CS Form No. 212 PERSONAL DATA SHEET Revised 2017 WARNING: Any misinterpretation 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. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1 CS ID No PERSONAL INFORMATION DARLO 2 SURNAME MARRY GRACE FIRST NAME MIDDLE NAME CADAG FILPINO Dual Citizenship 16 CITIZENSHIP ☑ Filipino 3. DATE OF BIRTH **JANUARY 17, 1999** ☐ by birth ☐ by naturalization (mm/dd/yvvv) Pls. indicate country: If holder of dual citizenship, SAN ILDEFONSO, BULACAN 4. PLACE OF BIRTH please indicate the details. Philippines ☑ Female 5. SEX 17. RESIDENTIAL ADDRESS ☐ Married ☑ Single House/Block/Lot No Street 6 CIVIL STATUS ☐ Separated ☐ Widowed MALINAO Barangay ☐ Other/s: Subdivision/Village MAHAPLAG 15 Province City/Municipality 7. HEIGHT (m) 6512 ZIP CODE 40 8. WEIGHT (kg) 18. PERMANENT ADDRESS Street House/Block/Lot No. 9. BLOOD TYPE SITIO CAN IGO MAI INAO BARANGAY NONE Barangay 10. GSIS ID NO Subdivision/Village BUNGA LEYTE MAHAPLAG ABUYIG, NONE 11. PAG-IBIG ID NO. City/Municipality LEYTE 6512 12-025874502-2 12. PHILHEALTH NO NONE 06-4204262-0 19. TELEPHONE NO. 13. SSS NO. 09102902042 755-181-644-000 20 MOBILE NO. 14. TIN NO. cutieging2@gmail.com 21. E-MAIL ADDRESS (if any) NONE 15. AGENCY EMPLOYEE NO II. FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) DECEASED 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) NONE NONE NONE FIRST NAME NONE MIDDLE NAME NONE OCCUPATION NONE EMPLOYER/BUSINESS NAME NONE BUSINESS ADDRESS NONE TELEPHONE NO. DECEASED 24 FATHER'S SURNAME IAME EXTENSION (JR., SR) FIRST NAME NONE MIDDLE NAME NONE 25. MOTHER'S MAIDEN NAME

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BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT			NUMBER	Date of Validity	
LICENSUF	LICENSURE EXAMINATION FOR TEACHERS		75.0	09/29/2019	TACLO	DBAN CITY		212567	01/17/2023
. WORK E	XPERIENCE		(C	ontinue on separate sheet i	f necessary)			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	
		ent. Start from your recei	nt work) Descripti	on of duties should b	e indicated in the atta	ched Work Exp	erience shee	L	7 15 18 1
	SIVE DATES	POSITION TI	ITLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (II	STATUS OF	GOVT
From	To	(Write in full/Do not			o not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format '00-0") INCREMENT	APPOINTMENT	SERVICE (Y/N)
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SIGNA		()	mapaod.		DATE			FORM 212 (Revised)	

NAME & ADDRESS OF C		INCLUSIVE DATES		135073493	Property and the last	NAME OF THE OWNERS OF THE OWNER, WHEN THE OWNER,	
(Write in fu		(mm/d	d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
NONE		From	То		NAME		
NONE		NONE	NONE	NONE		NONE	
		offices of a	thank if passesses				
LEARNING AND DEVELOPMENT (L&D)) INTERVENTIONS/TRAINING PR		ENDED		erial positions)		
nografi and incli	The section County taken for	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY .	
		(mm/dx From	To		Supervisory/ Technical/etc)	(Write in full)	
WEBINAR: GUIDE FOR A SUCCESSF CONVERSATION J		02/27/2021	02/27/2021	4HR	TECHNICAL	DR. MARIA RITA D. LUCAS	
CPD TRAINI	NG	02/18/2021	02/23/2021	48HR	TECHNICAL	DR. DENNIS S. LAGUMEN	
BASIC OPERATIONS OF MIC	CROSOFT OFFICE	01/06/2020	01/24/2020	120HR	TECHNICAL	ENGR. JOSE A. MORA, JR.	
CONTACT CENTER SE	RVICES NCII	10/28/2019	11/19/2019	136HR	TECHNICAL	PRISCILLA S. LAMPROS	
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	(Co	ontinue on separate st	heel if necessary)				
II. OTHER INFORMATION	ANALY SALE SALES	The state of the	1950xxx40				
1 SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33 MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
SINGING	NONE					NONE	
COOKING							
in and in							
of corres to							
Thursday (1)		itinue on separate si	heet if necessard	1113.100	ana la serie		
SIGNATURE	(Con	onse on separate S		DA			

Are you related by consanguinity or affinity to the appoint	iting or recommending authority, or to the			
chief of bureau or office or to the person who has immed	diate supervision over you in the Office,			
Bureau or Department where you will be apppointed,				
a. within the third degree?	☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit -	Career Employees)?	☐ YES ☑ NO		
		If YES, give details:		
35. a. Have you ever been found guilty of any administrative	offense?	. ☐ YES ☑ NO		
		If YES, give details:		
		☐ YES ☑ NO		
b. Have you been criminally charged before any court?		If YES, give details:		
		Date Filed:		
		Status of Case/s:		
	t			
36. Have you ever been convicted of any crime or violation of	☐ YES ☐ NO			
any court or tribunal?		If YES, give details:		
37. Have you ever been separated from the service in any o	f the following modes: resignation, retirement,	☑ YES □ NO)	
dropped from the rolls, dismissal, termination, end of terr	n If YES, give details: RESIGNATION			
the public or private sector?	The state of the s			
38. a. Have you ever been a candidate in a national or local	election held within the last year (except	YES IN N	10	
Barangay election)?		If YES, give details:		
b. Have you resigned from the government service durin	g the three (3)-month period before the last	☐ YES ☑ N	10	
election to promote/actively campaign for a national or lo	cal candidate?	If YES, give details:		
39. Have you acquired the status of an immigrant or perman	and and the street of the stre	☐ YES ☑ NO		
00		If YES, give details (country	y):	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b)	Magna Carta for Disabled Persons (RA 7277):			
and (c) Solo Parents Welfare Act of 2000 (RA 8972), ple	ase answer the following items:			
a. Are you a member of any indigenous group?		□ YES ☑ N	Ю .	
- Me you a mount of any margarious group.		If YES, please specify:		
b. Are you a person with disability?		YES IN NO.	10	
		If YES, please specify ID No:	-	
c. Are you a solo parent?		☐ YES ☑ N If YES, please specify ID No:	IU	
		Lei piesee epesii io ito.		
41. REFERENCES (Person not related by consanguinity or affinity to appli	cant /appointee)			
NAME:	ADDRESS	TEL. NO.		
CHRISTIAN REY P. CAJATE	MALINAO, MAHAPLAG, LEYTE	9515107491	(==)	
GUIA B. ABRANTES	MALINAO, MAHAPLAG, LEYTE	9380355246		
	BRGY, UPPER, SITIO TAGLIBAS, MAHAPLAG,	9126060596		
MARY GRACE V. GLORIA	LEYTE			
 I declare under oath that I have personally accomplise complete statement pursuant to the provisions of pertinent 	ried this reisonal bata sheet which is a t it laws rules and regulations of the Republic o	f the Philippines.		
I authorize the agency head/authorized representative to	o verify/validate the contents stated herein.	I agree that	Xmgral.	
any misrepresentation made in this document and its atta	chments shall cause the filing of administrativ	e/criminal case/s	MARRY GRACES C. DARLO	
against me.				
* * * * * * * * * * * * * * * * * * *				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)				
PLEASE INDICATE ID Number and Date of Issuance		11		
Government Issued ID: TIN	Imgand.			
ID/License/Passport No.: 755-181-644-000	Signature (Sign inside the b	(xc)	Marie Constitution of the	
Date/Place of Issuance: TACLOBAN CITY		A Company of the Comp		
THOUSAND THE	Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	INE 2 75 20021	iting his/her validly issued sovers	ment ID as indicated above	
		iting his/her validly issued govern	Helit ID as ilidicated above.	
DOC, NO. 12	ATTY, JASVO L. ALO			
PAGE NO. 3	FOR BAYBAY CITY MAHAPLAC AND ALC	PERA, LEYTE		
BOOK NO. XV	NOTARI L COMMISSION NO B-20 VALO UNTIL DECEMBER 31, 20	03-01 21		
SERIES OF 207	MCLE COMPLIANCE NO. VI-0011 VALID UNTIL APRIL 14, 2021 PTR NO. PLSOS POO PT VI SELVANA			
The state of the s	PTR NO. PUSOS 900 / OT VO SOZY / ANA N	LAG, LEYTE		
	POLL NO. 63851 TIN NO. 943-964-140			