

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. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	GUZMAN		
FIRST NAME	SHEENA MARIE	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	GONTIÑAS		
3. DATE OF BIRTH (mm/dd/yyyy)	5/24/1996	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> naturalization
4. PLACE OF BIRTH	GENERAL SANTOS CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separate <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A STA CRUZ House/Block/Lot No. Street N/A BITANHUAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	6521
8. WEIGHT (kg)	50		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	N/A STA CRUZ House/Block/Lot No. Street N/A BITANHUAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-7968-4259		
12. PHILHEALTH NO.	13-025423952-7		
13. SSS NO.	06-3858987-0	19. TELEPHONE NO.	N/A
14. TIN NO.	331-996-499-000	20. MOBILE NO.	09979813156
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	sheenamarieguzman524@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GUZMAN			
FIRST NAME	MERLITO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	SURBAN			
25. MOTHER'S MAIDEN NAME	SIMPLICIA ALABAT GONTIÑAS			
SURNAME	GONTIÑAS			
FIRST NAME	SIMPLICIA			
MIDDLE NAME	ALABAT			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ROMANA C. ACHARON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008	GRADUATED	2008	N/A
SECONDARY	BITANHUAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2008	2012	GRADUATED	2012	ACHIEVER
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2012	2016	GRADUATED	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/23/2025	CSC FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
CAREER SERVICE EXAMINATION (PROFESSIONAL)	82.79	March 3, 2024	ORMOC CITY		

(Continue on separate sheet if necessary)


V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
03/26/2022	PRESENT	CASHIER	MSS CYCLE TRADING	13,000.00	N/A	EMPLOYED	N
03/06/2017	12/07/2021	BILLING CLERK	RITEMEAT MARKETING	16,000.00	N/A	RESIGNED	N
08/22/2016	01/14/2017	BRANCH CLERK	PACIFICA AGRIVET SUPPLIES INC.	13,000.00	N/A	RESIGNED	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/23/2025	CS FORM 212 (Revised 2017), Page 2 of 4
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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)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
STO NIÑO DE PLARIDEL PARISH COMMISSION ON YOUTH	2016	PRESENT	N/A	MEMBER/VOLUNTEER	
SAN NICOLAS DE TOLENTINO YOUTH CHORALE	2022	2024	N/A	MEMBER/VOLUNTEER	
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial 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	To			
CASHIER'S COMPETENCY BASED TRAINING	02/13/2023	02/15/2023	24HRS	TECHNICAL	MSS CYCLE TRADING
TWIN TOWER FARMS CEBU CORPORATIONS: ON-THE-JOB TRAINING	12/08/2015	01/25/2016	300HRS	TECHNICAL	TWIN TOWER FARMS - CEBU
STRATEGIC MANAGEMENT CONFERENCE	08/04/2015	08/04/2015	8HRS	MANAGERIAL	VISAYAS STATE UNIVERSITY CONVENTION HALL
YOUTH BUSINESS CONFERENCE	02/28/2015	03/01/2015	16HRS	TECHNICAL	VISAYAS STATE UNIVERSITY CONVENTION HALL
INNOVATION AND ENTREPRENEURSHIP FORUM	03/06/2015	03/06/2015	8HRS	TECHNICAL	VISAYAS STATE UNIVERSITY CONVENTION HALL
HUMAN BEHAVIORAL ORGANIZATION CONFERENCE	10/24/2014	10/24/2014	8HRS	MANAGERIAL	CCE BUILDING, VISAYAS STATE UNIVERSITY
(Continue 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)	
N/A	N/A			STO NIÑO DE PLARIDEL PARISH - YOUTH MEMBER	
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	02/23/2025

<p>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 appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Resignation: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p>If YES, specify: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, specify: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, specify: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GINA A. AGUINOD</td> <td>LAO ORMOC CITY</td> <td>09364159929</td> </tr> <tr> <td>KANDICE MAY M. MACASO</td> <td>SANTA FE, LEYTE</td> <td>09927844513</td> </tr> <tr> <td>ANALYN L. ARCE</td> <td>PALO, LEYTE</td> <td>09177048277</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GINA A. AGUINOD	LAO ORMOC CITY	09364159929	KANDICE MAY M. MACASO	SANTA FE, LEYTE	09927844513	ANALYN L. ARCE	PALO, LEYTE	09177048277
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<p>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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: PASSPORT</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: P4479198B</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: 01/21/2020 TACLOBAN CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID: PASSPORT	ID/License/Passport No.: P4479198B	Date/Place of Issuance: 01/21/2020 TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">2/23/2025</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	2/23/2025	Date Accomplished				
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<p>43. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 100px; margin: 10px auto; text-align: center; padding-top: 40px;"> <p>Person Administering Oath</p> </div>													



PHOTO

