CS Form No. 212 Revised 2017	PERSO	NAL DATA	A SH	EET				
WARNING: Any misrepresenta	idion made in the Personal Data Sheet and the V	Vork Experience Sheet shall c	ause the filing	of administrative/crit	ninal case/s against t	he person con	cerned.	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHEE	ET (PDS) BEFORE ACCOMPL	ISHING THE P	DS FORM.				
Print legibly. Tick appropriate boxes	s (and use separate sheet if necessary, Indicate N	A if not applicable. DO NOT ABE	REVIATE.	1 CS IO No	(0)	o not fill up For C	SC use only)	
2 SURNAME	POLE							
FIRST NAME	ANGIELICA NAME EXTENSION (JR. SR)							
MIDDLE NAME	PETALLAR							
3 DATE OF BIRTH (mm/885yyy)	March 25,1997	16 CITIZENSHIP			by naturalizat	ion		
4. PLACE OF BIRTH	Balbal, LETTE	If holder of dual citizenship,			Pls. indicate cou			
8 SEX	☐ Male ☐ Female	please indicate the de	please indicate the details					
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS	SIT	ce/Block/Lot No.		Street Pu Sn GD		
7. HEIGHT (m)	5'0"		Subdivision/Village Palbal City/Municipality U521			Barangay VE-ITE Province		
8. WEIGHT (kg)	49	ZIP CODE						
9. BLOOD TYPE		18. PERMANENT ADDRESS						
10. GSIS ID NO.	n/e		House/Block/Lot No. SITIO PUNONG			HIPUSH GID		
11 PAG-IBIG ID NO	1212-0606-0215			divisionVillage Dalpa1		Berangay LETTE Province		
12. PHILHEALTH NO.	1902-5474-7499	ZIP CODE	6521	ty/Municipality		PTOVIDE		
13 SSS NO.		19. TELEPHONE NO.						
14 TIN NO.	04-4002578-8		n/A					
	341-255-302	20, MOBILE NO.	angelicapole B@gmail.com					
15. AGENCY EMPLOYEE NO.	ult	21. E-MAIL ADDRESS (if any)	angen	capole8@	gmoul.com			
2 SPOUSE'S SURNAME	1		23. NAME of CH	ILDREN (Write full name a	and list all)	DATE OF BIRTI	H (mm/dd/vvvv	
FIRST NAME		NAME EXTENSION (JR., SR)					,,,,,	
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO								
4 FATHER'S SURNAME	POLE						-	
FIRST NAME	Lucio	NAME EXTENSION (JR., SR) JR						
MIDDLE NAME	Carta						•	
5 MOTHER'S MAIDEN NAME	PETALLAR							
SURNAME	POLE							
FIRST NAME	ANGELITA							
MIDDLE NAME	omapas			Al-millage.	Photo Series	1014)		
II. EDUCATIONAL BACKG	ROUND							
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF ATTENDAN	UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHI ACADEMIC HONORS RECEIVED	
ELEMENTARY	HIPUSHAD ELEMENTARY SOM	of .				2009		
SECONDARY	portoal national high school	4				2013		
VOCATIONAL /	1. 3.54	Manager III		STREET, STREET	NO DESCRIPTION OF THE PARTY OF	THE REAL PROPERTY.		

COLLEGE VISALAS STATE UM VERSITA 2017 DS IN AGRIBUSINESS GRADUATE STUDIES

RIGNATINE

DATE

7/7/2021

PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	VICE ELIGIE	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		DATE OF				LICENSE (if ap	nlicable)
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / PLACE OF EXAMINAT CONFERMENT		TION / CONFERMENT		NUMBER	Date of Validity	
	N/A								Young
	-14								
WORK E)	(PERIENCE								
MACHINE DISTRIBUTION OF THE PARTY OF THE PAR	e employmen	t Start from your recent	twork) Descriptio	s of duties should be	indicated in the attached	Work Expen	SALARY/ JOB/ PAY		
8. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)	
From	To	***************************************		CENTER OF	CENTER OF AGRICULTURE and		INCREMENT	PE (W CC	n
Ill hold	8/7/2020	pookkeeper		RURAL DEVELO	PMENT, INC.	14,485		re Gular	
								THE ST	
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			4-1-1-1		17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
					Contract to				
					A CONTRACTOR OF THE PARTY OF TH				
200									
						The same			
		1 Shipper		aprillation and a series	NAMES OF PERSONS ASSESSED.		17 /2021		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
28 NAME & ADDRESS OF ORGANIZATION (Write in NIII)	INCLUSIVE DATES (mmXXVyyyy) NAMER OF HOURS From To		POSITION / NATURE OF WORK				
NI							
VIII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P. Stack how the ment record is Bit training programs and include only the referred L&D braining lakes for I		II or the throne	e postforal				
30. THE 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)			
	From To		Technical/etc)				
				Art Williams			
VIII. OTHER INFORMATION		TENEDE !					
31. SPECIAL SKILLS and HOBBIES 32 NO.	32 NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
SIGNATURE A: hal				1 3/2 lb 221			

34. Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be approinted,			
a, within the third degree?	☐ YES ☐ NO		
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:		
35. a. Have you ever been found guilty of any administrative offer	nse?	☐ 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 any any court or tribunal?	☐ YES ☑ NO If YES, give details:		
37. Have you ever been separated from the service in any of the t dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	following modes: resignation, retirement, ished contract or phased out (abolition)	☐ YES ☐ NO If YES, give details:	
38. a. Have you ever been a candidate in a national or local election 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 c	☐ 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 and an Are you a member of any indigenous group?			
Are you a member of any indigenous group? Are you a person with disability?	☐ YES ☐ NO If YES, please specify: ☐ YES ☐ NO		
Are you a solo parent?	If YES, please specify ID No: YES NO If YES, please specify ID No:		
41. REFERENCES	Mark Autoria		
NAME	ADDRESS	TEL. NO.	
42 I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertinen Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this docum administrative/criminal case/s against me.	at laws, rules and regulations of the lative to verify/validate the contents state	Republic of the d herein.	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: NMIT			
Date/Place of Issuance: ORMOC CTT/	Right Thur	nbmark	
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indica	ted above.

Person Administering Oath