

CYNTHIA M. HERNANDEZ

7-F Gomez Street, Blk. 2, Gordon Heights, Olongapo City

Contact No.: (+63918) 429-0206/ (+63918) 579-3293

E-mail: Aiezzys@yahoo.com

SSS#:02-2013946-3

TIN#: 225-985-156



PERSONAL INFORMATION

Date of Birth : 25 May 1978
Place of Birth : Olongapo City, Philippines
Age : 27 yrs. Old
Religion : Roman Catholic

EDUCATIONAL ATTAINMENT:

College : **Bachelor of Science in Accountancy**
Columban College
Olongapo City, Philippines
1997 - March 2001

Bachelor of Science Major in Medical Technology
Far Eastern University
Morita, Sampaloc, Manila
1995-1997 undergraduate

Secondary : St. Joseph's School
Olongapo City, Philippines
1991-1995

Primary : St. Joseph's Elementary School
Olongapo City, Philippines
1985-1991

SPECIAL SKILLS

- Computer literate/ Proficient in Microsoft Office
- Driving possessing a non-professional driver's license

EMPLOYMENT BACKGROUND

CROUPIER

Legend International Resorts, Ltd.

Subic Bay Freeport Zone, Philippines

8 June 2004-14 March 2005

Job Description:

- Deals games accurately ensuring that gaming policies and procedures are strictly followed and that all table transactions are carried out correctly at all times without security measures violations.

PRODUCTION OPERATOR

Sankyo Seiki (Phils.) Mfg., Corp.

Block B Subic Techno Park, Argonaut Highway, Boton Area

Subic Bay Freeport Zone, Philippines

24 July 2003-15 January 2004

Responsibilities:

- Responsible to produce world-class quality products that will satisfy the customer needs and expectations
- Operating "U-washing" machine
- Operating "de-ionized washing" machine
- Air blowing of part after washing
- Operating "oven" for thorough drying of parts
- Responsible for updating of monitoring boards
- Responsible for meeting the target mark-up
- Perform such other duties as directed by my superiors

ON-THE-JOB TRAINING

Receiving Clerk

One Stop Export Documentation Center

Subic Bay Metropolitan Authority, Freeport Zone

Philippines

December 1999-March 2000

Responsibilities:

- Responsible in admission and evaluation of export documentation
- Responsible in filling of export documents and written authorization
- Responsible in encoding daily transactions
- Perform such other duties as directed by my superiors

I do hereby certify that the above information is true and correct to the best of my knowledge.



Cynthia M. Hernandez



Municipal Form No. 97 (Form No. 13)
(Revised January 1993)

(To be accomplished in quadruplicate)

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

REMARKS/ANNOTATION

Province	OLONGAPO CITY						Registry No.	201-1064					
Name of Contracting Parties	(HUSBAND)			(WIFE)			FOR OCRG USE ONLY: Population Reference No. (Husband)						
	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)	[]						
Date of Birth/Age	(day)	(month)	(year)	(age)	(day)	(month)	(year)	(Wife)					
Place of Birth	Olongapo City			Olongapo City			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR						
Sex (Male or Female)	Male			Female			80						
Citizenship	Filipino			Filipino			3 6 1 0 1 2 4						
Residence	Olongapo City			Olongapo City			87						
Religion	Catholic			Catholic			88						
Civil Status	Single			Single			90						
Name of Father	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)	92						
Citizenship	Filipino			Filipino			93						
Name of Mother	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)	94						
Citizenship	Filipino			Filipino			99						
Persons who gave consent or advice	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)	104						
Relationship	Parents			Parents			105						
Residence	Olongapo City			Olongapo City			106						

Place of Marriage: **ST. JOSEPH PARISH CHURCH**
 (Office of the **OLONGAPO CITY** of Church of/Mosque of)
 Date: **14 October 2001** Address: **2:00 P.M.**
 Time: **2:00 P.M.**

THIS IS TO CERTIFY **Cynthia A. Mallari** and I, **Erickson P. Hernandez**, 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 signed/marked with our finger print, this certificate in quadruplicate this **14** day of **October**, **2001**.
Erickson P. Hernandez (Signature of Husband)
Cynthia A. Mallari (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: **7314691** issued on **10 September 2001** at **Olongapo City** in favor of said parties, was exhibited to me.
 no marriage license was necessary, the marriage being solemnized under Art. 209 of Executive Order No. 209.
 the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1053
MSGR. CRISOSTOMO A. CACHO V.G.
 (Signature of Catholic Priest)

RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
ROBERT M. FRANCIS
 ASST. DEPT. HEAD III
 CIVIL REGISTRAR
 Title or Position
OGI 15 2001
 Date Received
01090

2564 (Position/Designation) **December 31, 2002**
 (Religious Affiliation, Registry No. and Expiration Date, if applicable)
 WITNESSES
 (Print Name and Sign)
Joachim Marquez
Gilda Coray
Annita Cortez
Allene Pascual
Natasha Calapitan
Bernarda Anito
Sonia Peralta

01818-FA-003LMP-00957-MI001

BEST POSSIBLE IMAGE



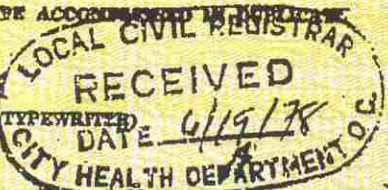
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Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office



CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITING)



Province: Zamboales
City or Municipality: Olongapo City

Register Number:
(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 3 (2) F-7

1. PLACE OF BIRTH

a. PROVINCE Zamboales

b. CITY OR MUNICIPALITY Olongapo City

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

d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes No

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

a. PROVINCE Zamboales 7107C

b. CITY OR MUNICIPALITY Olongapo City 7107C

c. NUMBER AND STREET #1 Makatarungan St., W.B.B. 0

d. IS RESIDENCE INSIDE CITY LIMITS? Yes No

e. IS RESIDENCE ON A FARM? Yes No 1

B. NAME (Type or print) First Middle Last
GENESIA ABUARA MALLARI 05

4. SEX Female 5a. THIS BIRTH SINGLE 5b. IF TWIN OR TRIPLET, WAS CHILD 1ST 2ND 3RD

6. DATE OF BIRTH 25
Month May Day 25 Year 1978

7. NAME First Middle Last Bayani Valera Mallari

9. AGE (At time of this birth) 31 Years

10. BIRTHPLACE Olongapo City

RELIGION Catholic 8. NATIONALITY Filipino 9a. RACE Brown 78

11a. USUAL OCCUPATION Electrician - 11b. KIND OF BUSINESS OR INDUSTRY SELF 1

12. MAIDEN NAME First Middle Last Hernandez Eligio Adnara

14. AGE (At time of this birth) 30 Years

15. BIRTHPLACE Honanda, Sarlas

RELIGION Catholic 13. NATIONALITY Filipino 13a. RACE Brown 31

14. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 1 85

17a. INFORMANT'S SIGNATURE: Bayani Y. Mallari
b. NAME IN PRINT: BAYANI Y. MALLARI
c. ADDRESS: #1 Makatarungan St., W.B.B.

a. How many children are now living? 1
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (miscarriage, stillborn, or any time after conception)? 0

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
Please see above

19. I HEREBY CERTIFY that I attended the birth of the child who was born alive at 2:35 clock P.M. on the date above indicated.

c. SIGNATURE: [Signature]
d. NAME IN PRINT: [Name]
e. ADDRESS: Afable Medical Center

ATTENDANT AT BIRTH

d. DATE SIGNED BY ATTENDANT AT BIRTH June 2, 1978 2

e. TITLE OF ATTENDANT AT BIRTH [Title] 2

M.D. MIDWIFE OTHERS (Specify) _____

20. REGISTERED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: [Signature]
b. NAME IN PRINT: BERNARD TORRES, M.D., C.M.
c. TITLE OR POSITION: CITY HEALTH OFFICER
d. DATE: June 19, 1978

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT? 0605
b. DATE WHEN GIVEN NAME WAS SUPPLIED: _____

22a. LENGTH OF PREGNANCY 40 COMPLETED WEEKS

22b. WEIGHT AT BIRTH 8 LBS. 0 OZ.

23. LEGITIMATE Yes No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
Month March Day 8 Year 1970
(Month) Honanda (Date) Sarlas (Year)

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: [Signature]
NAME IN PRINT: MATILDA A. LADA
TITLE OR POSITION: CITY HEALTH OFFICER
DATE: June 2, 1978

0590

01816-B1-003MBD-02513-BI001

BEST POSSIBLE IMAGE



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07107-A78KR01-7

[Signature]

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

D.E.O.I. : ALVIN
I.C.O.I. : FRANI
C.O.I. : ALVIN
M.N.I.S.R. : 47KR
Q.C.O.I. :
R.A.I. : JONI
P.O.I. : BLUE
Agency Code : 09 - OLSO
Date Printed: NOV 03, 2005

Republika ng Pilipinas
(Republic of the Philippines)
Kagawaran ng Katarungan
(Department of Justice)
PAMBANSANG KAWANIHAN NG PAGSISIYASAT
(NATIONAL BUREAU OF INVESTIGATION)
Maynila
(Manila)

4020411
PHOTO NO: 101105E00200
OR NO: 17073017
ORIGINAL
COPY

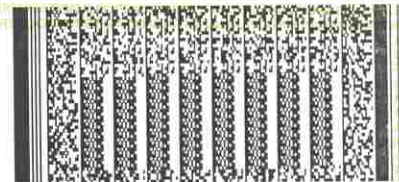
NBI ID Number	Date	Sequence No.
H515C5DEZIA0000	OCT 11, 2005	1-E296038

PAGE 1 of 1 PAGE

TO WHOM IT MAY CONCERN:

This is to certify that the person whose name, picture and right thumb print appear hereon has requested a **RECORD CLEARANCE** from this office and the result(s) is/are listed below:

NAME : **MALLARI de HERNANDEZ, CYNTHIA y ADSUARA**
ADDRESS : 7F GOMEZ ST GH OLONGAPO CITY
D.P.O.B. : MAY 25, 1978 OLONGAPO CITY
REMARKS : NO DEROGATORY RECORD



THIS CERTIFICATE IS ISSUED FOR TRAVEL ABROAD
VALID FOR ONE YEAR FROM DATE OF ISSUE

DOCUMENTARY
STAMP
(15.00)
PAID


GEN. REYNALDO G. WYCOCO
Director



Not valid without dry seal and thumb print



LEGEND INTERNATIONAL RESORTS LTD.
SUBIC LEGEND RESORTS & CASINO, INC.

This is to certify that

Cynthia M. Hernandez


has successfully completed the Casino Training on

Baccarat

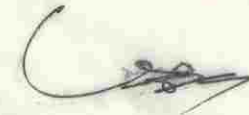
Presented this 15th of June 2004 at LORL, Subic Bay Freeport Zone

Olongapo City, Philippines

(Training period: April 19 - May 21, 2004)


Ms. Josephine M. Garcia

Senior Pit Boss/Training Manager



Mr. Wong Jyh Liang

Casino Operations Manager



The Legend Lives On, ...

LEGEND INTERNATIONAL RESORTS LTD.

Subic Bay Freeport Zone, Zambales, Philippines 2200

Tel. (63)(2) 732-9888 (63)(47) 252-1888 Fax (63)(2) 712-8575

E-mail: form@legendanet.com Website: www.subiclegend.com

May 18, 2005

Ref# HRIS-05-0383

RECORD AND CERTIFICATION OF EMPLOYMENT WITH LEGEND INTERNATIONAL RESORTS LIMITED

This is to certify that the following information were extracted from the official personnel records of **Ms. Cynthia M. Hernandez**, with Employee No. C-0923 and SSS No. 02-2013946-3:

<u>INCLUSIVE DATES OF EMPLOYMENT</u>	<u>POSITION TITLE</u>	<u>DEPARTMENT</u>
June 8, 2004 – March 14, 2005	Croupier	Casino

This Certification is issued upon the request of the above-named employee for employment purposes.

Cruz
HELEN CUA-CRUZ *5/18/05*
 Assistant Manager – Recruitment & Training
arc

Not valid without seal.



Sankyo

Sankyo Seiki (Phils.) Mfg. Corp.

Sankyo

Tel No. (63) (47) 252-5828

Tel No. (63) (47) 252-5829

Block B, Subic Technopark,
Subic Bay Freeport Zone 2222, Philippines

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

This certifies that **Ms. CYNTHIA MALLARI HERNANDEZ** was employed in this Company as Female Operator at Production 2 - Production 2 (PP) Section from 24 July 2003 to 14 January 2004.

This further certifies that Ms. Hernandez was in good standing until the time of her separation due to end of contract and had been cleared of all accountabilities in connection with her work at Sankyo Seiki Philippines.

Issued to Ms. Hernandez on this 30th day of January 2004 at Sankyo Seiki (Philippines) Manufacturing Corporation, Subic Technopark, Subic Bay Freeport Zone.


Loida M. Gomez MPT
HRD Section Manager



O S E D C

One Stop Export Documentation Center - Subic

Bldg. 228, Waterfront Road, Subic Bay Freeport Zone, Olongapo City.

Tel. No. (047) 252-2673, Fax No. (047) 252-2670

OSEDC

Management
Committee

DEPARTMENT OF
TRADE & INDUSTRY
Region 3

Chair/Convenor

Members

PHILIPPINE
EXPORTERS
FOUNDATION
Region 3

SUBIC BAY
METROPOLITAN
AUTHORITY

BUREAU OF
CUSTOMS

GARMENTS &
TEXTILE EXPORT
BOARD

DEPARTMENT OF
AGRICULTURE
Region 3

BUREAU OF
FISHERIES &
AQUATIC
RESOURCES
Region 3

CERTIFICATION

This is to certify **Ms. CYNTHIA A. MALLARI** has been employed in this company from December 1999 until March 2000 as one of our office trainees.

As part of her training she was authorized to assume the RECEIVING CLERK functions, mainly responsible for the admission and evaluation of export declaration applications being processed by this office.

Relative to her stint as trainee, she was found to be hardworking and dedicated on every assigned task.

This certification is issued to Ms. Mallari for whatever legal purpose or intent it may serve her best.

Done this 21st of July, 2003 at OSEDC Subic office, Bldg. 228, Waterfront Road, Subic Bay Freeport Zone.

By:

NOEL O. TULIAO
OSEDC Subic Manager



ISO 9001 : 2000
CIP/S120/02/10/312

The 1st ISO-certified OSEDC in the Philippines