ensure the delivery of basic services.

**20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)**

Maintain cleanliness and orderliness of the workplace and does other related work.

**21. QUALIFICATION STANDARDS**

<b>21a. Education</b>	<b>21b. Experience</b>	<b>21c. Training</b>	<b>21d. Eligibility</b>
Must be able to read and write	None Required	None Required	None Required ( MC II,s.96-Cat. III)

**21e. Core Competencies**

None Yet

**21f. Leadership Competencies**

None Yet

**22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)**

<i>Percentage of Working Time</i>	<i>(State the duties and responsibilities here:)</i>	<i>Competency Level</i>
25%	Maintain the cleanliness and orderliness in the office;	None Yet
10%	Arrange various decorations in the office;	
15%	File incoming and out going communications;	
20%	Assisted clients, visitors and other stakeholders with their inquiries and request;	
20%	Assisted clients for processing or requests for medical assistance in different agency;	
10%	Perform such other duties and responsibilities that may be assigned from time to time	

**23. ACKNOWLEDGMENT AND ACCEPTANCE:**

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.

CAMILLE C. GORDO 02/18/2025

Employee's Name, Date and Signature

JANET M. LEAGAN, 02/18/2025

Municipal Mayor, Date and Signature



Republic of the Philippines  
Province of Batangas  
**Municipality of Mataasnakahoy**



## OATH OF OFFICE

I, Camille C. Gordo of Brgy. I, Mataasnakahoy, Batangas having been appointed to the position of Administrative Aide I (Utility Worker I) hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

  
CAMILLE C. GORDO

(Signature over Printed Name of the Appointee)

Government ID: Drivers License  
ID Number : D06-15-00-1687  
Date Issued : August 8, 2022

Subscribed and sworn to before me this 18<sup>th</sup> day of February, 2025 in Mataasnakahoy Batangas, Philippines.

  
JANET MAGPANTAY ILAGAN  
Municipal Mayor



CS Form No. 4  
Revised 2018

Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that MS. CAMILLE C. GORDO has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Mayor effective February 18, 2025.

This certification is issued in connection with the issuance of the appointment of Ms. Gordo as Administrative Aide I (Utility Worker I).

Done this 18<sup>th</sup> day of February 2025 in Mataasnakahoy, Batangas.

JANET MAGPANTAY ILAGAN  
Municipal Mayor

Date: February 18, 2025

Attested by:

GALLY D. TIPAN

Mun. Human Res. Mgt. Officer

201 file  
Admin  
COA  
CSC

# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of February 18, 2025

(Required by R.A. 6713)

**Note:** Husband and wife who are both public officials and employees may file the required statements jointly or separately.

Joint Filing       Separate Filing       Not Applicable

<b>DECLARANT:</b>	GORDO (Family Name)	CAMILLE (First Name)	C. (M.I.)	<b>POSITION:</b> ADMIN. AIDE I (UTILITY WORKER I)
<b>ADDRESS:</b>	#032 Mandigma St. Brgy 1 Mataasnakahoy, Batangas			<b>AGENCY/OFFICE:</b> LGU MATAASNKAHOY <b>OFFICE:</b> V. TEMPLO AVE. BRGY. IV <b>ADDRESS:</b> MATAASNKAHOY, BATANGAS
<b>SPOUSE:</b>	GORDO (Family Name)	MATTHEW (First Name)	M. (M.I.)	<b>POSITION:</b> SELF EMPLOYED <b>AGENCY/OFFICE:</b> N/A <b>OFFICE:</b> N/A <b>ADDRESS:</b>

## UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
JADEN BRYANT C. GORDO	APRIL 1, 2012	12 YEARS OLD
THOMAS KOBE BRYANT C. GORDO	SEPTEMBER 2, 2024	5 MONTHS OLD
N/A	N/A	N/A

## ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

### 1. ASSETS

#### a. Real Properties\*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: N/A

#### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
MOBILE PHONE	2020	10,000.00
N/A	N/A	N/A

Subtotal: 10,000.00

**TOTAL ASSETS (a+b): 10,000.00**

**2. LIABILITIES\***

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A
<b>TOTAL LIABILITIES:</b>		<b>N/A</b>
<b>NET WORTH : Total Assets less Total Liabilities =</b>		<b>10,000.00</b>

\* Additional sheet/s may be used, if necessary.

**BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

**RELATIVES IN THE GOVERNMENT SERVICE**

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

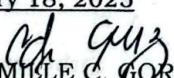
I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
EMILIA S. CORPUZ	MOTHER	Administrative Aide I	Land transportation Office, Region IV-A District Office
SJO4 ELMA S.PAGTALUNAN	AUNT	WARDEN	Bureau of Jail Management and Penology, Batangas City Jail (Female Dorm)
JOEL D. PAGTALUNAN	UNCLE	Administrative Officer III	Land transportation Office, Region IV-A, San Pablo City
KAYZEL M. SILVA	COUSIN	Transportation Regulation Officer II	Land transportation Office, Extension Office, Taytay Rizal
MARWIN R. CAPUNO	COUSIN-IN-LAW	Driving Skills Rater	Land transportation Office, Region IV-A, Cavite Licensing Center
VICKY K. MANIGBAS	AUNT-IN-LAW	Budget Officer I	Local Government Unit of Mataasnakahoy
N/A	N/A	N/A	N/A

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: February 18, 2025

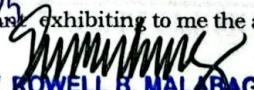
  
CAMILLE C. GORDO  
(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: DRIVER'S LICENSE  
ID No.: D06-15-001687  
Date Issued: 08/08/2022

Government Issued ID: N/A  
ID No.: N/A  
Date Issued: N/A

**SUBSCRIBED AND SWORN** to before me this 13 day of FFB, 2025, affiant exhibiting to me the above-stated government issued identification card.

  
ATTY. POWELL B. MALABAG  
NOTARY PUBLIC UNTIL DECEMBER 31, 2026  
COMMISSION NO. 2024-00401 ROLL NO. 68570  
IBP NO. 476577 / 11-13-24 / PASIG CITY  
PTB NO. 34206374 / 01-02-25 / M-KAHAY, BATS.  
MCLE COMPLIANCE NO. VII-0002112  
423 Rafael Lubis Street, Barangay II-A, Mataasnakahoy, Batangas



**OFFICIAL TRANSCRIPT OF RECORD**

Name: CORPUZ, CAMILLE DE SILVA  
Address: BLK 10 LOT 13-14 NARRA ST.  
SAMPAGUITA HOMES, LIPA CITY

Date: **May 19, 2020**  
College of: **ASS. IN HOTEL & RESTAURANT  
MANAGEMENT**

Admitted on: 1ST SEMESTER, 17-18

**SOURCE OF ENTRANCE CREDITS:**

Elementary: CANOSSA ACADEMY  
High School: CANOSSA ACADEMY

Year: 2005-06

## GRADE EQUIVALENT

<b>1.00 – 100-98</b>	<b>1.75 – 91-89</b>	<b>2.50 – 82-80</b>	<b>Below 75 – 5.00</b>
<b>1.25 – 97-95</b>	<b>2.00 – 88-86</b>	<b>2.75 – 79-77</b>	<b>INC.</b>
<b>1.50 – 94-92</b>	<b>2.25 – 85-83</b>	<b>3.00 – 76-75</b>	<b>DRP.</b>

(Not valid without the college seal.)

Certified True & Correct

*Gregory Hayes*  
GLEC/TB. MOJARES  
President

*M. Yapbu*  
MARICIEL M. YAPBUAN, MBA  
Registrar

Records prepared by: fepacalda



**OFFICIAL TRANSCRIPT OF RECORD**

Name: CORPUZ, CAMILLE DE SILVA  
Address: BLK 10 LOT 13-14 NARRA ST.  
SAMPAGUITA HOMES, LIPA CITY

Date: May 19, 2020  
College of: ASS. IN HOTEL & RESTAURANT  
MANAGEMENT

Admitted on: 1ST SEMESTER, 17-18

**SOURCE OF ENTRANCE CREDITS:**

**Elementary:** CANOSSA ACADEMY  
**High School:** CANOSSA ACADEMY

Year: 2005-06

## GRADE EQUIVALENT

<b>1.00 -- 100-98</b>	<b>1.75 -- 91-89</b>	<b>2.50 -- 82-80</b>	<b>Below 75 -- 5.00</b>
<b>1.25 -- 97-95</b>	<b>2.00 -- 88-86</b>	<b>2.75 -- 79-77</b>	<b>INC.</b>
<b>1.50 -- 94-92</b>	<b>2.25 -- 85-83</b>	<b>3.00 -- 76-75</b>	<b>DRP.</b>

(Not valid without the college seal.)

Certified True & Correct

*Gleyz Myres*  
GLEYS B. MOJARES  
President

*M. Yapbuhan*  
MARICIEL M. YAPBUAN, MBA  
Registrar

Records prepared by: fepacalda



**OFFICIAL TRANSCRIPT OF RECORD**

Name: CORPUZ, CAMILLE DE SILVA

Date: May 19, 2020

Address: BLK 10 LOT 13-14 NARRA ST

College of: ASS. IN HOTEL & RESTAURANT

**SAMPAGUITA HOMES, LIPA CITY**

## **MANAGEMENT**

Admitted on: 1ST SEMESTER, 17-18

**SOURCE OF ENTRANCE CREDITS:**

Elementary: CANOSSA ACADEMY

Year: 2005-06

High School: CANOSSA ACADEMY

Year: 2009-10

TERM	COURSE DESCRIPTION		FINAL	RE-EXAM	UNITS
2nd Sem. 18-19	HSKPNGS	HOUSEKEEPING PROCEDURES	1.25		3.0
	TOURPLAN	TOURISM PLANNING AND DEVELOPMENT WITH GATS	2.00		3.0
	CATSERVICE	BANQUET, FUNCTION AND CATERING SERVICES	2.25		3.0
18-19	PRACTICHM	HOTEL/RESORT & RESTAURANT PRACTICUM	1.75		4.0
	MASINING	MASINING NA PAGPAPAHAYAG	2.25		3.0



## GRADE EQUIVALENT

<b>1.00 -- 100-98</b>	<b>1.75 -- 91-89</b>	<b>2.50 -- 82-80</b>	<b>Below 75 -- 5.00</b>
<b>1.25 -- 97-95</b>	<b>2.00 -- 88-86</b>	<b>2.75 -- 79-77</b>	<b>INC.</b>
<b>1.50 -- 94-92</b>	<b>2.25 -- 85-83</b>	<b>3.00 -- 76-75</b>	<b>DRP.</b>

**REMARKS : GRADUATED WITH THE TITLE OF ASSOCIATE IN HOTEL AND RESTAURANT MANAGEMENT (AHRM), EXEMPTED FROM ISSUANCE OF SPECIAL ORDER BY THE COMMISSION ON HIGHER EDUCATION (CHED), PACUCOA LEVEL III ACCREDITED. DATE OF GRADUATION: MAY 18, 2019**

(Not valid without the college seal.)

Certified True & Correct

*Glen Hayes*  
GLENT B. MOJARES  
President ✓

Records prepared by: fepacalda

*M. Yapbuhan*  
**MARICIEL M. YAPBUAN, MBA**  
Registrar

REPUBLIKA NG PILIPINAS  
REPUBLIC OF THE PHILIPPINES  
TANGGAPAN NG PANGULO  
OFFICE OF THE PRESIDENT  
KOMISYON NG LALONG MATAAS NA PAARALAN  
COMMISSION ON HIGHER EDUCATION

# Lipa City Colleges

LIPA CITY, PHILIPPINES

Sa lahat ng Makakatunghay ng Kasalatang Ito, Mapitagang Bati:  
TO ALL MEN TO WHOM THESE PRESENTS COME GREETINGS:

Na sa tagubilin ng Mga Guro, Any Lupon ng Kalwala ng Lipa City Colleges ay naggawad kay  
THAT UPON THE RECOMMENDATION OF THE FACULTY, THE BOARD OF TRUSTEES OF LIPA CITY COLLEGES HAS CONFERRED UPON

Camille D. Corpuz

na nakatupad sa lahat ng hinihangi ukol dito ng Tunggapan ng Pangulo, Komisyon  
WHO HAS FULFILLED ALL THE REQUIREMENTS OF THE OFFICE OF THE PRESIDENT, COMMISSION  
ng Lalong Mataas na Paaralan kakaip ang lahat ng karapatan, karanganlan,  
ON HIGHER EDUCATION WITH ALL THE RIGHTS, HONORS  
at pribilehiyo, gayundin ang mga tungkulin at pananagtang nauukol sa titulo / kurso  
AND PRIVILEGES AND RESPONSIBILITIES THEREUNTO APPERTAINING TO THE TITLE/DEGREE  
COMMITMENT

Associate in Hotel and Restaurant Management

Bilang katinayan nilagdaan namin ng aming mga pangalan at tinatakan ng tatak ng seal of this kolehiyo sa  
IN TESTIMONY WHEREOF, WE HAVE HEREUNTO SUBSCRIBED OUR NAMES AND AFFIXED THE SEAL OF THIS COLLEGE AT

Lungsod ng Lipa, Pilipinas ngayon ita  
LIPA CITY, PHILIPPINES THIS 18<sup>th</sup> DAY OF MAY 1947 taon ng ating

Panginoon - dalawang libo at labing-siyam  
LORD TWO THOUSAND AND NINETEEN



TAGATALA  
REGISTRAR

  
PANGULO  
PRESIDENT



PACUOA Accredited

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



40835224

BAGONG PILIPINAS

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.  
**C612HCNE49-RA1677450**

FAMILY NAME  
**CORPUZ**

MIDDLE NAME  
**DE SILVA**

ADDRESS  
**032 MANDIGMA STREET BARANGAY 1 MATAASNAKAHOY BATANGAS**

DATE OF BIRTH  
**August 14, 1994**

CITIZENSHIP  
**FILIPINO**

PURPOSE

**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**

VALID UNTIL  
**February 05, 2026**

FIRST NAME  
**CAMILLE**

HUSBAND'S SURNAME  
**GORDO**

PLACE OF BIRTH  
**LIPA CITY**

CIVIL STATUS  
**MARRIED**

GENDER  
**FEMALE**

SIGNATURE



Date Printed: Wednesday, February 5, 2025 11:19 AM



C612HCNE49-RA1677450

JUDGE JAIME B. SANTIAGO (RET.)  
Director

Agency	RA	DATID	dampilm
CASID	dampilm	BIOID	dampilm
O.R. No.	MP7DEAEPYM	RECID	
O.R. Date	02/05/2025 11:19:20 AM	INTID	
DST PAID		PRTID	gonzagatv

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

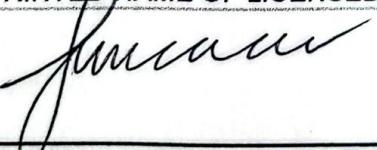
- Blood Test  
 Urinalysis  
 Chest X-Ray  
 Drug Test  
 Psychological Test  
 Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
GORDO, CAMILLE CORPUZ			LGU MATAASNAKAHOTY V. TEMPLO AVE BRGY N MATAASNAKAHOTY, BATANGAS
ADDRESS			
032 MANDIGMA ST. BRGY 1 MATAASNAKAHOTY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	FEMALE	MARRIED	ADMINISTRATIVE AIDE I

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically  FIT /  UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
			
AGENCY/Affiliation of Licensed Government Physician:			
Mataasnakahoy RH71			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
13447			
OFFICIAL DESIGNATION	DATE EXAMINED		
MHO	2/17/25		

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

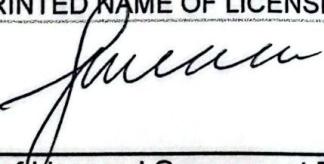
- Blood Test  
 Urinalysis  
 Chest X-Ray  
 Drug Test  
 Psychological Test  
 Neuro-Psychiatric Examination (if applicable)

### FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
<b>GORDO, CAMILLE CORPUZ</b>			<b>LGU MATAASNAKATDY, V. TEMPLO AVE BRGY N MATAASNAKATDY, BATANGAS</b>
ADDRESS			
032 MANDIGMA ST. BRGY 1 MATAASNAKATDY, BATANGAS			MATAASNAKATDY, BATANGAS
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	FEMALE	MARRIED	ADMINISTRATIVE AIDE I

### FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically  FIT /  UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
		
AGENCY/Affiliation of Licensed Government Physician:		
<b>Mataasnakahoy RHM</b>		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped
<b>113447</b>		BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED	
<b>M17</b>	<b>2/17/25</b>	



# MLT Psychological Evaluation Center

PNP Accreditation No. – 2000 – 0014  
Main Office: 316 Quezon Avenue, Quezon City  
Telephone No. 929-7261 / 410-6639

TO:

**SUBJECT: PSYCHOLOGICAL EXAMINATION**

NAME: CAMILLE C. GORDO

DATE OF EXAM: 08 Feb. 2025

AGE: 30

CIVIL STATUS: Married

HOME ADDRESS: Mataasnakahoy, Batangas

## EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	A - HRM
Experience (relevance to position)	CLERICAL AIDE
Motivation: Financial Security	AVERAGE
Change in Assignment	NONE
Honesty/Integrity	AVERAGE
Social Adjustment	AVERAGE
Loyalty (Identifying with superiors)	AVERAGE
Hostility & Violent Tendencies	No trace of violence
Acceptance of Responsibility	AVERAGE
Energy and Initiative	AVERAGE
Independence (self-reliance)	AVERAGE
Self-Discipline	AVERAGE
Steadiness and Endurance Under Pressure	AVERAGE

## SUMMARY

Intelligence Quotient: **90**

Classification: AVERAGE

Percentage Score: **36th PERCENTILE**

Personality Evaluation: Attaining a stable job and financial assurance is his primary goal as of the moment, thinking of his family's well being. She finds contentment and happiness in the presence of her family and loved ones. Subject longs to improve present situation and does everything in her ability to make her family satisfied.

REMARKS: Recommended

MA. CORAZON J. PAMINTUAN  
Psychologist  
(Accreditation No. 130)



2F, Lipa Commercial Center, A. Mabini Cor. E Mayo & P. Torres Sts., Brgy 5, Lipa City, Batangas

## Department of Radiology

### Medical Imaging Report

PIN: **SJHI-25-0872**  
Patient: **GORDO, CAMILLE C.**  
Referring Physician:  
Clinical HX/DX:  
Examination: **CHEST PA**  
Procedure: **RADIOGRAPHY**

Date: **02/08/2025**  
Age: **30**  
Sex: **FEMALE**  
Company: **GOV'T**

The lungs are clear

Heart is not enlarged

Intact bony thorax

**IMPRESSION: NORMAL CHEST X-RAY**

**RINA S. DE TORRES, RXT**  
Lic. No. 5285  
Radiologic Technologist

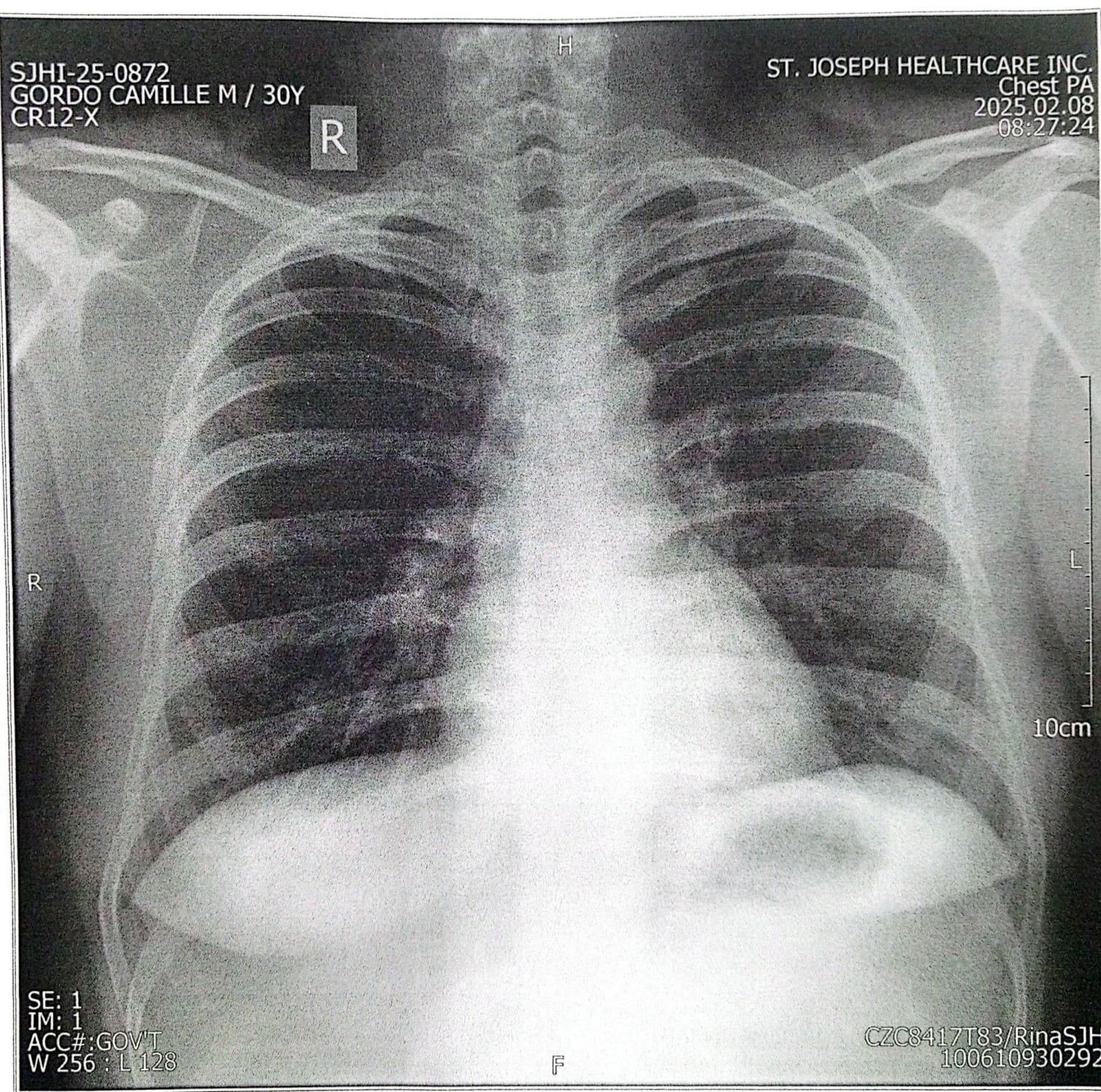
**JERICK P. MEDINA, MD, FPCR**  
Lic. No. 91903  
Radiologist



St. Joseph HealthCare, Inc.

2F Lipa Commercial Center, Along A. Mabini St., Corner P. Torres St., Lipa City

Patient ID	SJHI-25-0872	GORDO CAMILLE M/30 (1994/08/14)	
Exam Date	2025/02/08	Exam Desc	Chest





St. Joseph HealthCare, Inc.

Inc.

RD

2<sup>ND</sup> Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas  
Tel No. : (043) 757-4675 Mobile No. : 09171367258

Name:	GORDO, CAMILLE	Patient Pin:	SJHI 101736
Age :	30 Sex : FEMALE	Company:	WALK IN

Sample Date: February 8, 2025

### LABORATORY REPORT HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RED BLOOD CELLS	4.41	FEMALE : 4.0-5.4 x 10 <sup>12</sup> /L MALE : 4.6-6.0 x 10 <sup>12</sup> /L
HEMOGLOBIN	136	FEMALE : 120-160g/L MALE : 140-180g/L
HEMATOCRIT	0.40	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	91.2	76-100 fL
MCH	30.8	27-32 pg
MCHC	33.8	32-36%
WHITE BLOOD CELLS	6.8	5.0-10.0 x 10 <sup>9</sup> /L
Segmenters	0.53	0.55-0.68
Lymphocytes	0.36	0.25-0.39
Monocytes	0.11	0.02-0.08
PLATELET COUNT	352	150-450 x 10 <sup>9</sup> /L
BLOOD TYPING	"O" RH POSITIVE	
HBsAg SCREENING		

### CLINICAL MICROSCOPY

#### URINALYSIS

DESCRIPTION	RESULT	NORMAL VALUE	DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW		WHITE BLOOD CELLS	0-2/HPF	
TRANSPARENCY	TURBID		RED BLOOD CELLS	0-2/HPF	
PH	6.0	5.0-8.0	A.URATES/PHOSPHATES		
SPECIFIC GRAVITY	1.015	1.005-1.030	EPITHELIAL CELLS	MANY	
SUGAR	NEGATIVE	NEGATIVE	BACTERIA	MANY	
PROTEIN	+	NEGATIVE	MUCUS THREADS		
PREGNANCY TEST					
REMARKS:					

ERIKA LOUISE M. LANTO, RMT  
MEDICAL TECHNOLOGIST LIC# 0117423

MARIAN ABEGAIL P. GELERA, RMT  
MEDICAL TECHNOLOGIST LIC# 0117420

SPENCER S. WATANABE, MD, FPSP, MHA  
PATHOLOGIST LIC# 0112723

**DEPARTMENT OF HEALTH  
MD LINK HEALTHCARE, INC.**

G/F ROBINSONS PLACE-LIPA, J.P LAUREL HIGHWAY, LIPA, MATAAS NA LUPA, LIPA CITY  
BATANGAS 4217  
Phone Number 043-7848484

**DRUG TEST REPORT**



RH971494  
46

CCF No: 202502150003  
Name: GORDO, CAMILLE CORPUZ  
Birthdate: 08/14/1994 Age: 30 Gender: F

Transaction Date Time: 2/15/2025 1:18:00PM  
Report Date Time: 2/15/2025 1:31:05PM

**Test Method** TEST KIT

**Purpose** Requesting Parties  
**Others** LGU MATAAS NA KAHOY

**Result**

<i>Drug/Metabolite</i>	<i>Result</i>	<i>Remarks</i>
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

65

ELLEN A. ANORMA

Analyst

Approved By

DR. FRANK GERALD C. PAGDUNZULAN 76

Head of Laboratory

**Valid Within 12 Month/s from Transaction Date**

*This is a DOH-DDB IDTOMIS generated report*