CS Form No. 212 Revised 2017									
REVISED DUE	PERSO	NAL DAT	A S	HEEI					
WARNING: Any misrepresen	tation made in the Personal Data Sheet and th	he Work Experience Sheet s	hall cause	the filing of administrativ	e/criminal case/s	against the pe	rson		
concerned. READ THE ATTACHED GUID.	E TO FILLING OUT THE PERSONAL DATA SH	HEET (PDS) BEFORE ACCO	MPLISHING	THE PDS FORM.		(Do not fill up. Fo	or CSC He		
Print legibly. Tick appropriate box	es) and use separate sheet if necessary. Indicat	te N/A if not applicable. DO NO	T ABBREVIA	TE. 1. CS ID No.		(DO HOT IIII ap. FO	T CSC use		
2. SURNAME	TOREJAS	# Street - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	23.75.000				1900-2900-100		
FIRST NAME	JUDAH MARIE			NAME EXTENSION (JR., SR)					
MIDDLE NAME	MANDRAS								
3. DATE OF BIRTH									
(mm/dd/yyyy)	26/10/2000	16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization			ation		
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citiz	enship.		by birth Pls. indicate c		auon		
5. SEX	Male Female	please indicate the				•			
	✓ Single Married	17. RESIDENTIAL ADDRESS		N/A	I A G	SANTOS STREET			
6 CIVIL STATUS	☐ Widowed ☐ Separated	TO SENTINE ADDRESS		House/Block/Lot No.		Street			
	Other/s:			N/A Subdivision/Village	POB	BLACION ZONE 6 Barangay			
7. HEIGHT (m)	1.524 m			BAYBAY CITY City/Municipality	***************************************	LEYTE Province			
8. WEIGHT (kg)	49 kg	ZIP CODE							
BLOOD TYPE	N/A	18. PERMANENT ADDRESS		N/A	J.A. S	SANTOS STREET			
D. GSIS ID NO.	N/A			House/Block/Lot No. N/A	POB	Street BLACION ZONE 6			
1. PAG-IBIG ID NO.	N/A	-		Subdivision/Village BAYBAY CITY		Barangay LEYTE			
		4	***************************************	City/Municipality Province					
2. PHILHEALTH NO.	N/A	ZIP CODE		6521					
3. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
. TIN NO.	641-000-451	20. MOBILE NO.		0960-667-1860					
. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		torejasjudahmarie@gmail.com					
FAMILY BACKGROUND				212 303 103 6725			121,00		
SPOUSE'S SURNAME	N/A		23. NAME of	f CHILDREN (Write full name and	l list all)	DATE OF BIRTH	i (mm/dd/y		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A					
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
FATHER'S SURNAME	TOREJAS								
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DUPAL	1							
MOTHER'S MAIDEN NAME									
SURNAME	TOREJAS								
FIRST NAME	ANNABELLE								
MIDDLE NAME	MANDRAS		(Continue on separate sheet if necessary)						

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS
		(Write in full)	From	То	(if not graduated)		RECEIVED
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	ELEMENTARY				2013	
SECONDARY	CONDARY FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION JUNIOR H					2019	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BA IN ENGLISH LANGUAGE STUDIES				2024	
GRADUATE STUDIES							
SIGNATURE		Continue on separate sheet if necessary)					
SIGNATURE	() Company			TE	12/24/24		

	SPECIAL I	A 1080 (BOARD/ BAR) UNDER LAWS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMIN	ATION / CONF	ERMENT	LICENSE (if	
В	ARANGAY ELIGIE	BILITY / DRIVER'S LICENSE		CONFERMENT			NUMBER	Date Validi	
	N/	'A	N/A	N/A	N/A			NIA	NJA
			(Con	tinue on separate sheet i	f necessary)				
WORK E	XPERIENCE	ent. Start from your recent	BEDERO ORGANISTOLIS	STEEL PROBLEM STUDIES AND TO					
INCLU	SIVE DATES	POSITION TIT				hed Work E	SALARY/ JOB/ PAY	et.	
From (mr	n/dd/yyyy) To	(Write in full/Do not al		DEPARTMENT / AGE (Write in full/	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE
/05/2016	01/09/2023	SANGGUNIANG KABATA	AN SECRETARY	PORI AC	ION ZONE 6		INCREMENT		(Y/ N)
11/2023		SANGGUNIANG KABATAA			ION ZONE 6				Y
11/2023		SANGGUNIANG KABATAA	N FEDERATION		SAY CITY				Υ
		PUBLIC RELATIONS	OFFICER	DATE	VII I				Y
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							or the state of		4
6.15							10000		

NAME & ADDRESS OF ORGANIZATION (Write in full)	T / PEOPLE / VOLUNTARY INCLUSIVE DATES (mm/dd/vvv)		NUMBER OF HOURS		POSITION / NATURE OF WORK		
(אטרופ אויייט אווטר אוייטרופ איזייטר)	(mm/dd/yyyy) From To		NOWBER OF HOURS		POSITION / NATURE OF WORK		
AMARANTH, VISAYAS STATE UNIVERSITY	01/11/2021	07/08/2024			WRITER/ONLINE EDITOR		
(Can	tinue on separale	sheel if necessary					
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	AND DESCRIPTION OF THE PARTY OF	CONTRACTOR STATE OF THE STATE O	establishes.		The second secon		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK	CONDUCTED/ SPONSORED BY (Write in full)		
AGRAYHAK SA MGA PULONG: A CRAFT LECTURE, FORUM, AND BOOK LAUNCHING	02/09/2023	10	4.0	PARTICIPANT	DEPARTMENT OF ARTS, LANGUAGE, AND LITES VISAYAS STATE UNIVERSITY		
TEACHING ENGLISH TO YOUNG LEARNERS	01/02/2024		4.0	PARTICIPANT	DEPARTMENT OF ARTS, LANGUAGE, AND LITER VISAYAS STATE UNIVERSITY		
BARANGAY NEWLY-ELECTED OFFCIALS TOWARDS GRASSROOTS RENEWAL AND EMPOWERMENT FOR ACCOUNTABLE AND TRANSPARENT (BNEC-GREAT) BARANGAYS PROGRAM: JUMPSTARTING LOCAL GOVERNANCE	11/03/2024		8.0	PARTICIPANT	LOCAL GOVERNMENT UNIT, BAYBAY CIT		
NNUAL PROVINCIAL CONGRESS: LIGA NG MGA BARANGAY SA PILIPINAS - LEYTE CHAPTER	21/06/2024		12.0	PARTICIPANT	PROVINCE OF LEYTE		
ENHANCING CLASSROM PRODUCTIVITY WITH AI TECHNOLOGY	17/08/2024		2.0	PARTICIPANT	CORDILLERA YOUNG LEARNERS CL		
TECHNICAL WRITING FOR ACADEMIC AND ADMIN MANAGEMENT	21/08/2024		2.0	PARTICIPANT	CORDILLERA YOUNG LEARNERS CL		
ADOLESCENT HEALTH DEVELOPMENT (AHD) PROGRAM PLANNING AND POLICY MAKING FOR SK OFFICIALS AND LYDOS	09/09/2024	09/10/2024	20.0	TRAINEE	COMMISSION ON POPULATION AND DEVELOPMENT		
(Continu	e on separate she	et if necessary)					
THER INFORMATION	A Skips	1			MEMBERSHIP IN ASSOCIATION/ORGANIZA		
NON-AC/	ADEMIC DISTINCT (Write in	IONS / RECOGNIT	NOI		33. (Write in full)		
SPECIAL SKILLS and HOBBIES 32. WRITER, SPECIAL JURY PRIZE, SI	NE KABATAAN	- FILM DEVELO	PMENT COUNC	L OF THE	WRITER/ONLINE EDITOR ('21-'24) AMARANTH		
WRITING	PHILIPPINE	:S			Amaryarti		
READING							
					and the second of the second		

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?	ng or recommending authority, or to the ste supervision over you in the Office,	☐ YES	✓ NO			
b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of t retirement, dropped from the rolls, dismissal, termination, out (abolition) 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 el Barangay election)?		☐ YES ☑ NO If YES, give details:				
 b. Have you resigned from the government service during 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 permaner	☐ YES ☑ NO If YES, give details (country):					
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 ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES ☑ NO If YES, please specify ID No:					
REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)					
NAME	ADDRESS	TEL. NO.				
JETT QUEBEC	BURAUEN COMMUNITY COLLEGE	N/A				
2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	espetative to verify/validate the content	s stated herein.				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PhilSys	Juddinginson					
D/License/Passport No.: 4069-4192-5872-9504	ox)	Distribution in the second sec				
Date/Place of Issuance: February 21, 2022/City of Baybay	12 - 24 - 24 Date Accomplished		Right mümbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issu	ued government ID as indicated above.			
	Person Administering Oa	th				