CS Form No. 212 Revised 2017 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. 1. CS ID No.) It use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION 2. SURNAME PESERAL ME EXTENSION (JR., SR) FIRST NAME ARFGAIL OLIVA MIDDLE NAME 3. DATE OF BIRTH 29/05/1998 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. √ Female 5. SEX ☐ Male 17. RESIDENTIAL ADDRESS N/A N/A √ Single ☐ Married 6 CIVIL STATUS e/Block/Lot N Street ☐ Widowed ☐ Separated N/A IGANG ☐ Other/s: Subdivision/Villag Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.62 City/Municipality 52 6521 8. WEIGHT (kg) **ZIP CODE** 18. PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE 0 e/Block/Lot No Street N/A IGANG N/A 10. GSIS ID NO. Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 121281796928 City/Municipality Provinc 132025892406 ZIP CODE 12. PHILHEALTH NO. 6521 06-4407651-3 13. SSS NO. 9. TELEPHONE NO. N/A 777204887 09302091638 14. TIN NO. O. MOBILE NO. 15. AGENCY EMPLOYEE NO N/A 1. E-MAIL ADDRESS (if any) peseralabegail@gmail.com II. FAMILY BACKGROUND N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) N/A FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME PESERAL NAME EXTENSION (JR., SR) FIRST NAME NATANAEL MARZON MIDDLE NAME 25. MOTHER'S MAIDEN NAME OLIVA SURNAME SONIA FIRST NAME

MIDDLE NAME CABALTERA (Continue on separate sheet if necessary) EDUCATIONAL BACKG SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC I FVFI UNITS EARNED HONORS RECEIVED (Write in full) GRADUATED (if not graduated) From To SECOND IGANG ELEMENTARY SCHOOL PRIMARY EDUCATION ELEMENTARY 2004 2010 2010 HONORABLE MENTION SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 2010 2014 2014 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE LOCAL VISAYAS STATE UNIVERSITY BS COMPUTER SCIENCE 2015 2020 2020 UNIT SCHOLAR **GRADUATE STUDIES** CEBU INSTITUTE OF TECHNOLOGY UNIVERSITY MASTER OF SCIENCE IN COMPUTER SCIENCE 2022 2022 N/A N/A

SIGNATURE

DATE

IV. CIVIL SE	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			DATE OF EXAMINATION /	TION / CONFERMENT		LICENSE (if a	oplicable) Date of		
			(If Applicable)	CONFERMENT	THOM / COM ENVIENT		NUMBER	Validity	
DRIVER'S LICENSE N/A			N/A	03/03/202	LAND TRANSPORTAT	TION OFFICE	, BAYBAY	H12-20-001569	05/29/2024
			(Con	tinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt. Start from your recen	t work) Description	of duties should b	e indicated in the attache	ed Work Expe	erience sheet		
28. INCLU	JSIVE DATES				ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	m/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		(Write in full	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)	
09/29/2020	04/01/2021	Staff		City Planning an	d Development Office, J- Baybay	8,000.00	N/A	CONTRACTUAL	Υ
04/01/2021	02/10/2023	Part-time Ins	tructor		State University	15,000-20,000	N/A	CONTRACTUAL	Υ
SIGNA	ATURE		(Con	tinue on separate sheet	if necessary) DATE				
313117		_				-			

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	/ PEOPLE / VO	DLUNTARY O	RGANIZATION	V/S		
23.	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)			POSITION / NATURE OF WORK	
N/A		From	То				
1477							
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s)			
		INCLUSIVE DATES OF			Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTENDANCE (mm/dd/yyyy)		(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
SEAMEO Thursday Teacher Training Interactive	Webinar	From 8/25/2022	To 8/25/2022	2.0		SEAMEO	
Teaching History in the 21st Century		7/2/2022	7/2/2022	2.0		Kaagapay Teacher Support	
Google Workspace for Education Fundamental	s Training Program	6/28/2022	6/30/2022	9.0		Kaagapay Teacher Support	
Typhoon Awareness and Calamity Readiness		6/29/2022	6/29/2022	2.0		Visayas State University, College of	
Application of Virtual Reality to Agriculture, Land Use and Transportation Plans			6/22/2022	3.0		Engineering Visayas State University	
2nd SEAMEO-New Zealand Master Class on Digital Revolution for Education			5/24/2022	2.0		SEAMEO	
Basic Graphic Editing Using Canva		3/3/2022	3/4/2022	8.0		Department of Information and	
Choosing the Right Journal for Your Research A	10/5/2021	10/5/2021	2.0		Communications Technology - MIMAROPA Elsevier		
SEAMEO-New Zealand Master Class on Education		9/30/2021	9/30/2021	2.0		SEAMEO	
Security Seminar/Lecture on Intellectual Property Rights	(IPR)	8/26/2021	8/26/2021	4.0		Visayas State University	
, , ,	<u> </u>						
	(Con	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION				NITION .			
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN- (Write	ICTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
BASIC PROGRAMMING		N/A			N/A		
GRAPHICS DESIGN							
READING							
PLAYING GUITAR							
EDITING VIDEOS AND PHOTOS							
PHOTOGRAPHY							
CIONATURE	(Con	tinue on separate s	sheet if necessary		\TE		
SIGNATURE				DF	ATE	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 - Car	☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative off	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local ele- Barangay election)?	☐ 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	☐ 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.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?		☐ YES ☑ NO				
b.	Are you a person with disability?	If YES, please specify ☐ YES	y: 				
			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)					
	NAME	ADDRESS	TEL. NO.				
	RAIAN MARK VALENZONA	BAYBAY CITY, LEYTE	9197103633				
	MARGIE J. LIBOT	BRGY. HIGULOAN, BAYBAY CITY, LEYTE	9514644895				
	JHOEMIEL M. CALIXTRO	BRGY. LIBHO, MERIDA, LEYTE	9678309154				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: DRIVER'S LICENSE						
ID	/License/Passport No.: H12-20-001569	Signature (Sign inside the bo	ox)				
Da	ate/Place of Issuance: 03/03/2020	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
		Person Administering Oatl	h				
				CS FORM 212 (Revised 2017) Page 4 of 4			