**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 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. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2. SURNAME **ENDONG** NAME EXTENSION (JR., SR) N/A FIRST NAME MARK MILLAN MIDDLE NAME **NUEVAS** 3. DATE OF BIRTH 10/07/1997 16. CITIZENSHIP ☑ Filipino □ Dual Citizenship (mm/dd/yyyy)  $\ \square$  by birth  $\ \square$  by naturalization 4. PLACE OF BIRTH VIRAC, CATANDUANES If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ☑ Male ☐ Female ☑ Single ☐ Married 17. RESIDENTIAL ADDRESS ZONE 4 6 CIVIL STATUS House/Block/Lot No ☐ Widowed □ Separated LIWAYWAY ☐ Other/s: Subdivision/Village Barangay MACARTHUR LEYTE 7. HEIGHT (m) 1.59 City/Municipality 83 6509 ZIP CODE 8. WEIGHT (kg) ZONE 4 18. PERMANENT ADDRESS NONE 9. BLOOD TYPE House/Block/Lot No Street LIWAYWAY 10. GSIS ID NO. NONE Subdivision/Village Barangay MACARTHUR LEYTE 11. PAG-IBIG ID NO. 121246168159 City/Municipality ZIP CODE 12. PHILHEALTH NO. 13-025526053-8 6509 06-4261701-3 NONE 19. TELEPHONE NO 13. SSS NO. 14. TIN NO. 09292526710 379-118-877 20. MOBILE NO 15. AGENCY EMPLOYEE NO. 08-0006196 21. E-MAIL ADDRESS (if anv) endong.mark@gmail.com **FAMILY BACKGROUND** NONE 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) NONE FIRST NAME NONE NONE NONE MIDDLE NAME OCCUPATION NONE EMPLOYER/BUSINESS NAME NONE **BUSINESS ADDRESS** NONE TELEPHONE NO. NONE **ENDONG** 24. FATHER'S SURNAME AME EXTENSION (JR., SR) FIRST NAME **MELECIO** OMAG MIDDLE NAME 25. MOTHER'S MAIDEN NAME **NUEVAS** SURNAME FIRST NAME **MARY ANN MALTO** (Continue on separate sheet if necessary) MIDDLE NAME **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ ACADEMIC HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL GRADUATED (Write in full) (Write in full) HONORS (if not graduated) WITH MACARTHUR CENTRAL SCHOOL **ELEMENTARY** NONE ELEMENTARY 2004 2010 2010 HONORS WITH SECONDARY MACARTHUR NATIONAL HIGH SCHOOL **HIGH SCHOOL** 2010 2014 NONE 2014 HONORS VOCATIONAL / NONE NONE NONE NONE NONE NONE NONE TRADE COURSE ASIAN DEVELOPMENT FOUNDATION **BACHELOR OF SCIENCE IN** CHED, UCPB COLLEGE 2017 2020 NONE 2020 COLLEGE **ACCOUNTANCY** SCHOLAR **GRADUATE STUDIES** NONE NONE NONE NONE NONE NONE NONE

DATE

**DECEMBER 11, 2024** 

	ERVICE ELIG							11051105 "	E
	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	TION / CONFER	RMENT	LICENSE (if ap	oplicable)  Date of	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)				CONFERMENT			NUMBER	Validity	
CAREER SERVICE PROFESSIONAL 82.98%			08/06/2017	AL UNIVERSITY		NONE	NONE		
			(60	ontinue on separate sheet	if managed				
V. WORK E	XPERIENCE		(60	munue on separate sneet	II necessary)				
(Include priva	ate employme	nt. Start from your recent	work) Description	n of duties should be	indicated in the attached	Work Exper			
	JSIVE DATES m/dd/yyyy)	POSITION T		DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in ful	II/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
05/16/2023	12/31/2024	MUNICIPAL FINANC	IAL ANALYST		SOCIAL WELFARE AND	36,619.00	15-1	CONTRACT	Υ
10/07/2020	05/15/2023	STATION F	IEAD		ELOPMENT ELDS TRADING INC.	10,738.00	NONE	OF SERVICE PERMANENT	N
	01/07/2020	TELLE			RANDTOURS	7,436.00	NONE	PERMANENT	N
	01/01/2020	ILLLEI		Vo Gr		1,430.00	NONE	CEVINIWILEIN	IN
	<u> </u>								
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	l .		(Co	ontinue on separate sheet	if necessary)				
SIGNA	ATURE	nonkudare			DATE			ER 11, 2024	
		$\bigcirc$					С	S FORM 212 (Revised 2	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
UCPB-CIIF FOUNDATION INC.			04/30/2019	NONE	VOLUNTEER/SCHOLAR		
VII. LEARNING AND DEVELOPMENT (L&D) I		tinue on separate s	•				
VII. LEARNING AND DEVELOPMENT (L&D) I	NIERVENTIONS/TRAINING PRO	ı		 			
	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
KKB-CDD TRAINING FOR AC	T AND MCT		05/30/2024	16.0		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT	
COMMUNITY-BASED FINANCIAL MAN	AGEMENT TRAINING	04/23/2024	04/26/2024	32.0	TECUNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT	
TECHNICAL SESSION FO	OR MFA	09/26/2023	09/29/2023	24.0	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT	
8TH REGIONAL BUSINESS	SSUMMIT	11/26/2018	11/26/2018	8.0	TECHNICAL	PHILIPPINE COUNCIL OF DEAN AND EDUCATORS IN BUSINESS	
TAX UPDATES AND RE	FORMS	09/15/2017	09/15/2017	8.0	TECHNICAL	REGIONAL COUNCIL-JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS	
WIWAG BUSINESS WI	EEKS	07/05/2016	07/08/2016	32.0	TECHNICAL	BATO BALANI FOUNDATION INC. HOLCIM PHILIPPINES	
	(Cont	tinue on separate s	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
ADEPT KNOWLEDGE IN MS APPLICATIONS						COMMUNITY MANAGED SAVINGS AND CREDIT ASSOCIATION	
CRITICAL AND LOGICAL THINKER	LIC						
ROFICIENT IN THE ENGLISH LANGUAGE							
INTERPERSONAL COMMUNICATION SKILLS							
KNOWLEDGE IN CANVA LAYOUTING AND DESIGN							
		d					
SIGNATURE	undurdir	tinue on separate sheet if necessary)		DATE		DECEMBER 11, 2024  CS FORM 212 (Revised 2017), Page 3 of 4	

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 - Care	☐ YES ☑  If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	☐ YES ☑  If YES, give details:	NO			
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?	☐ 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?	P YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local election Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?				
· · · · · · · · · · · · · · · · · · ·	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?				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	☐ YES ☑ NO  If YES, please specify: ☐ YES ☑ NO  If YES, please specify ID No: ☐ YES ☑ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant		If YES, please specify ID	NO		
NAME	ADDRESS	TEL. NO.			
ELIZABETH M. SALAMANCA	CEBU CITY	09209609859	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)		
MARGIE C. MABITAD, CPA	TACLOBAN CITY	09457134241	Computer generated		
RAYMUND S. ARANETA	PALO LEYTE	09209777594	or photocopied picture is not acceptable		
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 represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	РНОТО 2017		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: DRIVER'S LICENSE  ID/License/Passport No.: H12-22-301174  Date/Place of Issuance: BAYBAY CITY	DRIVER'S LICENSE  With Place of Issuance:  DECEMBER 11, 20				
Date Accomplished Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued gov	vernment ID as indicated above.		
	h				