CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IFFT			,
concerned. READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHI S  ) and use separate sheet if necessary. Indicate	e Work Experience Sheet sha	Il cause the fil PLISHING THE	ing of administrative/cr	iminal case/s aga		on for CSC use only
2. SURNAME	ASUMBRADO						
FIRST NAME	AMANDA				NAME EXTENSION (JR	L, SR)	N/A
MIDDLE NAME	DE VEYRA						5
DATE OF BIRTH     (mm/dd/yyyy)	05/28/1998	16. CITIZENSHIP		☑ Filipino □	Dual Citizenship	by naturaliza	tion
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizer	nship,		Pls. indicate of		idon
5. SEX	☐ Male ☑ Female	please indicate the de	tails.				~
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		N/A sse/Block/Lot No. N/A bdivision/Village	G	ZONE 3 Street GUINDAPUNAN Barangay	
7. HEIGHT (m)	1.55			PALO ity/Municipality		LEYTE Province	
8. WEIGHT (kg)	52	ZIP CODE		ny/munuspensy	6501	11048100	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	l/a	N/A ise/Block/Lot No.		ZONE 3 Street	
10. GSIS ID NO.	N/A	1		N/A	G	UINDAPUNAN	
11. PAG-IBIG ID NO.	121262417562	-	Su	bdivision/Village PALO		Barangay	
		-	City/Municipality Province		Province		
12. PHILHEALTH NO.	13-251008341-9	ZIP CODE	6501				
13. SSS NO.	06-4370449-1	19. TELEPHONE NO.	(053) 839-3701				
14. TIN NO.	366-143-920-0000	20. MOBILE NO.	0967-588-9986 / 0970-664-1826				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	amandaasumbrado@gmail.com				
II. FAMILY BACKGROUNE							
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)		ILDREN (Write full name and			TH (mm/dd/yyyy)
FIRST NAME	N/A	N/A	AN	THONY EREN A. LEGU	IARUA	0770	7/2019
MIDDLE NAME	N/A N/A		1				
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A						
TELEPHONE NO.	N/A						
24. FATHER'S SURNAME	ASUMBRADO	)					
FIRST NAME	PETRONILO	NAME EXTENSION (JR., SR) N/A					
MIDDLE NAME	SABALZA	INIA					
25. MOTHER'S MAIDEN NAME							
SURNAME	DE VEYRA						
FIRST NAME	WENEFREDA	4			· ·		
MIDDLE NAME	VILLAS			(Continue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

INFORMATION IN THE							
II. EDUCATIONAL BACI	KGROUND						
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	SCHOLARSHI ACADEMIC HONORS RECEIVED
	(time at the	,	From To				
ELEMENTARY	RIZAL CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010	N/A	2010	SALUTATOR N
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE		BACHELOR OF SCIENCE IN COMPUTER SCIENCE	2014	2017	18 UNITS	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BACHELOR OF ARTS IN SOCIAL SCIENCES (MAJOR IN ECONOMICS)	2017.	2019	N/A	2019	N/A
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY - GRADUATE SCHOOL	MASTER IN MANAGEMENT	2020	2021	18 UNITS	N/A	N/A
	(Co	ontinue on separate sheet if necessary)					
SIGNATURE	and.		DATE FEBRUARY 02, 2023			723	

-	R SERVICE/RA			DATE OF				LICENSE (if ap	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  CAREER SERVICE - PROFESSIONAL  84.0			EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	RMENT	NUMBER	Date o	
			84.0	03/17/2019	ł	GH SCHOOL, TACLOBAN		N/A	N/A
							· · · · · · · · · · · · · · · · · · ·		
. WORK E	XPERIENCE		(Com	tinue on separate shee	t if necessary)				
. INCLU	ate employme SIVE DATES m/dd/yyyy)	nt. Start from your recent w POSITION TITI (Write in full/Do not ab	E	DEPARTMENT / AG	e indicated in the attached ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV <sup>7</sup> SERVIO
From	То	(write it idii/Do not au	oreviate)		OF THE INTERIOR AND	G-DAII	(Format "00-0")/ INCREMENT		(Y/N)
01/03/2023	01/31/2023	PROJECT EVALUATION O	FFICER (PEO) II	0	RNMENT - REGIONAL FFICE 08 OF THE INTERIOR AND	PHP 35,097	N/A	OF SERVICE	NO
06/13/2022	12/31/2022	PROJECT EVALUATION O	FFICER (PEO) II	LOCAL GOVE	RNMENT - REGIONAL FFICE 08	PHP 33,575	N/A	OF SERVICE	NO
01/03/2022	06/30/2022	QUALITY MANAGEMENT OFFICER	SYSTEM (QMS)	LOCAL GOVE	OF THE INTERIOR AND RNMENT - REGIONAL FFICE 08	PHP 19,593	N/A	CONTRACT OF SERVICE	NO
08/02/2021	12/31/2021	QUALITY MANAGEMENT OFFICER	SYSTEM (QMS)	DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT - REGIONAL OFFICE 08		PHP 18,735	N/A	CONTRACT OF SERVICE	NO
11/09/2020	01/04/2021	E-COMMERCE MANAGE	MENT OFFICER	TINKERHOUSE INC.		PHP 5,000	N/A	PART-TIME	NO
09/13/2019	10/30/2020	OPERATIONS OF	FICER	TINKERHOUSE INC.		PHP 10,000	N/A	PERMANENT	NO
11/01/2017	/01/2017 12/31/2017 RESEARCH ENUMERATOR PH HAIYAN ADVOC		OCACY COOPERATIVE	PHP 6,250	N/A	PROJECT- BASED	NO		
	-								
		_	,						
			(Con	tinue on separate shee	t if necessary)	T		02, 2023	

. VOLUNTARY WORK OR INVOLVEMENT						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)  N/A		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK
					- SOMETHATORE OF WORK	
		N/A	N/A	N/A		N/A
						5
						V
. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s PROGRAMS A				
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/	CONDUCTED/ SPONSORED BY (Write in full)
ORIENTATION ON RA 9184 AND ITS 2016 REVISE	S HARL PAPATRIA DIS PA AND	From	То		Technical/etc)	
REGULATIONS FOR THE DILG REG	SIONAL OFFICE 8	09/27/2022	09/29/2022	24 HOURS	TECHNICAL	DILG REGIONAL OFFICE 08
WEB WORKSHOP ON COMPLETED S REGIONAL GENDER AND DEVELOPMENT COMMI		03/24/2022	03/24/2022	4 HOURS	TECHNICAL	DILG CENTRAL OFFICE
COMMISSION ON WOMEN (PCW) GENDER-RESPON (GeRL) ASSESSMENT TOOL O	SIVE LOCAL GOVERNMENT UNIT	11/16/2021	11/16/2021	8 HOURS	TECHNICAL	RDC VIII - REGIONAL GENDDER AND DEVELOPMENT COMMITTEE (RGADC)
TRAINING ON TECHNICAL REP	ORT WRITING	10/25/2021	10/25/2021	8 HOURS	TECHNICAL	DILG REGIONAL OFFICE 08
TRAINING ON BASIC PHOTOSH	OP - BATCH 2	08/20/2021	08/20/2021	8 HOURS	TECHNICAL	DILG REGIONAL OFFICE 08
-						
	<u> </u>					
II. OTHER INFORMATION	(Con	tinue on separate :	sheet if necessary	0		
11. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG e in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
ECONOMETRICS		N/A				
E-COMMERCE MARKETING BASIC C, JAVA, MACHINE LEVEL						
PROGRAMMING LOGIC DESIGN & BASIC ELECTRONICS						,
BASIC PHOTO AND VIDEO EDITING						
SPORTS-ORIENTED						
ARTS & CRAFTS	(Con	tinue on separate :	sheet if necessar	0		
SIGNATURE	0-4				ATE	FEBRUARY 02, 2023

_						
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 appointed,	or recommending authority, or to the supervision over you in the Office,				
	a. within the third degree?	☐ YES ☑	NO			
	b. within the fourth degree (for Local Government Unit - Can	eer Employees)?	☐ 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	ny law, decree, ordinance or regulation	☐ YES	☑ NO		
	by any court or tribunal?		If YES, give details:			
37.	Have you ever been separated from the service in any of th	e following modes: resignation,	☑ YES	□ NO		
	retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	If YES, give details: RESIGNATIO	N, END OF CONTRACT		
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:				
	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.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?	☐ YES If YES, please specify	☑ NO :			
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 applican	at /annointee)	III 1 LO, piedae apecity	10.10.		
41.	NAME	ADDRESS	TEL, NO.			
	ATTY, ARNALDO E. ESCOBER JR., CESO V	DEPARTMENT OF THE INTERIOR AND	09064981174	00		
	MICHELLIE ANN D. SABANDO	TINKERHOUSE INC., PALO, LEYTE	09178206812			
	MIAH MAYE M. PORMON	UNIVERSITY OF THE PHILIPPINES	09169123730			
42	I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a t	rue correct and			
74.	complete statement pursuant to the provisions of pertin			24000		
	Philippines. I authorize the agency head/authorized repr	resentative to verify/validate the content	ts stated herein.	MANDE D ACHMERADO		
	I agree that any misrepresentation made in this document administrative/criminal case/s against me.	cument and its attachments shall cau	se the filing of	AMANDA D. ASUMBRADO		
-						
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	2.1				
-	Government Issued ID: PHILHEALTH ID					
H	O/License/Passport No.: 13-251008341-9	box)				
H	Date/Place of Issuance: 02/07/2019 / PRO-VIII LHIO TACLOBAN	2023	Right Thumbmark			
L	SUBSCRIBED AND SWORN to before me this	Date Accomplished	ting his/her validly issued	government ID as indicated above.		
	3333.1122.123.373.113.3333.010.113.113	Notary Public				
	3000					
		-36				
	i o	8 M.H. del Person Administering Od	City			

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