

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



Mr. GILBERT O. GONZALES

You are hereby appointed as Administrative Aide I (Utility Worker I) SG-1 under
(Position Title)

Permanent status at the Office of the Local Disaster Risk Reduction and Management
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of Nine Thousand Twenty Six Pesos (P 9,026.00)
per month.

The nature of this appointment is Original vice MARY ROSE L. TIPAN
(Original, Promotion, etc.)

who was Transferred with Plantilla Item No. 13 Page 1.
(Transferred, Retired, etc.)

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

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

January 6, 2022
Date of Signing

CSC ACTION: **APPROVED**

DRY SEAL

LILI BETH L. MAJOMOT

Director II

Authorized Official

JAN 21 2022

Date

FEB 08 2022 S 2:25 PM
(Stamp of Date 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 December 14, 2021 to December 29, 2021 and posted in CSC-FO Batangas , Public Market, Office Lobby from December 14, 2021 to December 29, 2021 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on January 4, 2022.

GALLYD. TIPAN

OIC- Mun. Human Resource Management 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 January 5, 2022.

JANET MAGPANTAY ILAGAN
Municipal Mayor

CSC Notation

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Original Copy - for the Appointee Original Copy - for the Civil Service Commission Original Copy - for the Agency	Acknowledgement <i>Received original/photocopy of appointment on January 6, 2022</i>  GILBERT O. GONZALES Appointee
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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	GONZALES		
FIRST NAME	GILBERT		NAME EXTENSION (JR., SR) NA
MIDDLE NAME	OSEÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/14/1976	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BATANGAS		Pls. indicate country: ▼
5. SEX	<input checked="" type="checkbox"/> Male <input 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 ZIP CODE	19 SARMIENTO ST House/Block/Lot No. Street NA III Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
7. HEIGHT (m)	1.73		18. PERMANENT ADDRESS ZIP CODE
8. WEIGHT (kg)	67	19. TELEPHONE NO.	4619974
9. BLOOD TYPE	O	20. MOBILE NO.	09770923216
10. GSIS ID NO.	NA	21. E-MAIL ADDRESS (if any)	blank08162005@gmail.com
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	04-1018003-5818-00037		
13. SSS NO.	040983229-3		
14. TIN NO.	918-812-146		
15. AGENCY EMPLOYEE NO.	NA		

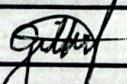
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GONZALES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SHERRY ANN	NAME EXTENSION (JR., SR) NA	ALEXANDER C. GONZALES	08/16/2005
MIDDLE NAME	CARPIO		AUDRIC KEN C. GONZALES	06/10/2008
OCCUPATION	OFW		ANNAIAH FAITH C. GONZALES	05/20/2010
EMPLOYER/BUSINESS NAME	NA	-NOTHING FOLLOWS-		
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	GONZALES			
FIRST NAME	CLARO	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	RESMA			
25. MOTHER'S MAIDEN NAME				
SURNAME	OSEÑA			
FIRST NAME	NECITAS			
MIDDLE NAME	TISBE	(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	MATAASNAKAHOY CENTRAL SCHOOL	PRIMARY	1984	1990	GRADUATE	1990	NA
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	SECONDARY	13/06/1905	18/06/1905	GRADUATE	1996	NA
VOCATIONAL / TRADE COURSE	-NOTHING FOLLOWS-						
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12-28-21
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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.

28. 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 (# applicable) & STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
2019	PRESENT	UTILITY/MESSENGER	Local Government Unit of Mataasnakahoy, Batangas- Municipal Social Welfare and Development Office	6800.00	NA	JOB ORDER	NO
2018	2019	SPRAYER	Municipal Agriculture Office of Mataasnakahoy, Batangas	9000.00	NA	JOB ORDER	NO
2018	2019	SEASONAL FARMER	GOVERNMENT TO GOVERNMENT (KOREA)	95000.00	NA	CONTRACTUAL	NO
1999	2001	LOGISTIC CREW	K & K MOLDING LIMA	8200.00	NA		NO
1997	1999	SAFETY CREW	INTEL GEN TRIAS CAVITE	6000.00	NA		NO
1996	1997	GASOLINE ATTENDANT	PETRON BANAY BANAY, LIPA	3000.00	NA		NO

-NOTHING FOLLOWS-

(Continue on separate sheet if necessary)

SIGNATURE

[Signature]

DATE

12-28-21

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.

NAME & ADDRESS OF ORGANIZATION
(Write in full)INCLUSIVE DATES
(mm/dd/yyyy)

NUMBER OF HOURS

POSITION / NATURE OF WORK

From

To

NA

NA

NA

NA

(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

NA

NA

NA

NA

NA

(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)

COOKING

NA

NA

(Continue on separate sheet if necessary)

SIGNATURE

DATE

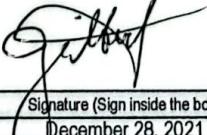
12.28.21

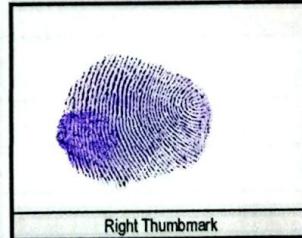
<p>34. * Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____ <hr/>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>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?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: END OF TERM <hr/>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): <hr/>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <hr/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <hr/>

<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p>			 PHOTO
NAME	ADDRESS	TEL NO.	
ELLEN M. ABRAHAM	BRGY IV, MKAHOY	09771423142	
CHONA MAGPANTAY	BRGY III, MKAHOY	09776258186	
ANGELA L. OBTIAL	BRGY NANGKAAN, MKAHOY	09672560724	

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.

<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p>	
<p>Government Issued ID: POSTAL ID</p>	
<p>ID/License/Passport No.: F25200394028</p>	
<p>Date/Place of Issuance: 12/10/2020</p>	

 Signature (Sign inside the box)	
December 28, 2021	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

 GALLY D. TIPAN OIC-Municipal Human Resource Management Officer	
Person Administering Oath	

WORK EXPERIENCE SHEET

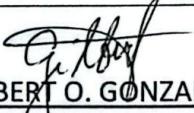
Instructions: 1. Include only the work experiences relevant to the position being applied for.

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

Position applying for : Administrative Aide I (Utility Worker I)

- Duration: August 20,2019 – present
- Position: Job Order (Utility/ Messenger)
- Name of Office/Unit: Office of the MSWD
- Immediate Supervisor: Karen U. Kasilag
- Name of Agency/Organization and Location: Local Government Unit Mataasnakahoy, Batangas
V. Templo Ave. Brgy. IV, Mataasnakahoy, Batangas

- Summary of Actual Duties
 - Maintain cleanliness and orderliness of the office
 - Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.


GILBERT O. GONZALES

(Signature over Printed Name
of Employee/Applicant)

Date: December 28, 2021

APPOINTMENT PROCESSING CHECKLIST

Name	GILBERT O. GONZALES				
Position Title	Administrative Aide I (Utility Worker I)	SG/Step:	1-1		
Monthly Compensation	P 9,026.00	Daily Compensation (Casual)			
Agency	LGU- Mataasnakahoy	Sector :	LGU	GOCC NGA SUC	
AREA	CRITERIA (Q.S. of the Position)	YES	NO	REMARKS (Provide specific details)	
Qualification Standards <i>Does the appointee meet the minimum qualification requirements of the position at the time of issuance of appointment?</i>	1 Education: Must be able to read and write	/	/		
	2 Experience: None Required	/	/		
	3 Training: None Required	/	/		
	4 Eligibility: None Required (MC 11-S. 1996, CAT III)	/	/		
	5 Other Requirements (e.g. Age/Residency for LGU Dept. Heads; Term of Office for SUC President)	/	/		
	Senior HS - Track/Strand Subjects (for DepEd appointments)	/	/		
Common Requirements for Regular Appointments <i>Are the following requirements provided?</i>	6 Original Copy/ies of Appointment (3 copies)	/	/		
	i. CS Form No. 33-A Revised 2018 Appointment Form (Regulated)	/	/		
	ii. CS Form No. 33-B Revised 2018 Appointment Form (Accredited)	/	/		
	iii. CS Form No. 34-A Plantilla of Casual Appointment (Regulated)	/	/		
	iv. CS Form No. 34-B Plantilla of Casual Appointment (Accredited)	/	/		
	v. CS Form No. 34-C Plantilla of Casual Appointment (LGU - Regulated)	/	/		
	vi. CS Form No. 34-D Plantilla of Casual Appointment (LGU - Accredited)	/	/		
	vii. CS Form No. 34-E Plantilla of Casual Appointment (NGA-GOCC-SUC)	/	/		
	viii. CS Form No. 34-F Plantilla of Casual Appointment (LGU)	/	/		
	7 Employment Status	/	/	/	
	i. Provisional Appointment notation for DepEd	/	/	/	
	ii. Is the appointee subject for Probation?	/	/	/	
	A notation that the appointee is under probation for a specified period shall be indicated on the face of the appointment issued	/	/	/	
	8 Nature of Appointment	/	/	/	
9 Signature of Appointing Authority	/	/	/		
10 Date of Signing	/	/	/		
11 Certification of Publication/Posting of VACANT Position <i>(should be duly signed by the authorized HRMO)</i>	/	/	/		
12 Certification by Chairperson of the HRMPSB or the Placement Committee <i>(at the back of appointment)</i>	/	/	/		
Acknowledgement	/	/	/		
13 Original/Photocopy of appointment received by the appointee? <i>Date of receipt indicated?</i>	/	/	/		
14 Properly filled-out Personal Data Sheet (CS Form 212, Revised 2017) <i>except for reappointment (renewal) to temporary, contractual, substitute and provisional appointments</i>	/	/	/		
Submission and Effectivity of Appointment	15 Is the agency accredited?	/	/		
	i. If accredited, was RAI (CS Form No. 2, Revised 2018) with original copy of appointment (CSC copy) and supporting documents submitted to the CSC on or before the 30th day of the succeeding month?	/	/		
	ii. If NOT accredited, was the appointment (3 copies) submitted to the CSC with supporting documents in the prescribed Appointment Transmittal Form (CS Form No. 1, Revised 2018) within 30 calendar days from the date of issuance?	/	/		
	16 Erasures or alterations on the appointments <i>* Certification of Erasures/Alteration on appointment Form (CS Form No. 3, s. 2017) signed by the Appointing Officer /Authority or Any Authorized Official</i>	/	/	/	
	17 With decided administrative/criminal case <i>* Certified true copy of decision issued by the office/court/tribunal</i>	/	/	/	
Additional Requirements in Specific Cases <i>Are the following cases applicable?</i>	18 Discrepancy in name, date/place of birth <i>* Resolution/Order issued by the Commission / CSC Regional Office (CSCRO) concerned correcting the discrepancy</i>	/	/	/	
	19 Change of Civil Status on account of: i. Marriage - Original Marriage Contract/ Certificate duly authenticated by the Philippine Statistics Authority or the Local Civil Registrar) of the municipality /city where the marriage was registered or recorded ii. Annulment or Declaration of Nullity of the same - Authenticated copy of the Court Order and Marriage Certificate/Contract with annotation	/	/	/	
	20 Appointments issued by the SUCs under National Budget Circular (NBC) No. 461 <i>* Copy of DBM-approved NOSCA on the reclassification of position based on NBC NO. 461 and SUC Board Resolution approving the same</i>	/	/	/	
	21 Appointment issued for faculty positions/ranks in fields/courses/colleges in SUCs and LUCs where there is dearth of holders of Master's degree in specific fields <i>* Certification issued by CHED that there is dearth of holders of Master's degree in specific fields</i>	/	/	/	

Additional Requirements in Specific Cases Are the following cases applicable	22	Appointments Requiring Board Resolution such as Head of Agency appointment by the Board, SUC President, Local Water District (LWD) General Manager * Copy of Board Resolution	/	/	
	23	Ban on Issuance of Appointment During Election Period * Resolution issued by the Commission on Elections (COMELEC) en banc, Chairman or Regional Election Director, granting exemption from the prohibition		/	
	24	LGU Appointment <ul style="list-style-type: none"> i. Certification issued by the appointing officer/authority that appointment is issued in accordance with the limitations provided for under Section 325, RA No. 7160; and ii. Certification issued by the Provincial/City/Municipal Accountant that funds are available iii. Appointment to head of department or office, such as Department Head, Administrator, Legal Officer, and Information Officer positions requiring concurrence by the Sanggunian <ul style="list-style-type: none"> * Concurred / Acted by Sanggunian - Sanggunian Resolution embodying the concurrence of the majority of all the members of the Sanggunian * Not Concurred / Acted by Sanggunian - Certification issued by the Sanggunian Secretary or HRMO confirming the non-action by the Sanggunian iv. Creation and reclassification of positions and appropriation of funds <ul style="list-style-type: none"> * Sangguniang Panlalawigan/Panlungsod/Bayan Ordinance 	/	/	N/A
	25	Appointment involving Demotion <ul style="list-style-type: none"> i. Non-Disciplinary in Nature <ul style="list-style-type: none"> * Certification issued by the agency head that the demotion is not the result of an administrative case; and * Written consent by the employee that he/she interposes no objection to his/her demotion 		/	
	26	Temporary and Provisional Appointment <ul style="list-style-type: none"> * Certification issued by the appointing officer/ authority vouching the absence of an applicant who meets all the qualification requirements of the position (CS Form No. 5, Revised 2018) 		/	
	27	Reclassification <ul style="list-style-type: none"> * NOSCA approved by the DBM/Memo Order issued by Governance Commission for GOCCs (GCG) 		/	
	28	ORIGINAL COPY OF AUTHENTICATED CERTIFICATE OF ELIGIBILITY/ RATING/ LICENSE - Except if the eligibility has been previously authenticated in 2004 or onward and recorded by the CSC		/	
	29	Position Description Form (DBM-CSC Form No. 1, Revised 2017)	/		
	30	Oath of Office (CS Form No. 32, Revised 2018)	/		
	31	Certification of Assumption to Duty (CS Form No. 4, Revised 2018)	/		
Documents Submitted	32	Performance Rating in the last period (Promotion or Transfer)		/	
	33	Justification (if the promotion is more than 3 SG)		/	
	34	Electronic file stored in CD/flash drive or sent thru email + 2 printed copies of: <ul style="list-style-type: none"> i. Appointment Transmittal and Action Form (ATAF) (CS Form No. 1 rev. 2018) or ii. Reports on Appointment Issued (RAI) (CS Form No. 2 rev. 2018) 	/		
	35	Others:			

CSC FO Recommendation:

APPROVAL/VALIDATION

DISAPPROVAL/INVALIDATION

OTHERS, specify: _____

Remarks (Indicate the reasons for disapproval/validation)

Evaluated:	Verified:	Recommended:
Date:	Date:	Date:

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Revised 2018



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

Mr. GILBERT O. GONZALES

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(Position Title)

Permanent status at the **Office of the Local Disaster Risk Reduction and Management**
(Permanent, Temporary, etc.) (Office/Department/Unit)

Nine Thousand Twenty Six Pesos (P 9,026.00)

per month.

The nature of this appointment is Original vice MARY ROSE L. TIPAN
(Original, Promotion, etc.)

who was Transferred with Plantilla Item No. 13 Page 1.
(Transferred, Retired, etc.)

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

Very truly yours,

~~JANET MAGPANTAY ILAGAN~~
~~Municipal Mayor~~

January 6, 2022
Date of Signing

CSC ACTION:

DRY SEAL.

Authorized Official

Date

(Stamp of Date Release)

Certification

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The position was published at CSC Job Portal from December 14, 2021 to December 29, 2021 and posted in CSC-FO Batangas , Public Market, Office Lobby from December 14, 2021 to December 29, 2021 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on January 4, 2022.



GALLY D. TIPAN

OIC- Mun. Human Resource Management 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 January 5, 2022.



JANET MAGPANTAY ILAGAN
Municipal Mayor

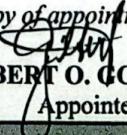
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Original Copy - for the Appointee
Original Copy - for the Civil Service Commission
Original Copy - for the Agency

Acknowledgement

Received original/photocopy of appointment on January 6, 2022



GILBERT O. GONZALES
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	GONZALES		
FIRST NAME	GILBERT		
MIDDLE NAME	OSEÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/14/1976	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	BATANGAS		
5. SEX	<input checked="" type="checkbox"/> Male <input 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 ZIP CODE	19 House/Block/Lot No. Street NA III Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
7. HEIGHT (m)	1.73		
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS ZIP CODE	19 House/Block/Lot No. Street NA III Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
10. GSIS ID NO.	NA		
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	04-1018003-5818-00037		
13. SSS NO.	040983229-3	19. TELEPHONE NO.	4619974
14. TIN NO.	918-812-146	20. MOBILE NO.	09770923216
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	blank08162005@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GONZALES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	SHERRY ANN	NAME EXTENSION (JR., SR) NA	ALEXANDER C. GONZALES
MIDDLE NAME	CARPIO		AUDRIC KEN C. GONZALES	06/10/2008
OCCUPATION	OFW		ANNAIAH FAITH C. GONZALES	05/20/2010
EMPLOYER/BUSINESS NAME	NA		-NOTHING FOLLOWS-	
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	GONZALES			
FIRST NAME	CLARO	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	RESMA			
25. MOTHER'S MAIDEN NAME				
SURNAME	OSEÑA			
FIRST NAME	NECITAS			
MIDDLE NAME	TISBE		(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	MATAASNAKAHOY CENTRAL SCHOOL	PRIMARY	1984	1990	GRADUATE	1990	NA
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	SECONDARY	13/06/1905	18/06/1905	GRADUATE	1996	NA
VOCATIONAL / TRADE COURSE	-NOTHING FOLLOWS-						
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE

DATE

12-28-21

IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

28. 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 : 00-00) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
2019	PRESENT	UTILITY/MESSENGER	Local Government Unit of Mataasnakahoy, Batangas- Municipal Social Welfare and Development Office	6800.00	NA	JOB ORDER	NO
2018	2019	SPRAYER	Municipal Agriculture Office of Mataasnakahoy, Batangas	9000.00	NA	JOB ORDER	NO
2018	2019	SEASONAL FARMER	GOVERNMENT TO GOVERNMENT (KOREA)	95000.00	NA	CONTRACTUAL	NO
1999	2001	LOGISTIC CREW	K & K MOLDING LIMA	8200.00	NA		NO
1997	1999	SAFETY CREW	INTEL GEN TRIAS CAVITE	6000.00	NA		NO
1996	1997	GASOLINE ATTENDANT	PETRON BANAY BANAY, LIPA	3000.00	NA		NO

-NOTHING FOLLOWS

(Continue on separate sheet if necessary)

SIGNATURE

[Signature]

DATE

12-28-21

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29

(Continue on separate sheet if necessary)

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

(Continue on separate sheet if necessary)

VII. OTHER INFORMATION

31. SPECIAL SKILLS and Hobbies	32. Non-Academic Distinctions / Recognition (Write in full)	33. Membership in Association/Organization (Write in full)
COOKING	NA	NA

(See Notes on opposite sheet if necessary)

SIGNATURE  DATE 12-28-21
(Continue on separate sheet if necessary)

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>END OF TERM</p> <hr/>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> <hr/>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____</p>

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

NAME	ADDRESS	TEL NO.
ELLEN M. ABRAHAM	BRGY IV, MKAHOY	09771423142
CHONA MAGPANTAY	BRGY III, MKAHOY	09776258186
ANGELA L. OBTIAL	BRGY NANGKAAN, MKAHOY	09672560724

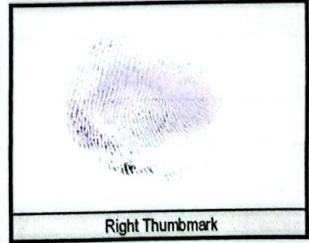


PHOTO

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: POSTAL ID	
ID/License/Passport No.: F25200394028	
Date/Place of Issuance: 12/10/2020	

Signature (Sign inside the box)
December 28, 2021
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

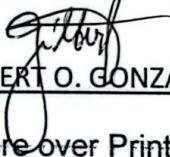
GALLY D. TIPAN
OIC-Municipal Human Resource Management Officer
Person Administering Oath

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*

Position applying for : Administrative Aide I (Utility Worker I)

- Duration: August 20, 2019 – present
 - Position: Job Order (Utility/ Messenger)
 - Name of Office/Unit: Office of the MSWD
 - Immediate Supervisor: Karen U. Kasilag
 - Name of Agency/Organization and Location: Local Government Unit Mataasnakahoy, Batangas
V. Templo Ave. Brgy. IV, Mataasnakahoy, Batangas
-
- Summary of Actual Duties
 - Maintain cleanliness and orderliness of the office
 - Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.



GILBERT O. GONZALES

(Signature over Printed Name
of Employee/Applicant)

Date: December 28, 2021



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Mr. GILBERT O. GONZALES as Administrative Aide I (Utility Worker I) in the Office of the Local Disaster Risk Reduction and Management 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 LAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL ACCOUNTANT

CERTIFICATION

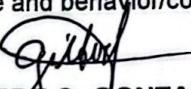
THIS IS TO CERTIFY that funds are available for the position of Administrative Aide I (Utility Worker I) in the Office of the Local Disaster Risk Reduction and Management of this municipality, with Salary Grade 1 amounting to ONE HUNDRED EIGHT THOUSAND THREE HUNDRED TWELVE PESOS (P 108,312.00) per annum as per Annual Budget CY-2022 of this municipality.

Issued this 6th day of January , 2022 at Mataasnakahoy, Batangas.



LENILYN C. CARAAN
Municipal Accountant

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 <small>(Revised Version No. 1, s. 2018)</small>		1. POSITION TITLE (as approved by authorized agency) with parenthetical title Administrative Aide I (Utility Worker I)													
2. ITEM NUMBER		3. SALARY GRADE													
13		1													
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS															
<input type="checkbox"/> Province <input type="checkbox"/> City <input type="checkbox"/> Municipality		<input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input checked="" type="checkbox"/> 4th Class	<input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special												
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT		6. BUREAU OR OFFICE													
Local Government Unit of Mataasnakahoy, Batangas		Office of the Local Disaster Risk Reduction and Management													
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK													
Office of the Local Disaster Risk Reduction and Management		Office of the Local Disaster Risk Reduction and Management													
9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED	12. OTHER COMPENSATION												
SB Res. Blg. 236-S- 2021/ Budget Ordinance Blg. 26-S- 2021	SB Resolution No. 170-S- 2020, Ordinance of Budget No. 47-S-2020	P 9,026.00	<table> <tr> <td>PERA</td> <td>P 2,000.00</td> </tr> <tr> <td>Clothing Allow.</td> <td>6,000.00</td> </tr> <tr> <td>Cash Gift</td> <td>5,000.00</td> </tr> <tr> <td>Year End Bonus</td> <td>9,026.00</td> </tr> <tr> <td>Mid-year Bonus</td> <td>9,026.00</td> </tr> <tr> <td>PEI</td> <td>5,000.00</td> </tr> </table>	PERA	P 2,000.00	Clothing Allow.	6,000.00	Cash Gift	5,000.00	Year End Bonus	9,026.00	Mid-year Bonus	9,026.00	PEI	5,000.00
PERA	P 2,000.00														
Clothing Allow.	6,000.00														
Cash Gift	5,000.00														
Year End Bonus	9,026.00														
Mid-year Bonus	9,026.00														
PEI	5,000.00														
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR													
Local Disaster Risk Reduction and Management Officer II		N/A													
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED <i>(if more than seven (7) list only by their item numbers and titles)</i>															
POSITION TITLE		ITEM NUMBER													
N/A															
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK															
Broom, Dustpan, Telephone, Ballpen, Logbook,															
17. CONTACTS / CLIENTS / STAKEHOLDERS															
17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent										
Executive / Managerial Supervisors Non-Supervisors Staff	<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
			Public Other Agencies Others (Please Specify):												
18. WORKING CONDITION															
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	Other/s (Please Specify)												
Field Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>													
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION Sets direction, implementation and coordination of disaster management programs within the territorial directions and shall organize, train, and directly supervise the local emergency response team and the Accredited Community Disaster Volunteers (ACDVs).															
20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary) Maintenance of cleanliness, orderliness of the office and does other related work and may assist the Local Disaster Risk Reduction and Management Officer II in the conduct of disaster monitoring and public raising awareness.															

21. QUALIFICATION STANDARDS			
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Must be able to read and write	None required	None required	None Required MC 11, s.96- Cat III)
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet
22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)			
<i>Percentage of Working Time</i>	<i>(State the duties and responsibilities here.)</i>		
10%	Maintenance of the cleanliness and orderliness of the office;		
5%	Maintain the inventory of DRRM Equipment and Supplies		
5%	Assist in the conduct of disaster monitoring and public raising awareness.		
15%	Assist in the Coordination of DRRM Activities.		
15%	Assist in the management of the adverse effects of emergencies		
5%	Perform other duties and responsibilities that may be assigned by immediate supervisor 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.			
 GILBERT O. GONZALES 01/06/22 Employee's Name, Date and Signature		 GALLY D. TIPAN 01/06/22 Municipal Health Officer, Date and Signature	



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, GILBERT O. GONZALES of Brgy. III, 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.


GILBERT O. GONZALES
(Signature over Printed Name of the Appointee)

Government ID: POSTAL ID
ID Number : PRN F25200394028
Date Issued : N/A

Subscribed and sworn to before me this 6th day of January, 2022 in Mataasnakahoy Batangas, Philippines.


JANET MAGPANTAY ILAGAN
Municipal Mayor



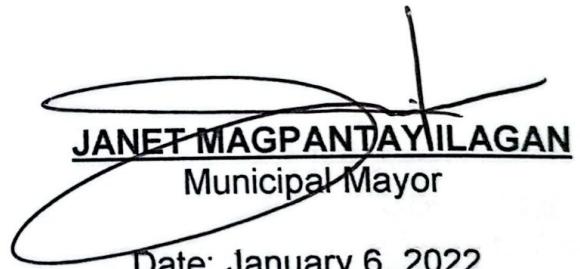
Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Mr. GILBERT O. GONZALES has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Local Disaster Risk Reduction and Management effective January 6, 2022.

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

Done this 6th day of January, 2022 in Mataasnakahoy, Batangas.


~~JANET MAGPANTAY ILAGAN~~
Municipal Mayor
Date: January 6, 2022

Attested by:


GALLY D. TIPAN
OIC- Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

PERFORMANCE CONTRACT

January 6, 2022 to April 6, 2022
May 7, 2022 to August 6, 2021

NAME OF EMPLOYEE : GILBERT O. GONZALES
POSITION : Administrative Aide I (Utility Worker I)

1. Maintain the cleanliness and orderliness of the office.
2. Maintain the inventory of DRRM Equipment and Supplies.
3. Assist in the conduct of disaster monitoring and public raising awareness.
4. Assist in the coordination of DRRM Activities.
5. Assist in the management of the adverse effects of emergencies.
6. Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.

Prepared by:


GILBERT O. GONZALES

Administrative Aide I (Utility Worker I)

Conforme:


GALLY D. TIPAN
OIC- Mun. Human Res. Mgt. Officer


JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

PERFORMANCE CONTRACT

January 6, 2022 to April 6, 2022
May 7, 2022 to August 6, 2021

NAME OF EMPLOYEE : GILBERT O. GONZALES
POSITION : Administrative Aide I (Utility Worker I)

1. Maintain the cleanliness and orderliness of the office.
2. Maintain the inventory of DRRM Equipment and Supplies.
3. Assist in the conduct of disaster monitoring and public raising awareness.
4. Assist in the coordination of DRRM Activities.
5. Assist in the management of the adverse effects of emergencies.
6. Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.

Prepared by:


GILBERT O. GONZALES

Administrative Aide I (Utility Worker I)

Conforme:


GALLY D. TIPAN
OIC- Mun. Human Res. Mgt. Officer


JANET MAGPANTAY ILAGAN
Municipal Mayor

MUNICIPAL FORM NO. 102—(Revised Dec. 1, 1958)

(TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY IN INK OR TYPEWRITER)

Register Number:

Province: Batangas

City or Municipality: MATAASNAKAHAY

(a) Civil Registrar-General No. 416 (J-76)
(b) Local Civil Registrar No.

1. PLACE OF BIRTH

a. PROVINCE Batangas

b. CITY OR MUNICIPALITY MATAASNAKAHAY

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Poblacion

d. Is PLACE OF BIRTH INSIDE CITY LIMITS?

YES NO

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE Batangas

b. CITY OR MUNICIPALITY MATAASNAKAHAY

c. NUMBER AND STREET Poblacion

d. Is RESIDENCE INSIDE CITY LIMITS?

YES NO e. Is RESIDENCE ON A FARM? YES NO

(834)

CHILD

FATHER

MOTHER

3. NAME (Type or print)

First Gilbert

Middle OSENIA

Last GONZALES

4. SEX

Ed. THIS BIRTH

MALE

SINGLE TWIN TRIPLET

5. If TWIN OR TRIPLET, WAS CHILD

1ST 2ND 3RD

6. DATE OF BIRTH

Month OCT

Day 14 Year 1976

7. NAME

First CLAUDIO

Middle RESINA

Last GONZALES

RELIGION

CATH.

7. NATIONALITY

ED. RACE

FILIPINO

BROWN

8. AGE (At time of birth)

Years

28

BIRTHPLACE

SARL. ANTONIO TIAONG DUCAN

RELIGION

CATH.

10. BIRTHPLACE

Poblacion

RELIGION

CATH.

11. USUAL OCCUPATION

MERCHANT

12. MAIDEN NAME

NECETAS

First

MIDDLE

LAST

RELIGION

CATH.

13. NATIONALITY

ED. RACE

BROWN

14. AGE (At time of birth)

Years

30

BIRTHPLACE

Mataasnakahay

RELIGION

CATH.

15. PREVIOUS DELIVERIES TO MOTHER

(Do not include this birth)

2

a. How many children are now living?

4

b. How many other children were born alive but are now dead?

0

c. How many stillborns (fetus) were born dead and time after last confinement?

0

16. ATTENDANT AT BIRTH

d. DATE SIGNED BY ATTENDANT AT BIRTH

October 19, 1976

e. TITLE OF ATTENDANT AT BIRTH

MIDWIFE

NURSE

OTHERS (Specify)

17. a. SIGNATURE: JOSE L. LOOTOC

b. NAME IN PRINT: JOSE L. LOOTOC

c. TITLE OR POSITION: L.C.R.

d. DATE: 10-19-76

18. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

JOSE L. LOOTOC

L.C.R.

10-19-76

19. LENGTH OF PREGNANCY

36

COMPLETED WEEKS

1

20. WEIGHT AT BIRTH

6

LB.

OZ.

BYES

D 10

1

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

10-19-76

1

22. a. SIGNATURE: CLAIRE DENNIS S. MAPA, Ph.D.

NAME IN PRINT: CLAIRE DENNIS S. MAPA, Ph.D.

TITLE OR POSITION: CLAIRE DENNIS S. MAPA, Ph.D.

DATE: OCTOBER 19, 1976

1

23. LEGITIMATE

YES

D 10

1

24. a. SIGNATURE: CLAIRE DENNIS S. MAPA, Ph.D.

NAME IN PRINT: CLAIRE DENNIS S. MAPA, Ph.D.

TITLE OR POSITION: CLAIRE DENNIS S. MAPA, Ph.D.

DATE: OCTOBER 19, 1976

1

25. THIS CERTIFICATE IS PREPARED BY:

CLAI

RE



Municipal Form No. 97 (Form No. 13)
(Revised January 1990)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF MARRIAGE

Province LAGUNA
City/Municipality SAN PABLO

Registry No.

2109 3703

(COPY FOR OCRG)

						REMARKS/ANNOTATION			
Name of Contracting Parties	(first) <u>GILBERT O. GONZALES</u>	(middle initial)	(last)	(first) <u>SHERRY ANN S. CARPIO</u>	(middle initial)	(last)	FOR OCRG USE ONLY: Population Registration No. (husband)		
Date of Birth/Age	(day) <u>14</u>	(month) <u>Oct.</u>	(year) <u>1976</u>	(age) <u>26</u>	(day) <u>25</u>	(month) <u>Nov.</u>	(year) <u>1979</u>	(age) <u>23 & 4</u>	(Wife)
Place of Birth	<u>Mataas na Kahoy, Bata.</u>			<u>San Pablo City</u>					
Sex (Male or Female)	Male	Female							
Citizenship	Filipino			Filipino					
Residence	<u>Mataas na Kahoy, Bata.</u>			<u>Brgy. San Marcos, San Pablo City, Leg.</u>					
Religion	Catholic			Catholic					
Civil Status	Single			Single					
Name of Father	(first) <u>Cleto</u>	(middle initial) <u>Gonzales</u>	(last)	(first) <u>Harvey</u>	(middle initial) <u>Carpio</u>	(last)			
Citizenship	Filipino			Filipino					
Name of Mother	(first) <u>Necita</u>	(middle initial) <u>Oseña</u>	(last)	(first) <u>Nilda</u>	(middle initial) <u>Suarez</u>	(last)			
Citizenship	Filipino			Filipino					
Persons who gave consent or advice	(first) <u>legal age</u>	(middle initial)	(last)	(first) <u>Mr. & Mrs.</u>	(middle initial) <u>Harvey</u>	(last) <u>Carpio</u>			
Relationship	X X X			parents					
Residence	X X X			<u>Brgy. San Marcos, San Pablo City</u>					

Place of Marriage Natra. Sra. delos Remedios Parish Church
(Office of the House of Barangay of Church of Nuestra Señora de la Consolación, San Pablo City)

Date: 21st May 2003 Address: 9:30 A.M.
(day) 21 (month) May (year) 2003 Time: 9:30 A.M.

THIS IS TO CERTIFY That I, GILBERT O. Gonzales and I, SHERRY ANN S. CARPIO, 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 not entered into a marriage settlement.

have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we sign/mark with our finger print this certificate in quadruplicate this 21st day of May 2003.

GILBERT O. GONZALESSHERRY ANN S. CARPIO

(Signature of Husband)

(Signature of Wife)

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:

0002124 Apr. 8, 2003

Marriage license issued on Apr. 8, 2003 in favor of said parties, was exhibited to me.

no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 200.

the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083

REV. FR. PABLO T. BUGAY, JR.

(Signature of Solemnizing Officer)

OATH/OATHLETION

(Religious Affiliation, Registry No. and Expiration Date, if applicable)

Froyed Bersa
MR. PROSECO OSEÑA
MR. GENERIO C. SUAREZ

WITNESSES

(Print Name and Sign)
MRS. MA. VILLA E. AGUILA
MRS. LOURDES R. SUAREZ

RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

L. Whaley
Signature
Name in Print
NUDEL E. FERNANDEZ
REGISTRATION CERT. NO. 11
REGISTERED POSITION
ASST. CITY CIVL REGISTRAR
Date Received

07023-E3-105CUI-01766-MI002

BEST POSSIBLE IMAGE



T105070231059176603252019002

FN100747821

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

Republic of the Philippines
Department of Justice
National Bureau of Investigation



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.
G524JGNT67-LA614397

FAMILY NAME
GONZALES

MIDDLE NAME
OSENA

ADDRESS
BARANGAY III (LONGOS) MATAASNAKAHOY BATANGAS

DATE OF BIRTH
October 14, 1976

CITIZENSHIP
FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

VALID UNTIL
January 18, 2022

FIRST NAME
GILBERT

HUSBAND'S SURNAME

PLACE OF BIRTH
MATAASNAKAHOY, BATANGAS

CIVIL STATUS
MARRIED

GENDER
MALE

SIGNATURE



Date Printed: Thursday, 21 January 2021 07:58 AM

Agency **OW27** DATID **colladoh**
CASID **colladoh** BIOD **colladoh**
O.R. No. **MP3SVNUCYA** RECID **yamsuann**
O.R. Date **01/18/2021 1:50:11 PM** INTID
DST PAID PRTID **colladoh**



G524JGNT67-LA614397

ERIC B. DISTOR
Officer-in-Charge

Republic of the Philippines
Department of Justice
National Bureau of Investigation



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FAMILY NAME
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DATE OF BIRTH
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CITIZENSHIP
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DST PAID PRTID **colladoh**

PERSONAL COPY



G524JGNT67-LA614397

ERIC B. DISTOR
Officer-in-Charge

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	
GONZALES, GILBERT OSENA		LGU - MATAASNAKAHAY BATANGAS	
ADDRESS BARANGAY III, MATAASNAKAHAY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
45	MALE	MARRIED	ADMINISTRATIVE AIDE / (UTILITY WORKER 1)

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 <i>Amancio Mcaraan, Karla</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician: <i>Mataasnakahay MTO</i>			
LICENSE NO. <i>13442</i>	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION <i>MTO</i>	DATE EXAMINED <i>1/4/22</i>		

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	
GONZALES, GILBERT USEÑA		LGU - MATAASNAKAHOO, BATANGAS	
ADDRESS			
BARANGAY III, MATAASNAKAHOO BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
45	MALE	MARRIED	ADMINISTRATIVE AIDE / (UTILITY WORKER 1)

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 <i>Karla Caraan</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician: <i>MIO Mataasnakahoo</i>			
LICENSE NO. <i>13448</i>	HEIGHT (M) Bare Foot <i>143</i>	WEIGHT (KG) Stripped <i>67</i>	BLOOD TYPE <i>O</i>
OFFICIAL DESIGNATION <i>MHD</i>	DATE EXAMINED <i>1/4/22</i>		