CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CŞ ID No. Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2. SURNAME CANO IAME EXTENSION (JR., SR) FIRST NAME AYESSA MARIE MIDDLE NAME **OQUIAS** N/A 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship 08/16/2000 (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE Pls. indicate country: If holder of dual citizenship, please indicate the details. 5. SEX ☐ Male √ Female Philippines RIVERSIDE ✓ Single Married 17. RESIDENTIAL ADDRESS N/A 6 CIVIL STATUS ☐ Widowed House/Block/Lot Street □ Separated N/A KILIM Other/s: bdivision/Vi Baranga BAYBAY LEYTE 7. HEIGHT (m) 1.52 Citv/Municipalit 8. WEIGHT (kg) 46 ZIP CODE 6521 RIVERSIDE 18. PERMANENT ADDRESS N/A 9. BLOOD TYPE A+ House/Block/Lot No Street KILIM N/A 10. GSIS ID NO. N/A Subdivision/Villag Baranga BAYBAY LEYTE 11. PAG-IBIG ID NO. 121344432153 City/Municipality Province 12. PHILHEALTH NO. 13-025645878-1 ZIP CODE 6521 13. SSS NO. 06-4891954-0 19. TELEPHONE NO. N/A 14. TIN NO. 09941433209 N/A 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) ayessamariecano@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A N/A N/A MIDDLE NAME OCCUPATION N/A N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. CANO 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) ALAN FIRST NAME DELIJA N/A MIDDLE NAME 25. MOTHER'S MAIDEN NAME **OQUIAS** SURNAME THELMA FIRST NAME MIDDLE NAME INOT

MIDDLE NAME	INO I			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGROUND									
26. LEVEL	LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE (Write in full) (Write in full)			PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	KILIM ELEMENTARY SCHOOL BASIC EDUCATION		04/06/2007	05/22/2013	GRADUATED	2012-2013	N/A		
SECONDARY	BAYBAY CITY SENIOR HIGH SCHOOL	BASIC EDUCATION	N	03/06/2013	06/04/2019	GRADUATED	2018-2019	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A N/A 05/08/2019 03/08/2023 GR.		N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECO EDUCATION MAJOR IN				GRADUATED	2022-2023	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 July 16, 2025				

IV. CIVIL SERVICE ELIGIBILITY									
		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFERMENT		LICENSE (if applicable)		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If			(If Applicable)	CONFERMENT	I EAGE OF EXAMINA	(TION) OON EI	WILLY!	NUMBER	Date of Validity
License Professional Exam for Teachers		N/A	March 17, 2024	Taclob	oan City		2271901	08/16/2028	
V. WORK E	EXPERIENCE	_	(Coi	ntinue on separate sheet	if necessary)			_	
		ent. Start from your recei	nt work) Descriptio	on of duties should	be indicated in the attac	hed Work Ex		et.	
	JSIVE DATES im/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(write in fairbo not	abbieviale)	(write iii iu	ii/Do not abbieviate)	ONLYTT	(Format "00-0")/ INCREMENT	74 T GIRTIMERT	(Y/ N)
07/03/2023	05/31/2023	PRACTICE TE	ACHING	BAYBAY NATI	ONAL HIGH SCHOOL	N/A	N/A	TEMPORARY	NO
				diana an assas d	i if manage i				
SIGN	ATURE		(C0)	ntinue on separate sheet	DATE		July	16, 2025	

1// 1	VI VOLUNTARY MORK OR INVOLVEMENT IN CIVIC / NON COVERNMENT / REORI E / VOLUNTARY ORGANIZATION/S							
VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF OR			INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
	(Write in full)		From	To	- Hombert of Floorie		TOSITION/NATURE OF WORK	
	N/A		N/A	N/A	N/A		N/A	
	11/11		1071	1071	14//			
		(Con	finus an accepta	hoot if nooneen				
VII.	LEARNING AND DEVELOPMENT (L&D)			sheet if necessary TENDED)			
			INCLUSIVE DATES OF		Type of LD			
30.	TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	ATTENDANCE		NUMBER OF HOURS	(Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in full)		From	ld/yyyy) To		Supervisory/ Technical/etc)	(Write in full)	
	PRE-DEPLOYMENT ORIENTATION PROGRAM	I FOR DRACTICE TEACHERS		02/24/2023	24.0	FOUNDATION	VISAYAS STATE UNIVERSITY - COLLEGE OF	
	FRE-DEFLOTMENT ORIENTATION PROGRAM	FOR PRACTICE TEACHERS	02/22/2023	02/24/2023	24.0	FOUNDATION	EDUCATION	
-								
		(0		- h t 'f				
VIII	OTHER INFORMATION	(Con	unue on separate	sheet if necessary)	_		
VIII.	OTHER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANI. (Write in full)						
	COOKING		N/A					
		N/A					N/A	
	SPORTS (Futsal and Taekwondo)							
	SKIRTING							
-								
<u> </u>								
L								
		(Con	tinue on separate	sheet if necessary)			
	SIGNATURE				D	ATE	July 16, 2025	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:				
	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 a any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of th dropped from the rolls, dismissal, termination, end of term, f in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	YES If YES, give details:	☑ NO :		
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES If YES, please specify: ☐ YES If YES, please specify IC ☐ YES If YES, please specify IC	✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within		
	RizaLina D. Truya	Visayas State University	N/A	the last 6 months 4.5 cm. X 3.5 cm (passport size)		
	Carolyn G. Egasan	Brgy. Kilim Baybay City, Leyte	N/A	Computer generated		
	Jeanne Lyn D. Cano	Brgy. Kilim Baybay City, Leyte	9533503841	or photocopied picture is not acceptable		
42.	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
P	tovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC ID					
IC)/License/Passport No.: 2271901	Signature (Sign inside the b	ox)			
D	ate/Place of Issuance: January 31, 2025 / Ormoc City		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued gov	vernment ID as indicated above.		
		Person Administering Oat	h			
1						