CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misinterpretation 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. rint legibly. Tick appropriate boxes (
) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE (Do not fill up. For CSC use only 2. SURNAME DE LOYOLA IAME EXTENSION (JR., SR) MARIA CARMINA FIRST NAME MIDDLE NAME CABILING 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) 18/05/1993 4. PLACE OF BIRTH ORMOC CITY, LEYTE Pls. indicate country: please indicate the details 5 SEX ☐ Male √ Female SAN PABLO Single ✓ Married 17. RESIDENTIAL ADDRESS 65 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed Separated DISTRICT 10 Other/s: Subdivision/Village Barangay ORMOC LEYTE 7. HEIGHT (m) City/Municipali 8. WEIGHT (kg) 68 ZIP CODE 6541 18. PERMANENT ADDRESS 65 SAN PARI O 9. BLOOD TYPE House/Block/Lot No DISTRICT 10 10. GSIS ID NO. 02004593736 Subdivision/Village Barangay ORMOC **LEYTE** 11 PAG-IRIG ID NO 121127208445 Citv/Municipality Province 12. PHILHEALTH NO. 120512346494 ZIP CODE 6541 063423808 19. TELEPHONE NO. 561 - 6242 13. SSS NO. 14. TIN NO. 314-676-195 20. MOBILE NO. 09254554973 15. AGENCY EMPLOYEE NO 6298233 21. E-MAIL ADDRESS (if any) carminadeloyola2k16@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME DE LOYOLA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) **GABRIEL ANGELO** 04/08/2015 FIRST NAME MARIA CARIELLE C. DE LOYOLA **HERMOSILLA** MIDDLE NAME OCCUPATION ADMINISTRATIVE ASSISTANT III EMPLOYER/BUSINESS NAME **DEPARTMENT OF EDUCATION - ORMOC CITY DIVISION** BRGY, DON FELIPE LARRAZABAL, ORMOC CITY, LEYTE BUSINESS ADDRESS TELEPHONE NO N/A **CABILING** 24. FATHER'S SURNAME AME EXTENSION (JR., SR) **CAMILO** FIRST NAME MIDDLE NAME **CODILLA** 5. MOTHER'S MAIDEN NAME **PILAPIL** SURNAME **JUDITH** FIRST NAME MIDDLE NAME **GAYO** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE NAME OF SCHOOL YEAR **ACADEMIC** I FVFI UNITS EARNED HONORS RECEIVED GRADUATED (Write in full) (Write in full) (if not graduated) From То ORMOC CITY CENTRALSCHOOL 03/31/2005 ELEMENTARY 06/01/1996 2005 N/A N/A SECONDARY **NEW ORMOC CITY NATIONAL HIGH SCHOOL** 06/01/2005 03/31/2009 N/A 2009 N/A VOCATIONAL / N/A TRADE COURSE UNIVERSITY OF THE PHILIPPINES VISAYAS **BACHELOR OF ARTS IN SOCIAL SCIENCES** COLLEGE 06/01/2009 04/31/2013 N/A 2009 N/A TACLOBAN COLLEGE (PSYCHOLOGY) GRADUATE STUDIES **EASTERN VISYAS STATE UNIVERSITY DIPLOMA IN TEACHING SECONDARY** 06/01/2016 03/31/2017 33 N/A N/A FRANCISCAN COLLEGE OF THE IMMACULATE MAED GUIDANCE AND COUNSELING 05/11/2017 05/30/2021 N/Δ 2021 N/A CONCEPTION, BAYBAY INC. (a) prinadologofa SIGNATURE DATE August 4, 2021

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF	DI AGE OF EVANUATION / CONFEDNENT			LICENSE (if a	pplicable)
SDECIAL LAWS/ CES/ CSEE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
CS PROFESSIONAL 8			81.18%	04/14/2013	LEYTE NORMAL UNIVERISTY - TACLOBAN CITY			N/A	N/A
	LICENSURE EXAMINATION FOR TEACHERS			09/24/2017	LEYTE NATIONAL HIGH SCHOOL - TACLOBAN CITY			1574176	12/12/2017
LIC	LICENSURE EXAMINATION FOR PSYCHOMETRICIANS			10/29-30/2018	UC METC- CEBU CITY			0014434	11/20/2018
V. WORK E	XPERIENCE		(Cor	ntinue on separate shee	t if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should l	be indicated in the attache	ed Work Exp		<i>t.</i>	
	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To DDECENT	CECONDARY COURS	N TEACHER !!	DEPARTMENT O	DEPARTMENT OF EDUCATION - ORMOC		INCREMENT	REGULAR -	
06/06/2017	PRESENT	SECONDARY SCHOOL COLLEGE INSTRUCT		CIT	Y DIVISION	22,938.00	SG 12	PERMANENT	Y
06/01/2016	05/30/2017	OFFICE IN-CH	HARGE		LEGE OF ORMOC, INC. IMENT UNIT (CSWDO) -	14,000.00	N/A	PERMANENT	N
09/01/2014	05/31/2016	ADMINISTRATIV		OR	MOC CITY	9,000.00	N/A	CASUAL	Y
05/01/2014	08/31/2014	JOB-ORDER EN			ENT UNIT - ORMOC CITY		N/A	CONTRACTUAL	Υ
12/08/2013	02/20/2014	RESEARCH ASSISTANT		UNICEF/ UP POPULATION INSTITUTE			N/A	CONTRACTUAL	N
06/15/2013	30/09/2013	ENGLISH TO	JIOR	CLES CEBU'S SCHOOL FOR ENGLISH			N/A	CASUAL	N
			(Cor	ntinue on separate sheel	t if necessarv)				
SIGNATURE		(D) M	rinaddayda-	3 copulato dilect	DATE	August 4, 202			
								FORM 212 (Revised 2)	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy)			POSITION / NATURE OF WORK	
			То				
VIII I FARMING AND REVELORMENT (LORN			sheet if necessary				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)				nief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
VIRTUAL IN-SERVICE TRAINING FOR PUBLIC SC	HOOL TEACHERS	3/15/2021	3/19/2021	40	TECHNICAL	DEPED	
SUSTAINABILITY AND 21ST CENTURY SKILLS		8/23/2020	8/23/2020	8	TECHNICAL	DEPED	
MENTAL HEALTH AND PSYCHOSOCIAL SUPPOR	RT (MPHSS)	8/18/2020	8/18/2020	8	SOFT SKILLS	DEPED; ABS-CBN	
PAMBANSANG PATULUYANG EDUKASYON SA E	BAGONG NORMAL WEBINAR	08/05/2020	08/07/2020	24	TECHNICAL	DEPED	
AFTA'S BALIKTURO ONLINE 2020		07/21/2020	07/25/2020	22	TECHNICAL	DEPED ORMOC CITY DIVISION	
5-DAY DIVISION-BASED WEBINAR ON MICROSO	FT 365 EMPOWERMENT	05/19/2020	05/21/2020	40	TECHNICAL	DEPED ORMOC CITY DIVISION	
3-DAY DIVISION-BASED WEBINAR ON EBOOK DI EDUCATION RESOURCES DEVELOPMENT	ESIGNING AND OPEN	07/14/2021	07/18/2021	24	TECHNICAL	DEPED ORMOC CITY DIVISION	
OFFICE 365 EMPOWERMENT TRAINING WORKSI	HOPS FOR SENIOR HIGH	08/22/2019	08/24/2019	24	TECHNICAL	DEPED; MICROSOFT	
SCHOOL TEACHERS (NATIONAL) DIVISION TRAINING OF CAREER ADVOCATES/TE	10/08/2019	10/09/2018	16	TECHNICAL	DEPED ORMOC CITY DIVISION		
CAREER GUIDANCE TRENDS AND STRATEGIES TRAINING OF TEACHERS FOR THE IMPLEMENTA		08/29/2018	08/31/2018	24	TECHNICAL	DEPED ORMOC CITY DIVISION	
PROGRAM FOR GRADE 12 TRAINING ON CARDIOPULMONARY RESUSCITA	TION	08/08/2018	08/08/2018	4	TECHNICAL	PHILIPPINE HEART ASSOCIATION; DEPED - ORMOC;	
SEMINAR-WORKSHOP ON THE INTERACTIVE AN		02/08/2018	04/02/2018	24		ROTARY CLUB OF ORMOC; OSPA - FMC DEPED ORMOC CITY DIVISION	
TEACHING ARALING PANLIPUNAN SEMINAR-WORKSHOP ON THE SUPERVISION OF	F SCHOOL AND INDUSTRY				TECHNICAL		
SENIOR HIGH SCHOOL WORK IMMERSION		11/30/2017	11/30/2017	8	SUPERVISORY	DEPED ORMOC CITY DIVISION	
CAREER INFO BLITZ 2016 2016 INSET FOR SCHOOL ADMINISTRATORS: A	SEMINAD WODKSHOD ON LIEE	11/09/2016	11/09/2016	6		CHED/POEA/DOLE PRIVATE ADUCATION ASSISTANCE	
CAREER DEVELOPMENT PROGRAM	SEMINAR-WORKSHOP ON LIFE	10/25/2016	10/27/2016	20	TECHNICAL	COMMITTEE	
FAMILY COUNSELING THERAPY ON FAMILY DYI	NAMICS	11/13/2014	11/14/2014	16		ISRAAID	
	(Cont	inue on separate :	sheet if necessary,				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
SINGING	SINGING N/A					ALPHA PHI OMEGA INTERNATIONAL SERVICE FRATERNITY AND SORORITY	
READING BOOKS					PSYCHOLOGICAL ASSOCIATION OF THE PHILIPPINES		
PLAYING VOLLEYBALL AND BADMINTON							
,	(Continue on separate sheet if necessary) GRATURE DATE						
SIGNATURE	(M. humag	magala-		DA	ATE	August 4, 2021 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? b. within the fourth degree (for Local Government Unit - Car	☐ YES ☐ YES If YES, give deta	☑ NO ☑ NO ils:					
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 any court or tribunal?	☐ YES ☑ NO If YES, give details:						
	Have you ever been separated from the service in any of th dropped from the rolls, dismissal, termination, end of term, 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			<u> </u>				
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group?	, please answer the following items:	□ YES	✓ NO				
b.	Are you a person with disability?		If YES, please specify: YES NO					
C.	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 consanguinity or affinity to applica	ant /appointee)						
	NAME	ADDRESS	TEL. NO.	405 XV III XX 1490				
	JOY M. ROSALADA	ORMOC CITY	9352308333	1847. Lundari				
RHODA V. DINOY		ORMOC CITY	9994644314					
	RICHIE D. LABACLADO, RPm	DSWD REGIONAL OFFICE, TACLOBAN CITY	9164471600					
42.	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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
P	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID							
⊩	//License/Passport No.: 1574176	Signature (Sign inside the be						
D	Date/Place of Issuance: 12/12/2017/TACLOBAN CITY Date Accomplished			Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
Person Administering Oath			n					