CS Form No. 212 Revised 2017	PERS	TAISHEE TAR ROAD (BOARD) REPORTED THE SERVICE OF TH				
WARNING: Any misrepreser	ntation made in the Personal Data S	heet and the Work Experience She	et shall cause the filing of adm	inistrative/cri	minal case/s a	gainst the
person concerned. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YTIO NABOJOAT DE TO FILLING OUT THE PERSONA	L DATA SHEET (PDS) BEFORE AC	COMPLISHING THE PDS FORM	TEACHER	FOR	
Print legibly. Tick appropriate box	xes () and use separate sheet if neces	ssary. Indicate N/A if not applicable. DO	NOT ABBREVIATE. 1. CS ID No.		(Do not fill up. Fo	or CSC use only
I. PERSONAL INFORMAT				4144		
2. SURNAME	SAOY			N/A AV/		
FIRST NAME	SYLVIA			AVI		
MIDDLE NAME	CABALUNA			NA		
3. DATE OF BIRTH (mm/dd/yyyy)	06/19/1993	16. CITIZENSHIP	☑ Filipino □			
4. PLACE OF BIRTH	MAC ARTHUR LEYTE	If holder of dual citizenship,	0)	th D by naturalization licate country:		
5. SEX	☐ Male ☑ Female	please indicate the details.	Philippines		TAN RVISION	-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	N/AT MOUREM		(Vecy/LN/A Ti	
(N-19)	☐ Widowed ☐ Separated ☐ Other/s:	ORGAN STATE OF SIGNATURE STATE STATE OF SIGNATURE STATE STAT	House/Block/Lot No. N/A		Street RUMUALDEZ	
NA AWA	NA NIA	AM :	Subdivision/Village MAC ARTHUR		Barangay LEYTE	Alk
7. HEIGHT (m)	5'0		City/Municipality		Province	
8. WEIGHT (kg)	53		A#1		N//	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	N/A House/Block/Lot No.	-	N/A Street	
10. GSIS ID NO.	NA NA		N/A Subdivision A/Alexa		RUMUALDEZ	
11. PAG-IBIG ID NO.	NA NA		Subdivision/Village MAC ARTHUR		Barangay LEYTE	
		710 0005	City/Municipality		Province	
12. PHILHEALTH NO.	13-025220592-7 NA	ZIP CODE	6509 AM	WA		
13. SSS NO.		19. TELEPHONE NO.	Avi	5164113		
14. TIN NO.	456-406-821	20. MOBILE NO.	sylvia.saoy1			
15. AGENCY EMPLOYEE NO. II. FAMILY BACKGROUN	NA ID	21. E-MAIL ADDRESS (if any)	<u>sylvia.saoy i</u>	ewgman.c	JOIII	
22. SPOUSE'S SURNAME	NA NA	23 NAM	E of CHILDREN (Write full name and lis	t all)	DATE OF BIRT	H (mm/dd/xxxv)
FIRST NAME	NA NA	N/A	STEVEN JAZZ SAOY		02/14/2016	
	NA NA		44		02/14	2010
MIDDLE NAME			AM			
OCCUPATION	NA		AM			
EMPLOYER/BUSINESS NAME	NA					
BUSINESS ADDRESS	NA		·• AM			
TELEPHONE NO.	NA		АИ			
24. FATHER'S SURNAME	SAOY		Al-			
FIRST NAME	CRISANTO	N/A	AV!			
MIDDLE NAME	BELLEZA		AM			
25. MOTHER'S MAIDEN NAME	TERESITA GASPAY CABALUNA	\	AM			
SURNAME	CABALUNA		АИ			
FIRST NAME	TERESITA		AV			
MIDDLE NAME	GASPAY		(Continue on separa	te sheet if neces	ssary)	
III. EDUCATIONAL BACH	(GROUND	The state of the s				
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURS		LEVEL/ UNITS	YEAR	SCHOLARSHIP ACADEMIC
LL VLL	(Write in full)	(Write in full)	From To	EARNED (if not	GRADUATED	HONORS RECEIVED
ELEMENTARY	DANAO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999 2006	GRADUATED	2006	N/A
SECONDARY	MAC ARTHUR NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2006 2010	GRADUATED	2010	N/A N/A
VOCATIONAL /	VISAYAS CRISTIAN INSTITUTE OF TECHNOLOGY	TESDA	2011 2014	GRADUATED		
TRADE COURSE COLLEGE	ABUYOG COMMUNITY COLLEGE	BACHELOR ELEMENTARY EDUCATION	N 2017 2021	GRADUATED	2022	NA
GRADUATE STUDIES	Asian Development Foundation College		2024 PRESENT	9 units	NA	NA
		(Continue on separate sheet if necessar	ny) (in	len-	Ligit	1
SIGNATURE		1	DATE	03-0	6-34	

7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE BOARD PASSER LICENSURE EXAMINATION		RATING (If Applicable)	DATE OF EXAMINATION /	TION / CONF	ERMENT	LICENSE (if	applicable) Date of		
		OSUME TRANSPORT	CONFERMENT	TACLOBAN CITY			NUMBER	Validity	
	FOR TEAC		77.0	MARCH 19,2023	IN THE PARTY OF THE	HA THO	- TO FILL	2056472	06/19/20
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	N/A	4141					ATV IVE		HMAP 18
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of the same	N/A				ATTENDED	281 31 50			110 -1 11
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WOR	K EXPERIENCE			STEWN AND AND	312	HUTHA	A-11		
-		t. Start from your re	cent work) Descri	ption of duties shoul	d be indicated in the a	ttached V	ork Experie	nce sheet.	
	CLUSIVE DATES (mm/dd/yyyy)	POSITION 1 (Write in full/Do not	A STATE OF THE PARTY OF THE PAR	THE RESERVE OF THE PROPERTY OF THE PARTY OF	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY	PAY GRADE (If applicable)& STEP (Format '00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
A	N/A ^S	NA	AW wokenton		N/A	N/A	N/A	N/A	N/A
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29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOUR	POSITION / NATURE OF WORK			
NA	N/A	N/A	N/A	N/A			
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VII. LEARNING AND DEVELOPMENT (L8					· · · · · · · · · · · · · · · · · · ·		
(Start from the most recent L&D/training program and in TITLE OF LEARNING AND DEVELOPMENT	INCLUSI	VE DATES OF	aken for the last five	Type of LD			
30. INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ENDANCE o/dd/xxxx) To	NUMBER OF HOURS	Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
PRACTICE TEACHING	03/23/2021	06/11/2022	460 HRS	Technical Technical	JAVIER CENTRAL SCHOOL		
CARPENTRY NC II	07/29/2023	09/18/2023	301	Techical			
	E 10 8 11	"NOTHING FOLLOWS"			Techical Ecuc. And Skill Dev. Authority		
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VIII. OTHER INFORMATION		e en la enate		med Sandrey V	arcani al original hatele save		
31. SPECIAL SKILLS and HOBBIES	erti sauso NO		FINCTIONS / RECOG	O made i noitina	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COMPUTER LITERATE	N/A		error or time service or	NA NAME OF THE OWNER O			
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SIGNATURE	T /L	7		ATE	03-04-24		

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed, a. within the third degree?		NAME & ADDRESS OF OPGANIZATION INCLUSIVE		
b. within the fourth degree (for Local Government Unit - 0	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:		
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 regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, phased out (abolition) in the public or private sector?	end of term, finished contract or	YES		
38. a. Have you ever been a candidate in a national or local e (except Barangay election)?	lection held within the last year	YES TO NO ILOM YET ME		
b. Have you resigned from the government service during the last election to promote/actively campaign for a nation		If YES, give details: ☐ YES ☑ NO If YES, give details:		
39. Have you acquired the status of an immigrant or permane	nt resident of another country?	☐ YES ☑ NO If YES, give details (country):		
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA Are you a member of any indigenous group? 		YES ☑ NO		
Are you a person with disability?		If YES, please specify: ☐ YES ☑ NO		
Are you a solo parent?	*	If YES, please specify ID No: YES NO If YES, please specify ID No:		
41. REFERENCES (Person not related by consenguinity or affinity to applica	int /appointee)	AV		
NAME	ADDRESS	TEL. NO.		
HON. JARED MILAR	BRGY DANAO MAC ARTHUR LEYTE	9123057708		
HON. ARMIE ANN M, MALQUISTO	BRGY DANAO MAC ARTHUR LEYTE	9203955738		
HON. BEDE MUNDALA	BGRY RUMUALDEZ MAC. LEYTE	910658280		
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 re- herein. I agree that any misrepresentation made in filing of administrative/criminal case/s against me.	nt laws, rules and regulations of the presentative to verify/validate the	s shall cause the		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		COMPUTER LITERATE		
Government Issued ID: PRC ID				
ID/License/Passport No.: 2056472	Signature (Sign inside			
Date/Place of Issuance: 06/16/2023 TACLOBAN CITY	A Date Accomplish	ed Right Thumbmark		
SUBSCRIBED AND SWORN to before me this MAR U E		Aued government ID as indicated above.		
PAGENO. 41	FOLAPAZ, MAYORGA, MACA JAVIER, ABUYOG, and the Provin COMMISSION NO 11-24 LINTIL DECEMBER 31, 2:	-03 ANDIANOIS		
PRIES OF 2024	Person Administering	IL MACARTHUR LEYTE		
	PT NO 9591937, 11-19-2024,	CS FORM 212 (Revised 2017), Page		