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 CONCERNED.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

1 CS ID No. 1

. PERSONAL INFORMATIO) and use separate sheet if necessary. Indicate	TV/A II Hot applicable. Bo NOT	ADDICE VIATE.		I. CS ID NO.		(Bo not iiii ap. i	or CSC use only)	
2. SURNAME	NUÑEZ								
FIRST NAME	ELLA MARIE					NAME EXTENSION (JR	, SR)		
MIDDLE NAME	GULAY								
3. DATE OF BIRTH (mm/dd/yyyy)	03/26/2000	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship☐ by birth ☐			☐ by naturalization			
4. PLACE OF BIRTH	BAYBAY CITY If holder of dual citizer		nship,			Pls. indicate of		ation	
5. SEX	☐ Male ☑ Female	please indicate the de	etails.	Philippines				•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS				PUROK 1			
	☐ Widowed ☐ Separated ☐ Other/s:						Street PLARIDEL		
7. HEIGHT (m)	1.51		ВА	division/Village YBAY CITY			Barangay LEYTE		
8. WEIGHT (kg)	48	ZIP CODE	City/Municipality		6521	Province			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	0021			PUROK 1			
10. GSIS ID NO.	N/A		SI	se/Block/Lot No TIO NIGAD		Street PLARIDEL			
11. PAG-IBIG ID NO.	121309365304		ВА	division/Village			Barangay LEYTE		
12. PHILHEALTH NO.	13-250378770-2	ZIP CODE	Cit	y/Municipality		6521	Province		
13. SSS NO.	06-4450993-8	19. TELEPHONE NO.		N/A					
4. TIN NO.	621-794-581-00000	21-794-581-00000 20. MOBILE NO. 09515004663							
5. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any) enuez390@gm			90@gmail.com	Ì	_			
I. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and I						
FIRST NAME	N/A	INAME EXTENSION (JR., SR)	N/A			N/A		/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A N/A								
BUSINESS ADDRESS TELEPHONE NO.									
24. FATHER'S SURNAME	N/A NUÑEZ								
FIRST NAME	PATERNO	JR.							
MIDDLE NAME	BALILI								
5. MOTHER'S MAIDEN NAME									
SURNAME	GULAY								
FIRST NAME	REGINA ISABEL								
MIDDLE NAME	ESCALA	(Continue on separate sheet if necessary)							
II. EDUCATIONAL BACKGF	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	PLARIDEL CENTRAL SCHOOL	PRIMARY EDUCA	TION	2006	2012	GRADUATE	2012	VALEDIC- TORIAN	
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL JUNIOR AND SENIOR HI		GH SCHOOL	2012	2018	GRADUATE	2018	SALUTA- TORIAN	
VOCATIONAL / TRADE COURSE	N/A N/A			N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY- BAYBAY BACHELOR OF SECEDUCATION MAJOR IN			2018	2022	GADUATE	2022	DOST SCHOLAR	
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY - MAIN MASTER OF ARTS IN MAJOR IN SCIENCE		DUCATION	01/24/24	PRESENT	N/A	N/A	N/A	
SIGNATURE	(C)	ontinue on separate sheet if nece	essary)	DΔ	TE		07/01/2024		
J. J. W. I. J. I.	10					· '			

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /			FERMENT	LICENSE (if a		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICEN	SED PROFESS	SIONAL TEACHER	91.8	24/09/2023	TACLOBAN CITY			2187274	03/26/2027
V WORK E	VDEDIENCE		(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt. Start from your recen	t work) Descr	iption of duties sho	uld be indicated in th	e attached	Work Experie	nce sheet.	
	SIVE DATES n/dd/yyyy)	POSITION TITL	E	DEPARTMENT / AGENO	CY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not abl		(Write in full/Do	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)	
09/28/2022	02/01/2023	PART-TIME INSTR	UCTOR	VISAYAS STA	TE UNIVERSITY	₱150.00/	N/A	CONTRACTUAL	2022
09/282023	02/01/2023	CWTS COORDIN	ATOR	VISAYAS STA	TE UNIVERSITY	hour ₱5,000 /	N/A	CONTRACTUAL	2022
17/02/2023	30/06/2023	PART-TIME INSTR			TE UNIVERSITY	semester ₱150.00/	N/A	CONTRACTUAL	2023
01/09/2023	20/12/2023	PART-TIME INSTR			TE UNIVERSITY	hour ₱150.00/	N/A	CONTRACTUAL	2023
15/01/2024	24/05/2024	PART-TIME INSTR		VISAYAS STA	hour ₱150.00/	N/A	CONTRACTUAL	2024	
13/01/2024	24/03/2024	FART-TIME INSTR	- CTOR	VISATAS STA	IL UNIVERSITI	hour	IN/A	CONTRACTOAL	2024
			/_	ntinue on separate sheet			l		
SIGNATURE		empry		DATE		07/0	1/2024		

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNIVIEN I	/ PEUPLE / V	OLUNIARY C	JRGANIZ	ATION/S			
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
COMMITTEE ON LITURGY- PLARID	EL PARISH CHURCH	06/01/2021	PRESENT			COMMENTATOR/ READER		
PARISH PASTORAL COUNCIL FOR R	ESPONSIBLE VOTING	30/10/2023	31/10/2023	20.0		VOLUNTEER		
		nue on separate sl	•					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu				Chief/Execu	tive/Managerial positio	ns)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
STRESS, CONFLICT, ANGER, AND	TIME MANAGEMENT	11/11/2023	11/11/2023	2.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
ACCOMPLISHING SCHOOL FORMS/ LEARN	IING INFORMATION SYSTEM	11/11/2023	11/11/2023	2.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
NOURSHING THE HEART O	OF A TEACHER	11/18/2023	11/18/2023	1.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
DIAGNOSING AND TREATING DISOR SYSTEM: A GUIDE TO HEALTHY LIF		11/18/2023	11/18/2023	1.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
CLASSROOM-BASED ACTION RESEARCH- AM		11/18/2023	11/18/2023	2.0	TECHNICAL	GOKONGWEI BROTHERS FOUNDATION STEN COLLAB		
TAKING CARE OF THE TEAC	CHERS' EYES	11/18/2023	11/18/2023	1.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
USING ONE'S VOICE EFF	ECTIVELY	11/18/2023	11/18/2023	1.0	FOUNDATION	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
BUILDING RELATIONSHIP WITH VAR	IOUS STAKEHOLDERS	25/11/2023	25/11/2023	2.0	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
LEARNING THROUGH HUMANIS	STIC EDUCATION	25/11/2023	25/11/2023	2.0	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS		
VIII. OTHER INFORMATION	(Contin	nue on separate sl	neet if necessary)					
31. SPECIAL SKILLS and HOBBIES	32. NON-A	CADEMIC DISTING (Write i		IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
WRITING ARTICLES	STUDENT INTERN	ISHIP PROFIC	CIENCY AWA	RD NOMI	NEE	LEAGUE OF SCIENCE MAJORS		
TEACHING SCIENCE						VISAYAS STATE UNIVERSITY DOST SCHOLARS SOCIETY		
CREATE POWERPOINT PRESENTATIONS					PHILIPPINE ASSOCIATION FOR TEAC AND EDUCATORS			
READING LITERARY WORKS								
USE MICROSOFT OFFICE APPLICATIONS								
PLANTING FLOWERS AND VEGETABLES								
COOKING								
CIONATURE	(Contin	nue on separate sh	neet if necessary)		DATE	07/04/0007		
SIGNATURE)			DATE	07/01/2024 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 - Care	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
35. a. Have you ever been found guilty of any administrative offer	☐ 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 ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?					
38. a. Have you ever been a candidate in a national or local election Barangay election?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
election to promote/actively campaign for a national or local	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?					
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 If YES, please specify:				
b. Are you a person with disability?	Are you a person with disability?					
c. Are you a solo parent?		If YES, please specify ID No: ☐ YES				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
ANGELITO I. DAING	PLARIDEL, BAYBAY CITY, LEYTE	9855911095	=			
AMPARO CHRISTINE MEJICA	GABAS, BAYBAY CITY, LEYTE	9635837624				
KIETH ANDREW DE LEMOS	TORRE DE MANUEL, MONTREAL STREET, E, RODRIGUEZ, QUEZON CITY	9453054761				
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 filing of administrative/criminal case/s against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	04/-					
Government Issued ID: PHILHEALTH ID						
ID/License/Passport No.: 13-250378770-2	Signature (Sign inside the b	ox)				
Date/Place of Issuance: PHILHEALTH OFFICE BAYBAY CITY	07/01/2024 Date Accomplished	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	Person Administering Oat	CS FORM 212 (Revised 2	2017\			