

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 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                       | PESERAL                                                                                                                                                                                 |                                                                                    |                                                                                                                                                                                                  |
| FIRST NAME                       | ABEGAIL                                                                                                                                                                                 | NAME EXTENSION (JR., SR)                                                           |                                                                                                                                                                                                  |
| MIDDLE NAME                      | OLIVA                                                                                                                                                                                   |                                                                                    |                                                                                                                                                                                                  |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 29/05/1998                                                                                                                                                                              | 16. CITIZENSHIP<br><br>If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH                | BAYBAY CITY, LEYTE                                                                                                                                                                      |                                                                                    |                                                                                                                                                                                                  |
| 5. SEX                           | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female                                                                                                                |                                                                                    |                                                                                                                                                                                                  |
| 6 CIVIL STATUS                   | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS<br><br><br><br><br><br><br><br><br><br>ZIP CODE            | N/A N/A<br>House/Block/Lot No. Street<br>N/A IGANG<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province                                                            |
| 7. HEIGHT (m)                    | 1.63                                                                                                                                                                                    |                                                                                    |                                                                                                                                                                                                  |
| 8. WEIGHT (kg)                   | 55                                                                                                                                                                                      |                                                                                    |                                                                                                                                                                                                  |
| 9. BLOOD TYPE                    | O                                                                                                                                                                                       |                                                                                    |                                                                                                                                                                                                  |
| 10. GSIS ID NO.                  | N/A                                                                                                                                                                                     |                                                                                    |                                                                                                                                                                                                  |
| 11. PAG-IBIG ID NO.              | 121281796928                                                                                                                                                                            | 18. PERMANENT ADDRESS<br><br><br><br><br><br><br><br><br><br>ZIP CODE              | N/A N/A<br>House/Block/Lot No. Street<br>N/A IGANG<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province                                                            |
| 12. PHILHEALTH NO.               | 132025892406                                                                                                                                                                            |                                                                                    |                                                                                                                                                                                                  |
| 13. SSS NO.                      | 06-4407651-3                                                                                                                                                                            |                                                                                    |                                                                                                                                                                                                  |
| 14. TIN NO.                      | 777204887                                                                                                                                                                               |                                                                                    |                                                                                                                                                                                                  |
| 15. AGENCY EMPLOYEE NO.          | N/A                                                                                                                                                                                     |                                                                                    |                                                                                                                                                                                                  |
|                                  |                                                                                                                                                                                         | 19. TELEPHONE NO.                                                                  | N/A                                                                                                                                                                                              |
|                                  |                                                                                                                                                                                         | 20. MOBILE NO.                                                                     | 09302091638                                                                                                                                                                                      |
|                                  |                                                                                                                                                                                         | 21. E-MAIL ADDRESS (if any)                                                        | peseralabegail@gmail.com                                                                                                                                                                         |

II. FAMILY BACKGROUND

|                          |           |                          |                                                     |                            |
|--------------------------|-----------|--------------------------|-----------------------------------------------------|----------------------------|
| 22. SPOUSE'S SURNAME     | N/A       |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               |           | NAME EXTENSION (JR., SR) | N/A                                                 |                            |
| MIDDLE NAME              |           |                          |                                                     |                            |
| OCCUPATION               |           |                          |                                                     |                            |
| EMPLOYER/BUSINESS NAME   |           |                          |                                                     |                            |
| BUSINESS ADDRESS         |           |                          |                                                     |                            |
| TELEPHONE NO.            |           |                          |                                                     |                            |
| 24. FATHER'S SURNAME     | PESERAL   |                          |                                                     |                            |
| FIRST NAME               | NATANAEL  | NAME EXTENSION (JR., SR) |                                                     |                            |
| MIDDLE NAME              | MARZON    |                          |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME |           |                          |                                                     |                            |
| SURNAME                  | OLIVA     |                          |                                                     |                            |
| FIRST NAME               | SONIA     |                          |                                                     |                            |
| MIDDLE NAME              | CABALTERA |                          | (Continue on separate sheet if necessary)           |                            |

III. EDUCATIONAL BACKGROUND

| 26. LEVEL                                 | NAME OF SCHOOL<br>(Write in full)       | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP/<br>ACADEMIC HONORS RECEIVED |
|-------------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------|------|------------------------------------------------------|----------------|------------------------------------------|
|                                           |                                         |                                                  | From                 | To   |                                                      |                |                                          |
| ELEMENTARY                                | IGANG ELEMENTARY SCHOOL                 | PRIMARY EDUCATION                                | 2004                 | 2010 |                                                      | 2010           | SECOND HONORABLE MENTION                 |
| SECONDARY                                 | BAYBAY NATIONAL HIGH SCHOOL             | HIGH SCHOOL                                      | 2010                 | 2014 |                                                      | 2014           | N/A                                      |
| VOCATIONAL /<br>TRADE COURSE              | N/A                                     | N/A                                              | N/A                  | N/A  |                                                      | N/A            | N/A                                      |
| COLLEGE                                   | VISAYAS STATE UNIVERSITY                | BS COMPUTER SCIENCE                              | 2015                 | 2020 |                                                      | 2020           | LOCAL GOVERNMENT UNIT SCHOLAR            |
| GRADUATE STUDIES                          | CEBU INSTITUTE OF TECHNOLOGY UNIVERSITY | MASTER OF SCIENCE IN COMPUTER SCIENCE            | 2022                 | 2022 |                                                      | N/A            | N/A                                      |
| (Continue on separate sheet if necessary) |                                         |                                                  |                      |      |                                                      |                |                                          |
| SIGNATURE                                 |                                         |                                                  | DATE                 |      |                                                      |                |                                          |



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

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---------------------------------------------------|---------------------------------|----|-----------------|---------------------------|
|     |                                                   | From                            | To |                 |                           |
|     | N/A                                               |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |
|     |                                                   |                                 |    |                 |                           |

(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<br>(Write in full) | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy) |           | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                         |
|-----|--------------------------------------------------------------------------------------|-----------------------------------------------|-----------|-----------------|---------------------------------------------------------------|--------------------------------------------------------------------|
|     |                                                                                      | From                                          | To        |                 |                                                               |                                                                    |
|     | Computer Vision Application: Starter Pack                                            | 3/9/2023                                      | 3/9/2023  | 4.0             |                                                               | Department of Computer Science and Technology                      |
|     | ISO 9001:2015 Awareness & Re-awareness                                               | 8/29/2023                                     | 8/29/2023 |                 |                                                               | Visayas State University                                           |
|     | VSU Faculty Onborading                                                               | 8/16/2023                                     | 8/17/2023 | 16.0            | Instruction                                                   | Visayas State University                                           |
|     | Seminar-Workshop on Academic Practice                                                | 3/22/202                                      | 3/22/202  | 2.0             |                                                               | Visayas State University                                           |
|     | SEAMEO Thursday Teacher Training Interactive Webinar                                 | 8/25/2022                                     | 8/25/2022 | 2.0             |                                                               | SEAMEO                                                             |
|     | Teaching History in the 21st Century                                                 | 7/2/2022                                      | 7/2/2022  | 2.0             |                                                               | Kaagapay Teacher Support                                           |
|     | Google Workspace for Education   Fundamentals Training Program                       | 6/28/2022                                     | 6/30/2022 | 9.0             |                                                               | Kaagapay Teacher Support                                           |
|     | Typhoon Awareness and Calamity Readiness                                             | 6/29/2022                                     | 6/29/2022 | 2.0             |                                                               | Visayas State University, College of Engineering                   |
|     | Application of Virtual Reality to Agriculture, Land Use and Transportation Plans     | 6/22/2022                                     | 6/22/2022 | 3.0             |                                                               | Visayas State University                                           |
|     | 2nd SEAMEO-New Zealand Master Class on Digital Revolution for Education              | 5/24/2022                                     | 5/24/2022 | 2.0             |                                                               | SEAMEO                                                             |
|     | Basic Graphic Editing Using Canva                                                    | 3/3/2022                                      | 3/4/2022  | 8.0             |                                                               | Department of Information and Communications Technology - MIMAROPA |
|     | Choosing the Right Journal for Your Research Articles Webinar                        | 10/5/2021                                     | 10/5/2021 | 2.0             |                                                               | Elsevier                                                           |
|     | SEAMEO-New Zealand Master Class on Education Technology and Digital Security         | 9/30/2021                                     | 9/30/2021 | 2.0             |                                                               | SEAMEO                                                             |
|     | Seminar/Lecture on Intellectual Property Rights (IPR)                                | 8/26/2021                                     | 8/26/2021 | 4.0             |                                                               | Visayas State University                                           |
|     |                                                                                      |                                               |           |                 |                                                               |                                                                    |
|     |                                                                                      |                                               |           |                 |                                                               |                                                                    |
|     |                                                                                      |                                               |           |                 |                                                               |                                                                    |
|     |                                                                                      |                                               |           |                 |                                                               |                                                                    |
|     |                                                                                      |                                               |           |                 |                                                               |                                                                    |

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-----|----------------------------|-----|------------------------------------------------------------|-----|-----------------------------------------------------------|
|     | BASIC PROGRAMMING          |     | N/A                                                        |     | N/A                                                       |
|     | GRAPHICS DESIGN            |     |                                                            |     |                                                           |
|     | READING                    |     |                                                            |     |                                                           |
|     | PLAYING GUITAR             |     |                                                            |     |                                                           |
|     | EDITING VIDEOS AND PHOTOS  |     |                                                            |     |                                                           |
|     | PHOTOGRAPHY                |     |                                                            |     |                                                           |
|     |                            |     |                                                            |     |                                                           |

(Continue on separate sheet if necessary)

| SIGNATURE |  | DATE |  |
|-----------|--|------|--|
|-----------|--|------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?                                                                                                                             |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                           |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?                                                                                                                                                                                                                                                                                                                                                                   |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>Date Filed: _____<br/>Status of Case/s: _____</div>                                                                                                                                                                                                                 |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?                                                                                                                                                                                                                                                                                                                                                                     |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |
| 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?                                                                                                                                                                                                                                                  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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?                                                                                                                                                                                       |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>                                                                                                                                                                                                                                                             |
| 39. Have you acquired the status of an immigrant or permanent resident of another country?                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):<br/>_____</div>                                                                                                                                                                                                                                               |
| 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:<br>a. Are you a member of any indigenous group?<br><br>b. Are you a person with disability?<br><br>c. Are you a solo parent?                                                                                                                                                                          |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ADDRESS                                                                                                                                                                                                                                                                                                                                                                          |
| TEL. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| RAIAN MARK VALENZONA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | BAYBAY CITY, LEYTE                                                                                                                                                                                                                                                                                                                                                               |
| 9197103633                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| MARGIE J. LIBOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | BRGY. HIGULOAN, BAYBAY CITY, LEYTE                                                                                                                                                                                                                                                                                                                                               |
| 9514644895                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| JHOEMIEL M. CALIXTRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | BRGY. LIBHO, MERIDA, LEYTE                                                                                                                                                                                                                                                                                                                                                       |
| 9678309154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| 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. |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br/>PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVER'S LICENSE</div> <div>ID/License/Passport No.: H12-20-001569</div> <div>Date/Place of Issuance: 03/03/2020</div>                                                                                                                                                                                                          |  | <div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div><br/>ABEGAIL O. PESERAL<br/>PHOTO</div> <div></div> <div>Right Thumbmark</div>                                                                                                                                                                                                         |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                  |
| <div></div> <div>Person Administering Oath</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                  |