CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

| concerned.<br>READ THE ATTACHED GUIDE                         | tion made in the Personal Data Sheet and the<br>TO FILLING OUT THE PERSONAL DATA SHI   | EET (PDS) BEFORE ACCOM   | PLISHING THI   | E PD\$ FOR          | м.            | criminal case/s a              | gainst the pe                                 | erson                              |  |
|---|--|--|--|---------------------|---------------|--------------------------------|---|------------------------------------|--|
| Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIO | ) and use separate sheet if necessary. Indicate  | N/A if not applicable. DO NOT  | ABBREVIATE.  | Name and Address of | 1. CS ID No.  |                                | (Do not fill up.                              | For CSC use only)                  |  |
| 2. SURNAME  | A A A A DE LA DE LA DE LA DE LA DE LA DE LA DEL CONTROL DE LA DELLA DE LA DELLA DELL |  |  | No. Labor           | Adams &       |                                |   |                                    |  |
| FIRST NAME  | BARRERA  |  |  |                     |               | NAME EXTENSION (JR             | L, SR)  | 1/0                                |  |
| MIDDLE NAME   | MAKJAZIE JOELLA N/A  |  |  |                     |               |                                |   |                                    |  |
| 3. DATE OF BIRTH  | ALTIVO   | La america   |  |                     |               |                                |   | _                                  |  |
| (mm/dd/yyyy)  | 02/15/2002   | 16. CITIZENSHIP  | ☑ Filipino ☐ Dual Citizenship ☐ by hirth ☐ by naturaliza |                     |               | ration                         |   |                                    |  |
| 4. PLACE OF BIRTH   | BAYBAY, LEYTE  | If holder of dual citizenship,   |  |                     |               | Pls. indicate country:         |   |                                    |  |
| 5. SEX  | ☐ Male   | please indicate the details.   |  |                     |               |                                | ~   |                                    |  |
| 6 CIVIL STATUS  | ☐ Single ☐ Married ☐ Separated ☐ Other/s:  | Hou  |  | se/Block/Lot No.    |               |                                | JACINTO ST.  Street  HUKNINO ABIQUE  Barangay |                                    |  |
| 7. HEIGHT (m)   | 1.56   | -  |  |                     |               |                                | EYTE  |                                    |  |
| 8. WEIGHT (kg)  | 78   | ZIP CODE (65   |  |                     |               |                                | Province                                      |                                    |  |
| 9. BLOOD TYPE   | Dt   |  |  | 58-B E JACINTO ST.  |               |                                |   |                                    |  |
| 10. GSIS ID NO.   |  | Jan Janes II   | House/Block/Lot No. Subdivision/Village                  |                     |               | BRGY SATURNINO ABIQUE          |   |                                    |  |
| 11. PAG-IBIG ID NO.   | 121346325481   | BA   |  |                     |               |                                | Barangay LEYTE Province                       |                                    |  |
| 12. PHILHEALTH NO.  |  |  |  | 521                 |               |                                |   |                                    |  |
| 13. SSS NO.   | 06-4829730-1   | 19. TELEPHONE NO.  | N/A  |                     |               |                                |   |                                    |  |
| 14. TIN NO.   |  | 20. MOBILE NO.   | 09510905195  |                     |               |                                |   |                                    |  |
| 15. AGENCY EMPLOYEE NO.                                       |  | 21. E-MAIL ADDRESS (if any)  | majazie09@gmail.com                                      |                     |               |                                |   |                                    |  |
| II. FAMILY BACKGROUND   |  |  |  | 学院会会                | 19 百岁         |                                |   |                                    |  |
| 22. SPOUSE'S SURNAME  |  |  | 23. NAME of CHI  | LDREN (Write        | full name and | list all)                      | DATE OF BIRT                                  | TH (mm/dd/yyyy)                    |  |
| FIRST NAME  |  | NAME EXTENSION (JR., SR)   |  |                     |               |                                |   |                                    |  |
| MIDDLE NAME   |  |  |  |                     |               |                                |   |                                    |  |
| OCCUPATION  |  |  |  |                     |               |                                |   |                                    |  |
| EMPLOYER/BUSINESS NAME  |  |  |  |                     |               |                                |   |                                    |  |
| BUSINESS ADDRESS  |  |  |  |                     |               |                                |   |                                    |  |
| TELEPHONE NO.   |  |  |  |                     |               |                                |   |                                    |  |
| 24. FATHER'S SURNAME  | BARRERA  | NAME EXTENSION (JR., SR)   |  |                     |               |                                |   |                                    |  |
| FIRST NAME  | MARIO  | N/A  |  |                     |               |                                |   |                                    |  |
| MIDDLE NAME   | MANCIO   | and the second   |  |                     |               |                                |   |                                    |  |
| 25. MOTHER'S MAIDEN NAME                                      | 0.5010   |  |  |                     |               |                                |   |                                    |  |
| SURNAME   | ALTIVO   |  |  |                     |               |                                |   |                                    |  |
| FIRST NAME MIDDLE NAME  | JOCEL  |  |  | /0                  | antinua an aa | and sheet if access            |   | - Property S                       |  |
| III. EDUCATIONAL BACKG  | PARAISO  | Francisco de la constitución de  |  | (0)                 | onunue on se  | parate sheet if neces          | sary)   |                                    |  |
| 26. LEVEL   | NAME OF SCHOOL<br>(Write in full)  | BASIC EDUCATION/DEGRE  | E/COURSE   | PERIOD OF           | ATTENDANCE    | HIGHEST LEVEL/<br>UNITS EARNED | YEAR<br>GRADUATED                             | SCHOLARSHIP/<br>ACADEMIC<br>HONORS |  |
| Car de la   | (VVIIII)   | (With in fall)   | -  | From                | To            | (if not graduated)             | OIVIDONTED                                    | RECEIVED                           |  |
| ELEMENTARY  | BAYBAY I CENTRAL SCHOOL  |  |  | 2008                | 2014          |                                | 2014  |                                    |  |
| SECONDARY   | CEBU INSTITUTE OF TECHNOLOGY<br>- UNIVERSITY   | SENIOR HIGH SCHOOL   |  | 2018                | 2020          |                                | 2020  | academic<br>Scholarshir            |  |
| VOCATIONAL /<br>TRADE COURSE                                  |  |  |  |                     |               |                                |   |                                    |  |
| COLLEGE   | CEBU INSTITUTE OF TECHNOLOGY<br>— UNIVERSITY   | HOTHERTSIMMER ESTIMINISTER SON NOTHERNA SCHOOL SCHOOL STANDING OF THE STANDING |  | 2020                | 2024          |                                | 2024  |                                    |  |
| GRADUATE STUDIES  |  |  |  |                     |               |                                |   |                                    |  |
| SIGNATURE   |  | Continue on separate sheet if nece   | essary)  |                     | TE            | 201                            | 09/202  |                                    |  |
| SIGNATURE   | Barreigh   | - TA - 16  |  | DA                  | TE            |                                |   | 1 2017). Page 1 of 4               |  |

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| SPECIAL LAW              | 080 (BOARD/ BAR) UNDER<br>VS/ CES/ CSEE<br>TY / DRIVER'S LICENSE   | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINA        | TION / CONFER  | RMENT                         | NUMBER   | Date of Validity |
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| (mm/dd/yyyy)             | POSITION TITLE (Write in full/Do not abbreviate)   |                           | DEPARTMENT / AGEN<br>(Write in full/D  | MONTHLY<br>SALARY       | applicable)& STEP<br>(Format "00-0")/  | STATUS OF APPOINTMENT         | GOVT<br>SERVICE<br>(Y/N)   |                  |
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|  | S OF ORGANIZATION<br>ite in fulf) | INCLUSIVE DATES<br>(mm/dd/yyyy)                  |                                   | NUMBER OF HOURS         | POSITION / NATURE OF WORK                   |   |  |
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| VII. LEARNING AND DEVELOPMENT (L   | &D) INTERVENTIONS/TRAINING P      | 1  |                                   |                         | 10.50                                       |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT (Write   | T INTERVENTIONS/TRAINING PROGRAMS | ATTEN  | E DATES OF<br>NDANCE<br>(dd/yyyy) | NUMBER OF HOURS         | Type of LD<br>( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full)     |  |
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| VIII. OTHER INFORMATION  | (Con                              | ntinue on separate s                             | sheet if necessa                  | ary)                    | a standards                                 |   |  |
|  | I                                 | N-ACADEMIC DISTIN                                | - IOTIONIS I REC                  | CONTION                 |   | MEMBERSHIP IN ASSOCIATION/ORGANIZATION      |  |
| 31. SPECIAL SKILLS and HOBBIES   | 32. NON                           |  | ite in full)                      | JONITION                |   | 33. (Write in full)                         |  |
| PHOTOGRAPHY  |                                   |  |                                   |                         |   |   |  |
| ATTENTION TO DETAIL  |                                   | 1111   |                                   |                         |   |   |  |
| ORGANIZING EVEYTS  |                                   |  |                                   |                         |   |   |  |
| MICROSOFT OFFICE   |                                   |  |                                   |                         |   |   |  |
| DATA ENTRY   |                                   | -  |                                   |                         |   |   |  |
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| THE RESERVE OF THE PARTY OF THE | 11/00-04                          |  |                                   | A STATE OF THE STATE OF |   | CS FORM 212 (Revised 2017), Page 3 o        |  |

| 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 appointed,  | g or recommending authority, or to the e supervision over you in the Office, |                              |  |  |  |
|------------|--|--|------------------------------|--|--|--|
| ì          | a. within the third degree?  | YES 🔽  | <b>Y</b> NO                  |  |  |  |
| Ŷ,         |  | b. within the fourth degree (for Local Government Unit - Career Employees)?  |                              |  |  |  |
|            | 5. Main are real acquee (for Local Government offit - Cal  | reer Employees)?   | ☐ YES ☑ If YES, give details | NO   |  |  |
|            |  |  | ii 123, give details         |  |  |  |
| 35.        | a. Have you ever been found guilty of any administrative of  | fense?   | ☐ 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 a  | any law, decree, ordinance or regulation                                     | ☐ YES                        | ☑ NO   |  |  |
|            | by any court or tribunal?  |  | If YES, give details:        |  |  |  |
|            | ·  |  |                              |  |  |  |
| 37.        | Have you ever been separated from the service in any of the  |  | ☐ YES                        | ☑ NO   |  |  |
|            | retirement, dropped from the rolls, dismissal, termination, el out (abolition) in the public or private sector?  | nd of term, finished contract or phased                                      | If YES, give details         | :  |  |  |
| 38.        | a. Have you ever been a candidate in a national or local ele   | ection held within the last year (except                                     | ☐ YES                        | ☑ NO   |  |  |
|            | Barangay election)?  | If YES, give details:  |                              |  |  |  |
|            | b. Have you resigned from the government service during to   |  | ☐ YES ☑ NO                   |  |  |  |
|            | last election to promote/actively campaign for a national or   |  | 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):  |                              |  |  |  |
| 40.        | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma   | ona Carta for Disabled Persons (RA   | -                            |  |  |  |
|            | 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)  |  | 1                            |  |  |  |
| 3.         | Are you a member of any indigenous group?  |  | YES                          | ☑ NO   |  |  |
| ).         | Are you a person with disability?  |  | If YES, please specify:      |  |  |  |
|            | The you a person with disability?  | ☐ YES  |                              |  |  |  |
| <b>3</b> . | Are you a solo parent?   |  |                              |  |  |  |
|            |  |  | If YES, please specify       | ID No:   |  |  |
| 41.        | REFERENCES (Person not related by consanguinity or affinity to applicant   | t /appointee)  |                              |  |  |  |
|            | NAME   | ADDRESS  | TEL. NO.                     |  |  |  |
|            | NILDA RAPISORA   | CEBU CITY  | 238-2624 or<br>09335405056   |  |  |  |
|            |  |  | 7,090,000                    | <b>30</b>  |  |  |
| _          |  |  |                              | 5-3  |  |  |
| 40         | A dealers under oath that I have a   | His Barrers But Observe History  |                              |  |  |  |
| 42.        | I declare under oath that I have personally accomplished<br>complete statement pursuant to the provisions of pertine   |  |                              | All House Land   |  |  |
|            | Philippines. I authorize the agency head/authorized repre  |  |                              | MARJAZIE JOELLA A. BARRERA   |  |  |
|            | I agree that any misrepresentation made in this doc  |  |                              | MARJAZIE JOELLA A. BARRERA   |  |  |
|            | administrative/criminal case/s against me.   |  |                              | A Comment of the Comm |  |  |
|            | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)   | 2  |                              |  |  |  |
| _          | EASE INDICATE ID Number and Date of Issuance   | .  |                              |  |  |  |
| $\vdash$   | overnment Issued ID: DRIVER'S LICENSE  | Promerap   |                              |  |  |  |
| Н          | /License/Passport No.: H12 -21 - 200 220   | Signature (Sign inside the t   |                              |  |  |  |
| Da         | ate/Place of Issuance: 08/26/2021 BAYBAY CITY  | OX / 69 /262<br>Date Accomplished  | Right Thumbmark              |  |  |  |
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|            | The second secon | Person Administrator Co  | th                           |  |  |  |
|            |  | Person Administering Oa  | UI                           |  |  |  |