CS Form No. 212
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. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION 2 SURNAME ABENOJA N/A NAME EXTENSION (JR., SR) FIRST NAME MARIA GLADYS ANN MIDDLE NAME LABAYAN 3. DATE OF BIRTH 01/07/2000 16. CITIZENSHIP ☑ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐ by birtl☐ by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: ☐ Male Female please indicate the details. **Philippines** 5. SEX ☑ Single ☐ Married 17. RESIDENTIAL ADDRESS N/A N/A 6 CIVIL STATUS House/Block/Lot No. Street □ Widowed ☐ Separated N/A MALINAO ☐ Other/s: Subdivision/Village Barangay MAHAPLAG LEYTE 7. HEIGHT (m) 1.56 m Citv/Municipality Province ZIP CODE 6512 8. WEIGHT (kg) 55.5 kg N/A N/A 18. PERMANENT ADDRESS 9. BLOOD TYPE Α House/Block/Lot No. Street MALINAO N/A 10. GSIS ID NO. Subdivision/Village Barangay MAHAPLAG LEYTE N/A 11. PAG-IBIG ID NO. City/Municipality Province 12. PHILHEALTH NO. N/A ZIP CODE 6512 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. N/A 09161578564 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) gl.abenoja@gmail.com I. FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A MIDDLE NAME N/A OCCUPATION N/A N/A EMPLOYER/BUSINESS NAME

BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	ABENOJA							
FIRST NAME	EVELIO I	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	ABASTILLAS							
25. MOTHER'S MAIDEN NAME								
SURNAME	LABAYAN							
FIRST NAME	ANILFA							
MIDDLE NAME	LILIBIOS			(Co	ontinue on se _l	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGR	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
				From	To	(II flot graduated)		RECEIVED
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY		2006	2012	N/A	2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	SENIOR HIGH SCHOOL	OL .	2012	2018	N/A	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION		2018	2024	N/A	2024	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
	(Co	ontinue on separate sheet if nece	essary)					
SIGNATURE	chi			DA	TE		12/27/2024	

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V. CIVIL SE	ERVICE ELIG	iBILITY							
7. CAREE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT							LICENSE (if app	
BAF		ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	NUMBER	Date of Validity			
	N/A	A	N/A	N/A	N	/ A		N/A	N/A
			(Co	ontinue on separate shee	t if necessary)				
	XPERIENCE ate employmer		work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION		POSITION TI (Write in full/Do not a		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	То			SUITHEDNI EVT	E STATE UNIVERSITY -		INCREMENT		
10/14/2024	12/27/2024	PROJECT-BASED RES	SEARCH STAFF	RESEARCH, INNOV	/ATION AND EXTENSION ERVICES	P11,900.00	N/A	CONTRACTUAL	YES
				1		ı	i	i .	

			,				
			ntinue on separate shee	t ii necessary)			
SIGNA	TURE	che		DATE	12/27/2024		

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VI. VOI	LUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	DLUNTARY O	RGANIZATION	I/S		
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSI\ (mm/d	d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
	N/A	N/A	N/A	N/A		N/A	
	(Con	tinue on separate :	sheet if necessary				
	EARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR m the most recent L&D/training program and include only the relevant L&D/training taken for th	OGRAMS AT	TENDED		rial 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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То				
	N/A	N/A	N/A	N/A	N/A	N/A	
				1			

	(Con	tinue on separate	sheet if necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMMUNICATION SKILLS		N/A				VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION, INC.
COLLABORATIVE SKILLS						
DETAIL ORIENTED						
READING						
WRITING						
	(Con	tinue on separate	sheet if necessary)			
SIGNATURE	chi			Di	ATE	12/27/2024

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34.	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office,	
	Bureau or Department where you will be apppointed,	
	a. within the third degree?	☐ YES ☑ NO
	b. within the fourth degree (for Local Government Unit - 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:
		ii i 20, givo dotailo.
	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 law, decree, ordinance or regulation by	☐ YES ☑ NO
	any court or tribunal?	If YES, give details:
37.	Have you ever been separated from the service in any of the following modes: resignation, retirement,	☐ YES ☑ NO
	dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	If YES, give details:
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO
	Burdingay Glocalony:	If YES, give details:
	b. Have you resigned from the government service during the three (3)-month period before the last	☐ YES ☑ NO
	election to promote/actively campaign for a national or local candidate?	If YES, give details:
39.	Have you acquired the status of an immigrant or permanent resident of another country?	
		If YES, give details (country):
		ii 123, give details (southtry).
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277);	
.0.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:	
a.	Are you a member of any indigenous group?	☐ YES ☑ NO
		If YES, please specify:
b.	Are you a person with disability?	
		If YES, please specify ID No:
C.	Are you a solo parent?	
		If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant of	/appointee)		
NAME	ADDRESS	TEL. NO.	
DR. CHRISTINA A. GABRILLO	BAYBAY CITY, LEYTE		
PROF. JEDESS MILADEL N. SALOMON	BAYBAY CITY, LEYTE	•	
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 represent agree that any misrepresentation made in this document 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 Government Issued ID: DIGITAL NATIONAL ID ID/License/Passport No.: 5130-4354-6870-3807 Date/Place of Issuance: 07/30/2024	nt laws, rules and regulations of the tative to verify/validate the contents state	Republic of the ad herein. I be the filing of PHOTO	
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued government ID as indicated above.	
	Person Administering Oat	h	

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