CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	_				
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	ation made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHI S () and use separate sheet if necessary, indicate	EET (PDS) BEFORE ACCOM	PLISHING THE	E PDS FORI		/criminal case/s	(Do not fill up. Fo	111	
PERSONAL INFORMATION SURNAME									
	DE ASIS			2		NAME EXTENSION (JR	L. SR) N/A	-	
FIRST NAME	MA. JOLINA					TOTAL EXTERNAL			
MIDDLE NAME 3. DATE OF BIRTH	SAPA	,							
(mm/dd/yyyy)	05/21/1998	16. CITIZENSHIP	☑ Filipino ☐			Dual Citizenship by birth by naturalization			
4. PLACE OF BIRTH	CATARMAN NORTHERN SAMAR	If holder of dual citizenship,		Pls. indicate country:			ountry:		
5. SEX	☐ Male ✓ Female	please indicate the o	details.				-		
6 CIVIL STATUS	✓ Single						SURAHAN Street TUMAGUINGTING		
7. HEIGHT (m)	1.68M	Line City to see mil.	Subdivision/Village LAOANG			Barangay NORTHERN SAMAR			
8. WEIGHT (kg)	55KG	ZIP CODE	City/Municipality			6411	Province Province		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS		N/A		SURAHAN			
10. GSIS ID NO.	N/A	SASTALING SEE	House/Block/Lot No. N/A			TU	Street TUMAGUINGTING Barangay		
11. PAG-IBIG ID NO.	N/A		Subdivision/Village LAOANG			NORTHERN SAMAR			
12. PHILHEALTH NO.	N/A	ZIP CODE	CI	ty/Municipality 6411			Province		
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A			
14. TIN NO.	605-252-142	20. MOBILE NO.		0995 769 7190 / 0938 023 9929					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jolinadeasis21@gmail.com				75.77	
II. FAMILY BACKGROUNI									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	f list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)			N/A		N/A		
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME								77777	
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	DE ASIS								
FIRST NAME	JUANITO	NAME EXTENSION (JR., SR) JR.	ME EXTENSION (JR., SR) JR.						
MIDDLE NAME	DINGAL								
25. MOTHER'S MAIDEN NAME	3110712								
SURNAME	SAPA								
FIRST NAME	AVELINA			(Continue on separate sheet if necessary)					
	LAMBAYAN								
MIDDLE NAME III. EDUCATIONAL BACK				Įo.	anunos on se	parate sheet is neces	sary)		
					TTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		UNITS EA		UNITS EARNED (if not graduated)	ED YEAR	ACADEMIC HONORS RECEIVED	
ELEMENTARY	LAOANG I CENTRAL ELEMENTARY SCHOOL	ELEMENTARY		2006	2010	GRADUATED	2010	N/A	
SECONDARY	COLEGIO DE SANTA TERESITA DE LAOANG INC.	HIGH SCHOOL		2010	2014	GRADUATED	2014	FOURTH ACHIEVER	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	UNIVERSITY OF EASTERN PHILIPPINES LAOANG CAMPUS	BACHELOR IN ELEMENTARY EDUCATION		2014	2018	GRADUATED	2018	N/A	
GRADUATE STUDIES	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	
SIGNATURE	Anjohan	Continue on separate sheet if ne	cessary)	DA	ATE		01/20/2024		

THE PROPERTY AND ADDRESS OF THE PARTY ADDRESS	RVICE ELIGIBI	BEILE DE LA CONTRACTOR DE			A SECTION OF SOME			LICENSE (if a	pplicable)
	R SERVICE/ RA 1080 SPECIAL LAWS/ ANGAY ELIGIBILITY		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		RMENT	NUMBER	Date of Validity
LICENSU	RE EXAMINATIO	N FOR TEACHER	77.0	09/30/2018	CATARMAN NATION	NAL HIGH	SCHOOL	1720397	5/21/2025
			F1004 3A 11004					PROPERTY OF A	
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	Service To								
							- 2938		
						Species			
					EXECUTIVE STATE	TROY NY	STATES -		177
			(Co	ontinue on separate sheet					
	XPERIENCE	Start from your recei	nt work) Descripti	on of duties should h	e indicated in the attache	d Work Ex	perience sheet		
8. INCLU	JSIVE DATES m/dd/yyyy)	POSITION T	TITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То	(Write in Idii/DO no	abbievialej	TALISAY ELEMENTA	MSDE.	INCREMENT			
1/4/2023	12/31/2024	DEPED LEARNING SUPPORT AIDE		ST. MICHAEL KIN	10000	N/A	CONTRACTUAL	N	
09/20/2021	04/01/2023	TEACHER			OANG, INC.	N/A	N/A	CONTRACTUAL	N
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SIGNA	TURE	Myd	iani		DATE		01/20/2024	CS FORM 212 (Revis	THEMOSE

29. NAME & ADDRESS OF OI (Write in fulf)	RGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То	NOMBER OF HOOKS		POSITION/TATIONE OF HOTE	
N/A		N/A	N/A	N/A	E depotrons	N/A	
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VII. I FARNING AND DO VEY TO VE	(Con	tinue on separate :	sheet if necessary	1			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING F						
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full		(mm/d	d/yyyy) To	NOMECR OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
DIVISION TRAINING ON LITERACY AND NUMERAC	04/17/2023	04/19/2023	24 HRS	TECHNICAL	DEPARTMENT OF EDUCATION DIVISION OF		
TECHNOLOGICAL TRENDS IN THE 21ST CEN	ITURY EDUCATIOB SEMINAR	4/1/2023	4/1/2023	8 HRS	TECHNICAL	NORTHERN SAMAR	
BREAD AND PASTRY PROD		2/12/2019	8/2/2020	144 HRS	TECHNICAL	ABIVA PUBLISHING HOUSE, INCORPORATION TECHNOLOGICAL EDUCATION AND SKILLS DEVELOPMENT, LAST NAVASI AGRICU-	
GENDER SENSITIVITY TRAINING	- NO. 1	10/12/2019				NEUSTRAL SCHOOL	
TRAINER'S METHODOLOGY I IN	100		10/12/2019	8 HRS	TECHNICAL	DEPARTMENT OF LABOR AND EMPLOYMENT TECHNOLOGICAL EDUCATION AND SKILLS DEVELOPMENT, LAS NAVAS AGRIC-	
		07/08/2019	01/20/2020	264 HRS	TECHNICAL	INCUSTRIAL SCHOOL TECHNOLOGICAL EDUCATION AND SKILLS GEVELOPMENT, LAS KAYAS AGRO-	
COOKERY NC I		2/12/2018	8/2/2019	264 HRS	TECHNICAL	TECHNOLOGICAL EDUCATION AND SPALES GENELOWING, LAS WASHING MINISTRAL SCHOOL	
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VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
READING BOOKS		N/A					
INTERNET SURFING							
COOKING		aligne of				7	
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SIGNATURE		ilain		The same of the sa	ATE	01/20/2024	
	July					CS FORM 212 (Revised 2017), Page 3 of	

C	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		
ł	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:		
5.	a. Have you ever been found guilty of any administrative offe	☐ 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 an by any court or tribunal?	☐ YES ☑ NO If YES, give details:		
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	✓ YES		
38.	a. Have you ever been a candidate in a national or local 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		
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):		
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)		
	NAME	ADDRESS	TEL. NO.	
	SR. LOLITA S. BELLO,MSPC	ST. MICHAEL KINDERGARTEN SCHOOL OF LAOANG, INC	9755327509	
L	LIZA D. ESPIÑA	TALISAY ELEMENTARY SCHOOL TALISAY ELEMENTARY SCHOOL	9685497538	
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	I this Personal Data Sheet which is a trend that the same of the ent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the ed herein.	
G	Covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Covernment Issued ID: PRC ID	Androusia Signature (Sign inside the b		
H	ate/Place of Issuance: TACLOBAN CITY	Right Thumbmark		
_	SUBSCRIBED AND SWORN to before me this	monlins	ting his/her validly issued government ID as indicated above.	
	BOOK No. THERE OF LOSS	Atty. Mae Listte I. Publi	spiña th	