CS Form No. 212 Revised 2017

SIGNATURE

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 2. SURNAME CHUA FIRST NAME MICHELLE ANN NAME EXTENSION (JR., SR) N/A MIDDLE NAME SABENORIO 3. DATE OF BIRTH 04/13/1994 16. CITIZENSHIP (mm/dd/yyyy) ☑ Filipino ☐ Dual Citizenship  $\hfill\square$  by naturalization  $\hfill$  . 4. PLACE OF BIRTH ORMOC CITY, LEYTE If holder of dual citizenship Pls. indicate country: ☐ Male please indicate the details. 5. SEX ☑ Female ¥ ☑ Single ☐ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS PUROK 1 N/A □ Widowed ☐ Separated House/Block/Lot No Street Other/s: N/A DOLORES Subdivision/Village Barangay 7. HEIGHT (m) 160 ORMOC CITY LEYTE City/Municipality Province 8 WEIGHT (kg) 45.5 ZIP CODE 6541 9. BLOOD TYPE 18. PERMANENT ADDRESS 0+ PUROK 1 N/A House/Block/Lot No Street 10. GSIS ID NO. N/A N/A DOLORES. Subdivision/Village Barangay 11. PAG-IBIG ID NO 1211-6987-0143 ORMOC CITY LEYTE City/Municipality Province 12. PHILHEALTH NO. 132507501072 ZIP CODE 6541 13. SSS NO. 34-5904253-5 19. TELEPHONE NO. N/A 14. TIN NO 493-112-690-000 20. MOBILE NO. 09505885922 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) chuam653@gmail.com 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) FIRST NAME N/A N/A · MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO N/A 24. FATHER'S SURNAME CHUA NAME EXTENSION (JR., SR) FIRST NAME **ERNESTO** N/A MIDDLE NAME LUMPAY 25. MOTHER'S MAIDEN NAME ANA DALUMPINES SABENORIO SURNAME CHUA FIRST NAME ANA MIDDLE NAME SABENORIO (Continue on separate sheet if necessary) 26 SCHOLARSHIP NAME OF SCHOOL HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL YEAR ACADEMIC UNITS EARNED (Write in fulf) GRADUATED HONORS (if not graduated) From To RECEIVED ELEMENTARY ORMOC SE SAN SCHOOL ELEMENTARY 2002 2008 N/A 2008 N/A SECONDARY ORMOC SE SAN SCHOOL HIGHSCHOOL 2008 2012 N/A 2012 N/A VOCATIONAL / N/A TRADE COURSE N/A N/A N/A N/A N/A WESTERN LEYTE COLLEGE OF GRMOC and COLLEGE BACHELOR OF SCIENCE IN ACCOUNTING TECHOLOGY (BSA)
& BACHELOR OF SCIENCE IN ACCOUNTANCY (BSA) 2012 & 2016 & 2016 & ST. PETER'S COLLEGE OF ORMOC N/A N/A 2017 2018 2018 GRADUATE STUDIES N/A N/A N/A N/A N/A

> JANUARY 10, 2022 CS FORM 212 (Revised 2017), Page 1 of 4

DATE

-	ERVICE ELIG								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF				LICENSE (if applicable)	
BAI	BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable			EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT  NEW ORMOC CITY NATIONAL HS, ORMOC C		RMENT	NUMBER	Date of Validity
CAREER SERVICE PROFESSIONAL			80.63	. MARCH 18, 2018			ORMOC CITY	, N/A	N/A
	•		•		: :				
•					·				
					· ·				_
•	•••	· · · · · · · · · · · · · · · · · · ·							
	·								
V. WORK E	EXPERIENCE			ntinue on separate sheel					
(Include priv	vate employmer	nt. Start from your recen	t work) Description	on of duties should l	be indicated in the attache	d Work Exp			
	8. INCLUSIVE DATES (mm/dd/yyyy) POSITION TI (Write in full/Do not a			DEPARTMENT / AG	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT
' From	То	· · · · · · · · · · · · · · · · · · ·	abbreviate)		II/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
04/01/2016	04/30/2017	INVENTORY	CLERK	P.	OFFICE STAFF- CARMEN'S CAKES AND PASTRIES 60			PERMANENT	N
07/08/2019	07/31/2021	CASHIE	R	BUINESS OFFICE-	ST. PETER'S COLLEGE OF ORMOC	9900.00	N/A	PERMANENT	N
							·		
					·				
. •								~.	
		•							
			•						
	٠.	•							
								,	
				·					
				1.					
	7.3.		•	9	•				
	97 47								
	3								
, A.,		7.3	<u> </u>		•				
				*					
			. D/	ntinue on separate sheet	if necessary)				
SIGNA	ATURE		Merys		DATE		JANUARY 10	, 2022 FORM 212 (Revised 20	

9. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		From . N/A	N/A	N/A		N/A	
		1,,,,,	l Min	INA		N/A	
	•						
* * *			· ·			•	
. LEARNING AND DEVELOPMENT (L&D	) INTERVENTIONS/TRAINING F	tinue on separate PROGRAMS A	ATTENDED				
rt from the most recent L&D/training program and inclu	de only the relevant L&D/training taken for	the last five (5) ye	ears for Division (	Chief/Executive/Man	agerial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full	ERVENTIONS/TRAINING PROGRAMS	ATTEN	INCLUSIVE DATES OF ATTENDANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
	,	From	d/yyyy) To	.NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
IENTATION - WORKSHOP ON BIR REVENUE 102-2016	MEMORANDUM CIRCULAR NO.	1/31/2017	1/31/2017	4.0	N/A	COOPERATIVE DEVELOPMENT ASSOCIATIO	
						. ORMOC	
	•				·	·	
		1900					
•							
•, •	••		•			•	
•	•						
						,	
OTHER INFORMATION	(Conti	nue on separate s	heet if necessary				
•	NON.A	CADEMIC DISTIN	CTIONS / RECOC	NITION		NEMBEROWEN WAS ASSESSED.	
SPECIAL SKILLS and HOBBIES	32. NON-A	(Write	in full)	MITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
BASIC EMBROIDERY	N/A .					MEMBER OF THE INSTITUTE OF CERTIFIED BOOKKEEPERS	
CKYARD GARDENING/ URBAN FARMING				•			
READING NOVELS							
WATCHING MOVIES							
SIGNATURE	(Contin	oue on separale s	heet If necessary)				
OIONATORE	me			DA	E.	JANUARY 10, 2022  CS FORM 212 (Revised 2017), Page 3 of	

34. Are you related by consanguinity or affinity to the appointin	g or recommending authority, or to the				
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?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☐ NO			
	• •				
	If YES, give details:				
35. a. Have you ever been found guilty of any administrative of	0				
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO				
		·If YES, give details:			
h Hayo you boon ariminally sharped hefers and to					
b. Have you been criminally charged before any court?		☐ YES ☑ NO			
	If YES, give details:				
	Date Filed:				
as they are sure by the state of the state o		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO				
by any court of tributiar?	If YES, give details:				
37. Have you ever been separated from the service in any of the	ne following modes: resignation				
retirement, dropped from the rolls, dismissal, termination, e	and of term, finished contract or phased	✓ YES □ NO If YES, give details:			
out (abolition) in the public or private sector?	· · · · · · · · · · · · · · · · · · ·	to seek new work environment			
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except				
Barangay election)?	and the four (except	☐ YES ☑ NO			
		If YES, give details:			
b. Have you resigned from the government service during t	he three (3)-month period before the last	☐ YES ☑ NO			
election to promote/actively campaign for a national or local		If YES, give details:			
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO			
		If YES, give details (country):			
•		in 120, give details (country).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (PA				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	blease answer the following items:				
Are you a member of any indigenous group?	, process another the following items.				
0		☐ YES ☑ NO If YES, please specify:			
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 applica	at Invasion to a V				
The Energe of Grant not related by consanguinty of annity to applical	nt /appointee)				
NAME	ADDRESS .	TEL. NO.			
MA. GAYLE P. ENCINA	BRGY. CATMON TANAUAN, LEYTE	09959671859			
	DICE TO CATALOGICA CONTROL CON	03333071039			
BENA-LYN C. FARIOLA	BRGY. TAMBULILID, ORMOC CITY	09166206380			
SHERYMAI CAAMIC	DDOY TABUBULA A LEVE	09555072400/09			
	BRGY. TABU DULAG, LEYTE	158662484	AAA		
42. I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a t	rue, correct and			
complete statement pursuant to the provisions of pertir	nent laws, rules and regulations of the	Republic of the			
Philippines. I authorize the agency head/authorized represe	entative to verify/validate the contents state	ed herein.	·~l/~		
agree that any misrepresentation made in this docu administrative/criminal case/s against me.	iment and its attachments shall caus	e the filing of MICHE	LIETANN'S CHUA		
administrativo/oriminal case/s against me.			eavor.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: Unified Multi-Purpose ID					
ID/License/Passport No.: 0111-7063826-2	Signature (Sign inside the b	ox)			
Date/Place of Issuance: MAY 4, 2017/ORMOC CITY	JANUARY 10, 2022				
	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	officert exhibi	his has validly issued			
and the bolore me this	, attiant exhibi	ting his her validly issued government ID	as indicated above.		
. 19.		- OKON			
200, NO. C. 3 a.s.	FEL BATAAN-TOLIRAO				
SAGENO DE TIL	of Ormod Municipalities of Kennen				
CON MAN COX	erida and leahol Louta				
EDIES AFAN 12	sion No. ORM-21-06-019				
. E. 11.27 1115 2011 000	2nd For., Brazil Bld		ORM 212 (Revised 2017), Page 4 of 4		
		No 58850			

ROII NO. 58859
IBP No. 172434, Leyte Chapter, 01/04/2022
PTR No. 7049865, Ormoc Cay, 01/07/2022
MCLE Compliance Mo. VI. (1927)