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.

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

CSC ID No. | (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BATULA			
FIRST NAME	PAOLA KEZIA GRACE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAGALONA			
3. DATE OF BIRTH (mm/dd/yyyy)	11/7/1996	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization	
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details	Pls. indicate country	
5. SEX	☐ Male ☑ Female			
6. CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 4 (House/Block/Lot No.) / Street	
			SAN ISIDRO (Subdivision/Village) / Barangay	
			ORMOC CITY (City/Municipality) / LEYTE (Province)	
7. HEIGHT (m)	1.524 M	ZIP CODE	6541	
8. WEIGHT (kg)	50 KG	18. PERMANENT ADDRESS	*BLOCK 4* (House/Block/Lot No.) / Street	
9. BLOOD TYPE	A+		*SAN ISIDRO* (Subdivision/Village) / Barangay	
10. GSIS ID NO.	N/A		*ORMOC CITY* (City/Municipality) / *LEYTE* (Province)	
11. PAG-IBIG ID NO.	1212-2933-5103	ZIP CODE	6541	
12. PHILHEALTH NO.	132507577443			
13. SSS NO.	34-6648237-9	19. TELEPHONE NO.	(053) 561 0600	
14. TIN NO.	761-357-010	20. MOBILE NO.	+63 956 653 2456	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	kezia.pkg@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BATULA			
FIRST NAME	RUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAGALONA			
25. MOTHER'S MAIDEN NAME	MAGALONA			
SURNAME	BATULA			
FIRST NAME	DINA			
MIDDLE NAME	TELERON		(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ORMOC CITY CENTRAL SCHOOL	ELEMENTARY	2003	2009	N/A	2009	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	WESTERN LEYTE COLLEGE INC.	BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY	2013	2017	N/A	2017	N/A
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	DIPLOMA IN TEACHING SECONDARY	2019		N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/6/2021

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
CIVIL SERVICE ELIGIBLE- PROFESSIONAL	81.37	MARCH 18, 2018	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	GOV'T SERVICE (Y/N)
From	To						
4/16/2021	present	BPO AGENT	Virtual Staffing Solutions	====			N
07/05/2017	3/31/21	ADMIN AIDE (JOB ORDER)	ACCOUNTING DEPARTMENT/ EASTERN VISAYAS STATE UNIVERSITY- ORMOC CITY CAMPUS	583/DAY		JOB ORDER	Y
07/05/2015	02/15/2016	MARKTING & ACCOUNTING	CHULIANTE MARKETING CORPORATION	N/A	N/A	ON-THE-JOB TRAINEE	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/6/2021

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) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
JESUS IS LORD CHURCH-ORMOC CITY	2017	PRESENT		SUNDAY SCHOOL TEACHER
KRISTIYANONG KABATAAN PARA SA BAYAN MOVEMENT-ORMOC CITY CHAPTER	2015	PRESENT		WEEKLY FINANCIAL TRANSACTIONS RECORDING
KRISTIYANONG KABATAAN PARA SA BAYAN MOVEMENT-ORMOC CITY CHAPTER	2013	PRESENT		CORE GROUP LEADER
KRISTIYANONG KABATAAN PARA SA BAYAN MOVEMENT-WESTERN LEYTE COLLEGE CAMPUS	2016	2017		CAMPUS ORGANIZATION PRESIDENT

(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) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
COMPREHENSIVE GUIDE IN FILING THE ITR AND TRAIN LAW SEMINAR	3/28/2018		8		ORMOC CITY CHAMBER OF COMMERCE AND INDUSTRY, INC. & PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
BORN TO SUCCEED	10/10/2017		8		KRISTIYANONG KABATAAN PARA SA BAYAN MOVEMENT
NC III BOOKKEEPING	4/28/2017				TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
PHILIPPINE ACCOUNTANCY CONGRESS	3/25/2017		8		NATIONAL FEDERATION OF JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANCY

(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)
CRAFTING	N/A	N/A
EVENTS PREPARATION	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/6/2021

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ 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 any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
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?	☐ YES ☑ NO 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 If YES, give details:
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?	☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
GEOFFREY RAINIER O. CARTAGENA, CPA	ORMOC CITY	0933 858 9920
ENGR. SHERWYN S. TOLEDO	ORMOC CITY	0917 671 2070
ENGR. MARLON G. BURLAS	ORMOC CITY	9176341520

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.

Right Thumbmark

Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	HB3-21-288803 (Driver's Lic)
ID/License/Passport No.	P7562234A
Date/Place of Issuance:	Ormoc City

Signature (Sign inside the box)

8/6/2021

Date Accomplished

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath