CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	Γ				
concerned. READ THE ATTACHED GUIDE	ion made in the Personal Data Sheet and the	EET (PDS) BEFORE ACCO	MPLISHING TH	IE PDS FOR	RM.	e/criminal case/s			
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATION	) and use separate sheet if necessary. Indicate	N/A if not applicable. <b>DO NOT</b>	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
	MAGALLANES								
						NAME EXTENSION (JF	R., SR)		
FIRST NAME	DESSA					,	. ,		
MIDDLE NAME	JUSAY	•							
3. DATE OF BIRTH (mm/dd/yyyy)	09/09/2001	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship☐ by birth			p  by naturalization			
4. PLACE OF BIRTH	PASIG CITY, MANILA	If holder of dual citizen	nship,			Pls. indicate country:			
5. SEX	☐ Male ✓ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		N/A se/Block/Lot No N/A odivision/Village		Purok Langka Street San Roque Barangay			
7. HEIGHT (m)	1.55			Macrohon			Southern Leyte		
8. WEIGHT (kg)	51.1	ZIP CODE	Ci	ty/Municipality		6601	Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	N/A se/Block/Lot No		Purok Langka			
10. GSIS ID NO.	N/A			N/A		Street San Roque			
11. PAG-IBIG ID NO.	N/A			division/Village Macrohon	9		Barangay Southern Ley	rte .	
12. PHILHEALTH NO.	N/A	ZIP CODE	Ci	ty/Municipality		Province 6601			
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
14. TIN NO.	N/A	20. MOBILE NO.		09305662498					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		dessa09magallanes@gmail.com					
II. FAMILY BACKGROUND		, ,,,			· ·	V			
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	LDREN (Write	e full name and	l list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A			N/A		I/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS									
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A N/A								
TELEPHONE NO. 24. FATHER'S SURNAME	N/A N/A MAGALLANES	NAME EXTENSION (JR., SR)							
TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	N/A N/A MAGALLANES DINDO	NAME EXTENSION (JR., SR)							
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A MAGALLANES	NAME EXTENSION (JR., SR)							
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME	N/A N/A MAGALLANES DINDO JAPOS	NAME EXTENSION (JR., SR)							
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME	N/A N/A N/A MAGALLANES DINDO JAPOS  JUSAY	NAME EXTENSION (JR., SR)							
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A N/A N/A MAGALLANES DINDO JAPOS  JUSAY LIZA	NAME EXTENSION (JR., SR)							
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A MAGALLANES DINDO JAPOS  JUSAY LIZA SOLONIA	NAME EXTENSION (JR., SR)		(Cc	ontinue on seg	parate sheet if neces	ssary)		
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A N/A N/A MAGALLANES DINDO JAPOS  JUSAY LIZA SOLONIA	NAME EXTENSION (JR., SR)		(Cc	ontinue on sej	parate sheet if neces	ssary)	ecuoj apelijoj.	
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A MAGALLANES DINDO JAPOS  JUSAY LIZA SOLONIA	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE		ontinue on sej	Darate sheet if necessaries to the sheet if necessaries the sheet if necessaries to the sheet if necessaries the sheet if necessa	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONOIS RECEIVED	
TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  26.	N/A N/A N/A N/A MAGALLANES DINDO  JAPOS  JUSAY LIZA SOLONIA  ROUND	BASIC EDUCATION/DEGRE	EE/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKGE  LEVEL	N/A N/A N/A N/A MAGALLANES DINDO  JAPOS  JUSAY LIZA SOLONIA ROUND  NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGE  26. LEVEL ELEMENTARY	N/A N/A N/A N/A MAGALLANES DINDO  JAPOS  JUSAY LIZA SOLONIA  ROUND  NAME OF SCHOOL (Write in full)  SAN ROQUE ELEMENTARY SCHOOL	BASIC EDUCATION/DEGRE (Write in full)  Elementary Diploma	EE/COURSE	PERIOD OF A From /2007	To /2014	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED  2014  2020	ACADEMIC HONORS RECEIVED	
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKGE  26. LEVEL  ELEMENTARY  SECONDARY VOCATIONAL/	N/A  N/A  N/A  MAGALLANES  DINDO  JAPOS  JUSAY  LIZA  SOLONIA  ROUND  NAME OF SCHOOL (Write in full)  SAN ROQUE ELEMENTARY SCHOOL  SAINT JOSEPH COLLEGE	BASIC EDUCATION/DEGRE (Write in full) Elementary Diploma		PERIOD OF A From /2007	To /2014 /2020 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED 2014 2020 N/A	ACADEMIC HONORS RECEIVED  N/A  OWWA	
TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKGI  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	N/A  N/A  N/A  MAGALLANES  DINDO  JAPOS  JUSAY  LIZA  SOLONIA  ROUND  NAME OF SCHOOL (Write in full)  SAN ROQUE ELEMENTARY SCHOOL  SAINT JOSEPH COLLEGE  N/A	BASIC EDUCATION/DEGRE (Write in full)  Elementary Diploma  High School Diploma		PERIOD OF A From //2007 //2014 N/A 10/10/2020	To /2014 /2020 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated) N/A N/A	YEAR GRADUATED  2014  2020  N/A  2024	ACADEMIC HONORS RECEIVED  N/A  OWWA	

	ERVICE ELIG								
	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if a	oplicable)  Date of
BAI		ITY / DRIVER'S LICENSE		CONFERMENT				NUMBER	Validity
	N/A	1	N/A	N/A	N	/A		N/A	N/A
V. WORK E	XPERIENCE		(Con	ntinue on separate sheet	if necessary)				
(Include priv	ate employme	nt. Start from your recer	nt work) Descriptio	on of duties should	be indicated in the attach	ed Work Ex		et.	
28. INCLU (m	JSIVE DATES m/dd/yyyy)	POSITION TI		DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	appreviate)	(Write in full	//Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
		M		ntinue on separate sheet			I		
SIGNA	ATURE	Ι <i>Υ</i>	gll/		DATE		Septemb	per 10, 2024	

VI. VOL	UNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	T/PEOPLE/\	/OLUNTARY	ORGANIZATI	ON/S		
29.	NAME & ADDRESS OF OI (Write in full)			VE DATES dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A	N/A		
VII I FA	ARNING AND DEVELOPMENT (L&D)		tinue on separate		)			
30.	TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
			From	То		Technical/etc)		
N/A			N/A	N/A	N/A	N/A	N/A	
		(Con	ntinue on separate	sheet if necessary	)			
VIII. OT	HER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. ME					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
			tinue on separate	sheet if necessary	)			
	SIGNATURE	Mell/			D.	ATE	September 10, 2024	

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34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediately the person who has immediately the person of the person who has immediately the person who has immediately the person who has immediately the person of the perso					
Bureau or Department where you will be apppointed, a. within the third degree?		YES NO			
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	YES VO			
b. Within the locality degree (for Eoodi Government office of	iloor Employocoj:	If YES, give details:			
35. a. Have you ever been found guilty of any administrative of	fense?	☐ 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:				
26. Have you ever been convicted of any crime or violation of	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation				
by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
		ii 120, give detaile.			
37. Have you ever been separated from the service in any of the	ne following modes: resignation.	YES V NO	_		
retirement, dropped from the rolls, dismissal, termination, e		If YES, give details:			
out (abolition) in the public or private sector?			_		
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO			
,		If YES, give details:			
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or location.</li> </ul>		☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permaner					
	•	☐ YES ☑ NO If YES, give details (country):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	), please answer the following items:	_			
a. Are you a member of any indigenous group?					
b. Are you a person with disability?		YES V NO			
Are you a cale parent?		If YES, please specify ID No:			
c. Are you a solo parent?		☐ YES ☐ NO If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	(Jannointee)				
NAME	ADDRESS	TEL. NO.			
lvic T. Maitem		9061678256			
ivic i. maitem	Macrohon, Southern Leyte	9061678256			
		<b>® ®</b>			
42. I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a tr	rue, correct and			
complete statement pursuant to the provisions of pertin					
Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doo					
administrative/criminal case/s against me.					
Comment land ID.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	Ma				
Government Issued ID: National ID					
ID/License/Passport No.: 3587-9231-0625-4781	lox)				
Date/Place of Issuance: 09/28/2022					
	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	iting his/her validly issued government ID as indicated above.			
-					
	Person Administering Oat	th			