CS Form No. 212 Revised 2017 PERSONAL DATA SHEET										
WARNING: Any misrepresentation concerned.							iminal case/s ag	ainst the pers	ion	
READ THE ATTACHED GUIDE T Print legibly Tick appropriate boxes (	O FILLING OUT THE PERSONAL  nature of the second of the se	AL DATA SHEE	ET (PDS) BEFORE ACCOMP	PLISHING THE						
PERSONAL INFORMATION		ssary. Indicate .	All not applicable. Do not All	SBREVIALE.		CS ID No.		(Do not fill up. Fo	or CSC use only)	
2. SURNAME	PENING									
FIRST NAME	NENIA FE					ľ	NAME EXTENSION (JR.,	SR)		
MIDDLE NAME	PEDRA									
3. DATE OF BIRTH	FEBRUARY 13, 200	00	16. CITIZENSHIP							
(mm/dd/yyyy)	. ==:::::::::::::::::::::::::::::::::::	50	10. CHIZENGHIF	✓ Filipino ☐ Dual Citizenship				٦		
4 PLACE OF BIRTH	CABALIWAN, MERIDA,	LEYTE	If holder of dual citizen	✓ by birth  If holder of dual critizenship,  Pls. indicate a		Pls. indicate co	by naturaliz	ation		
5. SEX	☐ Male ☑	Female	please indicate the de	rtails.				_		
6 CIVIL STATUS	☑ Single	Married	17 RESIDENTIAL ADDRESS	<u>_</u>				PROPER		
	Widowed	Separated		House/Block/Lot No.		Street				
	Other/s:			Subdivision/Village			CANBANTUG Barangay			
7. HEIGHT (m)	1.48			Cit	MERIDA b/Municipality		LEYTE			
8. WEIGHT (kg)	42		ZIP CODE	6540	city/Municipality			Province		
9 BLOOD TYPE	N/A		18. PERMANENT ADDRESS					PROPER		
10. GSIS ID NO.	N/A				se/Block/Lot No.		Street CANBANTUG			
11. PAG-IBIG ID NO.	121305972698				ubdivision/Village MERIDA			Barangay LEYTE		
12. PHILHEALTH NO.	13-250708640-7		ZIP CODE		ty/Municipality			Province		
13. SSS NO.	06-4459765-2			6540						
14. TIN NO.	613-554-967		19. TELEPHONE NO.	N/A						
			20. MOBILE NO.	09675579282						
15. AGENCY EMPLOYEE NO.  II. FAMILY BACKGROUND	N/A		21. E-MAIL ADDRESS (if any)	peningnen	iafepedra	13@gma	ail com			
22 SPOUSE'S SURNAME		N/A		23. NAME of CHIL	DRFN (Write)	full name and I	iet all)	DATE OF BIRTI	H (mm/dd/www)	
FIRST NAME	N/A		NAME EXTENSION (JR., SR)	N/A		St on,	N/			
MIDDLE NAME		N/A							^	
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME		PENING								
FIRST NAME	FELIX		NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME		CUSTODIO				-				
25. MOTHER'S MAIDEN NAME	NOTHER'S MAIDEN NAME									
SURNAME		PEDRA								
FIRST NAME		NILDA								
MIDDLE NAME			(Continue on separate sheet if nece				isary)			
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC	
					From	m To (if not graduated)		GRADUATED	HONORS RECEIVED	
ELEMENTARY	CANBANTUG ELEMENTARY	SCHOOL	PRIMARY EDUCATION	ON	2006	2012		2012	FOURTH HONOR	
SECONDARY	PUERTO BELLO NATIONAL HK	GH SCHOOL	JUNIOR HIGH SCHO	ЮL	2012	2016		2016	WITH HONOR	
SENIOR HIGH SCHOOL	PUERTO BELLO NATIONAL HK	GH SCHOOL	SENIOR HIGH SCH	OOL	2016	2018		2018	WITH HONOR	
COLLEGE	VISAYAS STATE UNIVERSITY	Y - ISABEL	BACHELOR OF SCIENCE IN A	AGRIBUSINESS	2018	2022		2022	CUMLAUDE	
GRADUATE STUDIES										
			Continue on separate sheet if nece	essary)						
SIGNATURE		Ran &			DA	TE	(	02/05/2025		

**CS** CamScanner

7 CAREE	AREER SERVICE: RA 1080 (BOARD, BAR) UNDER		RATING DATE OF			LICENSE (f a			
SPECIAL LAWS/ CESI CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  HONOR GRADUATE ELIGIBILITY  N/A		The state of the s	EXAMINATION / CONFERMENT	ATION / CONFE	RMENT	NUMBER	Date of Validity		
		N/A	JANUARY 16, 2023	SSION REGI	ON VIII- PALO,	100108230028	AUGUST 0		
/ WORK E	XPERIENCS		(Co	ntinua on separate sheet	if necessary)				
include priva	ite employme	at. Start from your man			and the second and the second		SALARY/ JOB/ PAY		
8. INCLUSIVE DATES (mm/idd/yyyy) POSITION TI From To (Write in full/Do not			DEPARTMENT / AG (Write in fu	MONTHLY SALARY	GRADE (If applicable)& STEP (Formal "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)		
	PRESENT	ADMINISTRATIV	/E AIDE III	ACCOUNTING / VISAYAS STATE		13274.80	N/A	JOB ORDER	Y
/3/2023	9/15/2023	BRANCH ADMINISTRA	BRANCH ADMINISTRATIVE ASSISTANT		UNIVERSITY-MAIN FINANCE DEPARTMENT/COMMUNITY ECONOMIC VENTURES INCORMOC		SALARY GRADE 10	PROBATIONA RY	N
						-			
						<b> </b>			
				ntinue on separate sheet	if necessary)	<u></u>			
SIGNA	TURE		Kant		DATE			02/05/2025	



VI. VOLUNTARY WORK OR INVOLVEM			t United	CONSTRUCTION OF THE PARTY OF TH			
29 NAME & ADDRESS (Write	NCLLISIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOUSE		POSITION NATURE OF HORK		
N/A	NA	NA	NA	NA			
		1	1	<del>                                     </del>			
			-	+			
		+	-	+	<del> </del>		
		-	-	-			
		-		-	-		
		Continue on separa	is shoot if no roses	10			
VII. LEARNING AND DEVELOPMENT (	. 80) INTERVENTIONS/TRAINING	PROGRAMS /	MEDED		e dias		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF YOURS	Type of LD Managemail Supervisory Technicalies	CONDUCTED SPONSORED BY (Write in fulf)	
"ISO 9001:2015 AWARENESS & RE-AWARENES	S SCMINAD"	From	To	1	NA		
L & D Activity entitled "Shaping Culture: Embrac		9/9/2024	9/9/2024 5/15/2024	8.0	NA NA	HRWD PERSONNEL	
Performance"  COMMUNITY FINANCE TRAINING		10/11/2022	11/11/2022	16.0	TECHNICAL	KALAH-CIDSS NCOOP, MERIDA, LEYTE	
		1010222	111111111111111111111111111111111111111	-	-		
		-	-	+	-		
		-	-	-			
			-	-			
		1	+	1			
				1			
		1					
VIII. OTHER INFORMATION	10	Continue on separa	TO Sheet of necession	17			
31. SPECIAL SKILLS and HORBIES	32 N	32 NON-ACADEMIC DISTINCTIONS RECOGNITION (Write in full)					
BASIC ACCOUNTING		N/A					
BASIC COMPUTER LITERATE							
ACCOUNTABILITY							
INTEGRITY							
FLEXIBILITY							
COMMUNICATION SKILLS							
			to a board of				
SIGNATURE	Han	A	te sheet if necess.		ATE	02/05/2025	
	-						



34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed, a. within the third degree?	□ vcc 「	7] NO					
	b. within the fourth degree (for Local Government Unit - Caree		✓ NO ✓ NO :					
35.	a. Have you ever been found guilty of any administrative offen	YES [	ı 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 any any court or tribunal?	r law, decree, ordinance or regulation by	☐ 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, fining the public or private sector?		YES If YES, give details:	✓ NO :				
38.	a. Have you ever been a candidate in a national or local elect 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 c	andidate?	☐ YES If YES, give detail	✓ NO 's:				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————						
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p							
a.	Are you a member of any indigenous group?	YES If YES, please specify	✓ NO					
b.	Are you a person with disability?		YES If YES, please specify	✓ NO				
C.	Are you a solo parent?		YES If YES, please specify					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)						
	NAME	ADDRESS	TEL. NO					
	MENCHU SABANDO	BAYBAY, CITY	9066662488					
_	LECIL N. MANAGBANAG	BAYBAY, CITY	9639127502					
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 represer 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.	SACTS				
	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance		Mis Carry					
H	overnment Issued ID: PHILHEALTH ID							
۱ŀ	//License/Passport No.: 13-250708640-7	ox)						
L	WAS INVESTIGATED AND AND AND AND AND AND AND AND AND AN		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	Person Administering Oath							

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