CS FORM NO. 2128								
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.  Print legibly if accomplished through own handwriting. Tick Topropriate boxes ( ) and use separate sheet if necessary indicate N/A if not applicable. DONOT ABBREVIATE.								
I. PERSONAL INFORI		ate boxes ( ) and use	separate sii	iéét ir necessai y.	Indicate N/Aii iio	t арріісавіе. <sub>І</sub> д	JNUI ABBRE	VIAI E.
1. SURNAME	CAJERIC							
2. FIRST NAME	CARLAMINA					NAMEEXTENSION	N (JR, SR)	
MIDDLE NAME	TAGUA							
3. DATE OF BIRTH 11 (dd/mm/yyyy)	10/31/1999	16. CITIZENSHIF						
4. PLACE OF BIRTH	ORMOC, LEYTE	If holder of dual citizenship,		Pls. indicate country:				:
5. SEX AT BIRTH	FEMALE	please indicate the	details.					
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRE		House/Block/Lat No.			Street	
	l l			ZONF 3	Y NO.		GUADAL UPF	
7. HEIGHT (m)	1.46							
B. WEIGHT (kg)	41	ZIP CODE		BAYBAY CIT	6521		LEYTE	$\neg$
9. BLOOD TYPE	UNKOWN	18. PERMANENT ADDRE						
I O. UMID ID NQ	N/A			House/Block/Lo	d No.		Street	
I1. PAGIBIGID NO.	1212-2259-2658			ZONF 3			GUADAI LIPE	
2. PHILHEALTH NO.	13-250341397-7	ZIP CODE		BAYBAY CIT 6521	<u>r</u>		LEYTE	
PhilSys Number (PSN):	3895-2756-0257-4018	19. TELEPHONE NO						
14. TIN NO.	639-384-329	20. MOBILE NO			09636698	599		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if a	a cajericcarlamina@gmail.com					
II. FAMILY BACKGRO	OUNE							
22 SPOUSE'S SURNAME	22 NAME of CHILDREN (Write full name and list all)				OF BIRTH nm/yyy)			
FIRST NAME		NAMEEXTENSION (JR, SR)						
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NA			<u> </u>					
BUSINESS ADDRESS								
TELEPHONE NO.			<u> </u>	-				
24 ATHER'S SURNAME	CAHERIC	NAMEEXTENSION (JR, SR)						
FIRST NAME	CARLITO	Mine Di ID Nee (a						
MIDDLE NAME	ABECILLA							
25 MOTHER'S MAIDEN NAME SURNAME								
SURNAME FIRST NAME	MILA (DECEASE	ED)						
MIDDLE NAME	TALADRO	2)		(Cont	tinue on separate s	heet if necessal	ny)	
	BACKGROUND			(-	mac on ocpania	100111111111111111111111111111111111111	,, 	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARYEDUCATION		6/5/2006	3/30/2012		2011	1ST HONORAB
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARYEDUCATION		6/4/2012	4/1/2016		2016	MATHEMA TICIANOF
VOCATIONAL / TRADE COURSE	ACEDILLA TECHNOLOGICAL INSTITUTE	TECH-VOC STRAND		6/13/2016	4/6/2018		2018	WITH
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ARTS IN ENGLISH LANGUAGE STUDIES		8/1/2018	5/1/2022	$\vdash \vdash \vdash$	2022	HONORS
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	LANGUAGE STUDIES  MASTER OF EDUCATION MAJOR IN ENGLISH		8/22/2025	PRESENT			LAUDE
		(Continue on separate :	sheet if nece	ssarv)				
SIGNATURE		-		D	ATF	Ont	toher 16, 201	25

(e-signature or actual signature or digital certificate)



000/0	ERVICE ELIG						
		RVICE/RA 1080 (BOARD/ L LAWS/CATEGORY II/ IV	RATING DATE OF	PLACE OF EXAMINATION /	LICENSE (if	applicable)	
ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL		(If Applicable)	EXAMINATION / CONFERMENT	CONFERMENT	NUMBER	Valid Until	
	PERS	OUNNEL					
		-		-			
				_			
				-			
				-			
		:					
V WORK 5	VDEDIENOE		(Continue on sep	arate sheet if necessa	ry)		
	XPERIENCE						·
-	•	ent. Start from your rec	ent work.) Descri	otion of duties sno	ould be indicated in the a	ttacned Work E	xperience Snee
	JSIVE DATES I/mm/yyy)	POSITION T	ITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	STATUS OF	GOV'T SERVICE
<del></del>		(Write in full/Do not				APPOINTMENT	(Y/N)
From	То						
4/22/2018	12/27/2022	SERVICE CREW	-CASHIER	COASTALVIEW F	OODS CORPORATION	PART-TIME	N
1/4/2022	7/25/2025	OFFICE STAFF-A	SSISTANT	WELLISA EAD	MS CORPORATION	FULL-TIME	N
1/4/2023	7/25/2025	SECRETA		VVELLISA FAR	UNIO CURPURATIUN	FULL-TIME	IN
				-			
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<u> </u>				-	-		
			(Continue on sep	parate sheet if necessa			
SIGN	ATURE	9	<u>.                                    </u>		DATE	10/16/25	
						CS FORM 212 (Revisi	(2005) 5 0 (4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF 0 (Write in fu			VE DATES m/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
		110				
VII. LEARNING AND DEVELOPMENT (	(Conti	nue on separate	sheet if necessa	ry) TENDED		
30. TITLE OF LEARNING AND DEVELOPMENT INT	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVI ATTEN	E DATES OF IDANCE m/yyyy)	NUMBER OF HOURS	Type of L&Dill (Managerial/ Supervisory/ll (Write in full) Technical/etc)	
VIRTUAL STAFFING SOLUTIONS FRESH	HER TRAINING PROGRAM		9/27/2022	16.0	BPO	ANTONIO BONGCO
ON-THE-JOB TRAINING/HOSPITALITY IND PROGRAM	OUSTRY RELATED EXPOSURE		12/11/2017	150.0	TECHVOC	EMMA ANNA LAVIÑA
FROGRAM						LIVIIVIA AININA LAVIINA
						,
	(Conti	nue on separate	sheet if necessa	ry)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRAWING/SKETCHING/POSTER MAKING	3rd PLACER DSPC AT BAYBAY NHS					LAMPLIGHTER/BUNGA NHS
SIGNATURE	(Conti	nue on separate	sheet if necessa		ATE	10/16/25

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34.	Are you related by consanguinity or affinity to the appochief of bureau or office or to the person who has immediate or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit-						
	NO	If YES, give detail	s:				
35.	a. Have you ever been found guilty of any administrative						
		If YES, give details:					
	b. Have you been criminally charged before any court?	If YES, give details:  Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation or regulation by any court or tribunal? NO	If YES, give details:					
	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector?	If YES, give details:  VOLUNTARY RESIGNATION					
38.	a. Have you ever been a candidate in a national or local of (except Barangay election)? NO	If YES, give details:					
	b. Have you resigned from the government service duri the last election to promote/actively campaign for a nati	If YES, give details:					
39.	Have you acquired the status of an immigrant or perma	If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:						
a.	Are you a member of any indigenous group? NO	If YES, please specify:					
b.	Are you a person with disability? NO			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 ap	plicant /appointee)					
-	NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL				
	DONVIV REEL VERGARA	Mojon, Bantayan, Cebu	9959340086				
	SYBIL POLEA	Gabas, Baybay, Leyte	9268000403				
	JULAH CHARADE ROMERO	Cogon, Baybay, Leyte	9056528163				
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.							
P G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: PHILSYS  //License/Passport No 3895-2756-0257-4018	Signature (Sign inside the	box)				
D	Date/Place of Issuance: 13 MARCH 2023  Date Accomplished			Right Thumbmark			
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.							
(wet signature/e-signature/digital certificate except for							
		ath					

Gender Yes/No Cstat Yes Single Male No Married Female

Separated Widowed