CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SI	IEE	T			
WARNING: Any misrepresent	tation made in the Personal Data Sheet and the	Work Experience Sheet shall	cause the fil	ing of admi	inistrative/cr	iminal case/s aga	inst the perso	on concerned
READ THE ATTACHED GUID	DE TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCOMP	LISHING THE		м			
L PERSONAL INFORMAT	es (and use separate sheet if necessary, Indicate	N/A if not applicable. DO NOT AE	BREVIATE.		1. CS ID No	0.	(Do not fill up	p. For CSC use
2. SURNAME	DAJAO							
						NAME EXTENSION (IR SR)	
FIRST NAME	FRANCES LOUISE	3						
MIDDLE NAME	BASALO			W				
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	16. CITIZENSHIP		✓ Filipino □ Dual Citizenshi			by naturalization	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship,		Pls. indicate				
5. SEX	Male Female	please indicate the details.						
6 CIVIL STATUS	L STATUS Single Married 17. RESIDENTIAL ADDRESS			586			30 DE DECIEMBRE ST.	
Egyppy Gallon (2004-2004 Service 1) (4.17) 2860 / 427 (4.28)	Widowed Separated Other/s:	The state of the second	H	ouse/Block/Lot	No.	PC	Street DBLACION ZONE	18
7. HEIGHT (m)		ander to the region?	5	BAYBAY CIT			LEYTE	
7. HEIGHT (III)	1.65m			City/Municipal			Province	
9. BLOOD TYPE	70kg	18, PERMANENT ADDRESS		586	586		30 DE DECIEMBRE ST.	
H H H H H H H H H H H H H H H H H H H	s <u>1010</u>	FOCD CONCEPTS INC.4	Но	ouse/Block/Lot	No.	70	Street	
10. GSIS ID NO.	ni	VYAG STATE ÜNIVERSIT. OF ARTS YD SCIENC	S	ubdivision/Villa	ige	PO	BLACION ZONE Barangay	78
11. PAG-IBIG ID NO.	121259775485	29521.2G (8) 6 1 AM 113	-	BAYBAY CIT			LEYTE	
12. PHILHEALTH NO.	132503384799	ZIP CODE	City/Municipality 6521		iy	Province		
13. SSS NO.		19. TELEPHONE NO.						
11. THE 110.	300-000-070-0000	ZU. MUBILE NU.			ı	933-524-0529		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	louisebasa		pasalo4gmail.com			
II. FAMILY BACKGROUNI								
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME		NAME EXTENSION (JR., SR)		HILDREN (W	rite full name an	d list all)	DATE OF BIF	RTH (mm/dd/yy)
OCCUPATION							1	
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS TELEPHONE NO.								
24. FATHER'S SURNAME	DAJAO							-
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)				_		
MIDDLE NAME	POLO							
25. MOTHER'S MAIDEN NAME			1			NO 41 1 NO 41 NO 4		
SURNAME	BASALO							
FIRST NAME	MARIA LUISA			***************************************				
MIDDLE NAME	LELIS		North American		~			
III. EDUCATIONAL BACKS				(1	Conanue on Se	parate sheet if nece	ssary)	
UNITED STATES				l				SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		E PERIOD OF ATTENDANCE HIGHEST LEVEL UNITS EARNED (if not graduated)		YEAR GRADUATED	ACADEMIC	
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION		6/6/2005	3/19/2011		2011	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION		6/6/2011	3/21/2015		2015	
VOCATIONAL / TRADE COURSE		.=				-		
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN A TECHNOLOGY	CCOUNTING	6/8/2015	5/24/2019		2019	

GRADUATE STUDIES

SIGNATURE

Novine dayar

DATE

	SERVICE								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFERMENT		LICENSE (if a	pplicable) Date of	
ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	South Bath To William Floor of the			NUMBER	Validity
	CSE-PPT PRO	PPT PROFESSIONAL 80.21% 3/17/2019 UNIVERSITY OF CEBU-BANILAD CAMPUS				CAMPUS	2 = =		
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10		Company Common Services Common		and the second second second	erge entre la communicación de la communicació			n ener tool	
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		and the second s							
		9							
			<i>(Called Market)</i>	ontinue on separate sheet h					
V. WORK	93/123/13/192		(00	minute on separate sheet ii	nocessary)				
Landau Santa Charles		nt. Start from your recent wo	ork) Description	of duties should be in	dicated in the attached V	ork Experie	nce sheet.		Sunda Ma
	CLUSIVE DATES (mm/dd/yyyy)	POSITION TIT	1 F	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
	1	(Write in full/Do not al		and contractions	/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
From	То		Legiste 12 (13)	VISAYAS STATI	UNIVERSITY-CASH		INCREMENT	1	
8/6/2019	9/30/2019	CLERK			VISION	9,539.00		JOB ORDER	Y
12/6/2019	7/6/2020	PAYROLL CL	ERK	1,000,000,000,000,000,000,000,000,000,0	PTS INC-ACCOUNTING	11,000.00		PROBITIONARY	N .
3/15/2021	PRESENT	CLERK			JNIVERSITY-COLLEGE ND SCIENCES	12,174.80		JOB ORDER	Υ
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			(Cor	tinue on separate sheet if	necessary)	Picconsol Names of the	e and the second		S NO POUR SOUTHWEST S SERVICE
SIGN	IATURE	Louis de as as			DATE	LPRU (18,2021		tur bits
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VI. VOLUNTARY WORK OR INVOLVEMEN	IT IN CIVIC / NON-GOVERNMEN			ORGANIZATIO	N/S		
29. NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
ASSESSMENT-UNIVERSITY OF SAN CARLOS		5/2/2018	8/4/2018	450.0	ON-THE-JOB CHARGE	TRAINEE-ASSISTANT OF ASSESSMENT IN-	
2 22							
V = ===	21 21 21 21 21 21 21 21 21 21 21 21 21 2						
-20							
VII. LEARNING AND DEVELOPMENT (L8	D INTERVENTIONS/TRAINING	Continue on separa PROGRAMS A	te sheet if necess	ary)		germa marta hamanza a Algeria (* 1821)	
O.F.			IVE DATES OF		Tarana and an) Alegadhi ta huce y	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
SAP Basic (Logistics and Financials)	La San Lai 18 refeturam 1847 /	5/7/2018	10/30/2018	600.0	har hav	FASTTRACK IT ACADEMY-UNIVERSITY OF SAN CARLOS	
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	(C)	ontinue on separat	sheet if necessar	ry)			
VIII. OTHER INFORMATION	NC NC	ON-ACADEMIC DIST	INCTIONS / RECO	GNITION	gas olims malikastaen	MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		ite in full)		Total Service	33. (Write in fulf) JUNIOR PHILIPPINE INSTITUTE OF	
SAP BUSINESS ONE		-				ACCOUNTANTS- CEBU FEDERATION	
		20 N - 10	***				
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		ntinua	nhaat War	ad a			
SIGNATURE	wintedayas	ontinue on separate	aned in necessal	The state of the s	ATE .	Xpril 08,2021	
	nouseoujas				1	CS FORM 212 (Revised 2017), Page 3 of 4	

The same of							
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 apppointed, a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Car	☐ YES ✓ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	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 an any court or tribunal?	ny law, decree, ordinance or regulation by	YES NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	inished contract or phased out (abolition)	If YES, give details: END OF TERM → PANDENIC				
38.	a. Have you ever been a candidate in a national or local electron are selection)?	ction held within the last year (except	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	candidate?	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. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability?	☐ YES ☑ NO If YES, please specify: ☐ 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 applicant	/appointee)					
AUDINIA MARIA	NAME	ADDRESS	TEL. NO.				
-	LOUELLA C. AMPAC	VISAYAS STATE UNIVERSITY-MC	0917-542-3297				
MK	S. RAQUEL H. DOHILING	0917-310-9067					
MRS. ABRILYN M. SAROMINES BANILAD, CEBU CITY, CEBU			0939-379-4944				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the natative to verify/validate the contents state	Republic of the dependence of the part of				
	vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance	(: 10					
Go	vernment Issued ID: PhilHealth	douteday as					
ID	License/Passport No.: 13 - 250 338 479 - 9	Signature (Sign inside the bo					
Da	re/Place of Issuance: BAYBAY CITY LEYTE	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above.				
Person Administering Oath							