IV. CIVIL SI	ERVICE ELIG	iBILITY							
	PAREED SERVICE/ DA 4000 (DOARD) DADI VINDED					LICENSE (if applicable)			
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
									validity
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE				indicated in the attached	I Marile France	vianaa ahaat		
	ate employmer JSIVE DATES	nt. Start from your recent	work) Description	or auties should be	maicated in the attached	VVORK EXPE	SALARY/ JOB/ PAY		
	m/dd/yyyy)	POSITION TI (Write in full/Do not	TLE abbreviate)		ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(11110 111 1011) 20 1101		(************	, 50 not abbienate		INCREMENT		(Y/ N)
				 					

		(0	4:	4			
SIGNATURE Somella			ntinue on separate sheet	DATE		SEPTEMBER 12, 20	222

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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate some Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Caree)	☐ YES ☐ YES If YES, give detail	✓ NO ✓ NO ls:			
35.	a. Have you ever been found guilty of any administrative offen	ise?	YES	✓ NO		
		If YES, give detail	IS:			
	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 any any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the f dropped from the rolls, dismissal, termination, end of term, fin 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 electi 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 ca	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a	, ,				
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:			
b.	Are you a person with disability?		YES If YES, please specif	y 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 applicant /	appointee)				
	NAME	ADDRESS	TEL. NO.			
	JAY C. BANSALE	MC. ARTHUR, LEYTE				
40						
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertinent	nt laws, rules and regulations of the l	Republic of the			
	Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this docume administrative/criminal case/s against me.		РНОТО			

	Signature (Sign inside the box)	
Date/Place of Issuance:	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issued	government ID as indicated above.

CS FOR

CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentati	ion made in the Person	nal Data Sheet and the V	Nork Experience Sheet shall	cause the filin	g of administrative/crimir	nal case/s again:	st the person concerned.
READ THE ATTACHED GUIDE							(De set fill on Fee CCC one selve
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATIO		et if necessary. Indicate N/	A if not applicable. DO NOT AE	BREVIATE.	1. CS ID No.		(Do not fill up. For CSC use only
2. SURNAME	AÑANO						
FIRST NAME	ROWELLA				N	IAME EXTENSION (JR	, SR)
MIDDLE NAME	RABE						
3. DATE OF BIRTH (mm/dd/yyyy)	5/26/1999		16. CITIZENSHIP		☑ Filipino ☐	Dual Citizenship	by naturalization
4. PLACE OF BIRTH	PHASE II MATINA DAVAO CITY		If holder of dual citizenship,			Pls. indicate c	— /
5. SEX	☐ Male	✓ Female	please indicate the d	letails.			•
6 CIVIL STATUS	✓ Single ☐ Widowed ☐ Other/s:	☐ Married☐ Separated	17. RESIDENTIAL ADDRESS		se/Block/Lot No.		Street Barangay
7. HEIGHT (m)	1	.53			ity/Municipality		
8. WEIGHT (kg)		53	ZIP CODE		цулминстранцу		Province
9. BLOOD TYPE			18. PERMANENT ADDRESS	На	se/Block/Lot No.	С	V ALCUINO ST Street
10. GSIS ID NO.					bdivision/Village	CEN	TRAL POBLACION Barangay
11. PAG-IBIG ID NO.					HILONGOS ity/Municipality		LEYTE Province
12. PHILHEALTH NO.			ZIP CODE		6524		Trovince
13. SSS NO.			19. TELEPHONE NO.				
14. TIN NO.			20. MOBILE NO.		090	67556794	
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		rowellaanar	no5@gmail.d	<u>com</u>
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME				23. NAME of CH	ILDREN (Write full name and lis	st all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			NAME EXTENSION (JR., SR)				
MIDDLE NAME							
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME		AÑANO					
FIRST NAME	R	OEL	NAME EXTENSION (JR., SR)				
MIDDLE NAME		BALTAZAR					
25. MOTHER'S MAIDEN NAME		MONALIZA RAB	<u></u>				
SURNAME		RABE					
FIRST NAME		MONALIZA					
MIDDLE NAME		FLORES			(Continue on sepa	rate sheet if neces	sary)
III. EDUCATIONAL BACKGI	ROUND						

26. LEVEL	NAME OF SCHOOL (Write in full)	MAINE OF SCHOOL BASIC EDUCATION/DEGREE/COOKSE		TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
			From	То			NEGEIVEB	
ELEMENTARY	MATAPAY ELEMENTARY SCHOOL		6/2007	3/1/2012			3RD HONOR	
SECONDARY	HINDANG NATIONAL HIGHSCHOOL	HUMANITIES AND SOCIAL SCIENCES	6/1/2016	4/1/2018			WITH HONORS	
VOCATIONAL / TRADE COURSE								
COLLEGE	VISAYAS STATE UNIVERSITY	BSED SOCIAL STUDIES	8/1/2018	8/12/2022				
GRADUATE STUDIES								
(Continue on separate sheet if necessary)								
SIGNATURE	Rowella		DA	TE	Se	ptember 10, 2022	!	

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/d		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То				
	n separate sheet if					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR (Start from the most recent L&D/training program and include only the relevant L&D/training taken for th			/Executive/Manage	rial nositions)		
The transfer of the second country program and include only the relevant Education (second country) taken for the						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	From	То		Technical/etc)		
ANNUAL STUDENT TEACHERS' CONVENTION	3/26/2022	3/26/2022	8.0	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS	
INSTRUCTIONAL RESOURCES IN REMOTE LEARNING	11/19/2021	11/19/2021	3.0	TECHNICAL	VSU- DTE	
ASSESSMENT STRATEGIES IN FLEXIBLE LEARNING	10/14/2021	10/14/2021	3.0	TECHNICAL	VSU- DTE	
TEACHING IN THE NEW NORMAL	9/24/2021	9/24/2021	3.0	TECHNICAL	VSU- DTE	
	n separate sheet if	necessary)				
VIII. OTHER INFORMATION						

31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGI (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	READING			INTERACT SOCIETY MEMBER
	SIGNATURE	Sowella	DATE	SEPTEMBER 12, 2022

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