		Act .		Nev		
CS Form No. 212 Revised 2017	PERSO	NAL DATA SH	IEET	Ww.	(35)	
WARNING: Any misrepresenta	ntion made in the Personal Data Sheet and the	e Work Experience Sheet shall cause the	filing of administrative/	criminal case/s e	gainst the per	rson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE			WW	pr 1	47
Print legibly. Tick appropriate boxes	s (and use separate sheet if necessary. Indicate N	VA if not applicable. DO NOT ABBREVIATE.	1 CS ID No		(Do not fill up. F	For CSC use only
1. PERSONAL INFORMATIO				ALC: NO.		
	ABEDEJOS			NAME EXTENSION (JR	SRI	-
FIRST NAME	MARY ANNE		1	To the British of the		
MIDDLE NAME 3 DATE OF BIRTH	CLAVERIA	The same and the same and the same about the same		e kilo e relació	-	-
(mm/dd/yyyy)	1/5/1998	16. CITIZENSHIP	☑ Filipino □	□by naturaliz	by naturalization	
4. PLACE OF BIRTH	HINDANG, LEYTE	If holder of dual citizenship,		☑ by birth Pls. indicate o		
5. SEX	☐ Male ☐ Female	please indicate the details.	Philippines			-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	4			(A.E.)
the grant of	☐ Widowed ☐ Separated		use/Block/Lof No. CLUSTER 5		MA-ASIN	
7. HEIGHT (m)	1.54	Si	bdivision/Village HINDANG		Barangay	
A CONTROL OF THE PARTY OF THE P		The second contract and the se	ity/Municipality		Province	
8. WEIGHT (kg)	60 kgs	ZIP CODE		6523		
9. BLOOD TYPE	A+	16 PERMANENT ADDRESS Ho	use/Block/Lot No.		Street	
10. GSIS ID NO.	NOT APPLICABLE	Su	CLUSTER 5		MA-ASIN Barangay	
11. PAG-IBIG ID NO.	121257835597		HINDANG http://www.cipality		LEYTE Province	
12. PHILHEALTH NO.	13-025519042-4	ZP CODE	ng ana aspany	6523	Province	-
13. SSS NO.	34-8735274-7	19. TELEPHONE NO	NOT	T APPLICABLE		
14. TIN NO.	752-760-815	20 MOBILE NO	0	9100436618		
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE	21. E-MAIL ADDRESS (If any)	anneabed	ejos@gmail.c	om	
II. FAMILY BACKGROUND				A DONE OF THE	60700	2 10 10 1
22. SPOUSE'S SURNAME	N/A		ILDREN (Write full name and	list all)	DATE OF BIRT	(mm/dd/yyyy)
FIRST NAME	-	NAME EXTENSION (JR., SR)	N/A .		N	I/A
MIDDLE NAME		1				Pulling S
OCCUPATION	10.1				In 11	
EMPLOYER/BUSINESS NAME		In the second second				
BUSINESS ADDRESS		1		A.		
TELEPHONE NO.					The same of the sa	
24. FATHER'S SURNAME	ABEDEJOS					
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR) JR			7	
MIDDLE NAME	QUEROBIN					
25. MOTHER'S MAIDEN NAME					g a serieba a sac	
SURNAME	CLAVERIA					
FIRST NAME	MARCELA		former 1			
MIDDLE NAME	NIA	the second secon	(Continue on se	parate sheet if neces	ssary)	Marketon and
III. EDUCATIONAL BACKO	GROUND		Address.	The state of the s		
26. LEVEL	NAME OF SCHOOL (Write in fulf)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	MA-ASIN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2009 2010	N/A	2010	N/A
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL	2010 2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2015 2019	N/A	2019	N/A

N/A

N/A

N/A

N/A

January 10, 2022

NA

DATE

WA

GRADUATE STUDIES

SIGNATURE

NA

7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			N / CONFERME	NT	NUMBER	of applicable) Date of
	ER SERVICE PR		80.3	4/8/2019	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYYTE			NIA	Validity N/A
					LETT				
				(Continue on sepa	rate sheet if necessary)	tim seles			
	XPERIENCE ite employment.	Start from your recen	nt work) Descriptio	on of duties should	be indicated in the attached Wo	rk Experienc	e sheet.		
	SIVE DATES T/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)			/AGENCY/OFFICE/COMPANY in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Formal *00-0*)/ NCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
12/1/2020	12/10/2020	MUNICIPAL VA	LIDATOR		OF SOCIAL WELFARE AND EVELOPMENT	9,000.00	N/A	CONTRACTUAL	YES
9/1/2020	09/30/2020	TEAM SUPE	RVISOR		STATISTICS AUTHORITY	16, 395.00	N/A	CONTRACTUAL	YES
9/14/2019	9/30/2020	SALES ASS	OCIATE		MR. DIY	14,000.00	N/A	CONTRACTUAL	NO
6/8/2021	12/30/2021	SCREEN	IER	PHILIPPINE	STATISTICS AUTHORITY	14, 820.00	N/A	CONTRACTUA L	YES
	- y - 8								
				(Continue on sepa	rate sheet if necessary)				

29. N	IAME & ADDRESS OF OF (Write in full)	(mm/dxl/yyyy)			NUMBER OF HOURS		POSITION / NATURE OF WORK	
	THE REAL PROPERTY.	DEN TOTAL	From	То				
	in N/A	er jager	N/A	N/A	5500	l the	N/A	
						dan .		
and the desired of the state of							The second second second second	
	The state of the state of the state of			a constitution of the second	a and track	ynude n	s annual	
- j - u Merici	ELA.	and the second s			The state of the s			
CTES	17							
LEARNING AND DEVELOPME	NT (LED) INTERV		separate sheet i					
					Chief/Executive %	lanagerial positio	ins)	
tent from the most recent L&D training program and include only the relevant L&D training taken for the 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTEN (mm/c	EDATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC CUSTOM	IER RELATIONS TRAI	NING	From 11/28/2021 10/8/2020 4/23/2019	To 11/28/2021	8.0 40.0 8.0	QUALITY SUPERVISORY TECHNICAL	PHILIPPINE STATISTICS AUTHORITY PHILIPPINE STATISTICS AUTHORITY DEPARTMENT OF TRADE AND INDUST	
4TH LEVEL TRAINING ON 2020				8/15/2020 4/23/2019				
DIGITA	AL MARKETING							
USING PESTI	ICIDE SAFELY MANUA	L John Hall	3/20/2019	3/20/2019	8.0	SAFETY	EPHRATHAH FARMS	
3 19 9723		/A						
	discount of the			-				
	19.74 (C. 64-4)				1			
							AATAMA E AMAMA	
					_	-		
148,030	540047 W					6.7		
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Fr. 2 179							The state of the s	
	n e						entere and reason to the second	
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The same of the sa	10	911111		and the same of	A CONTRACTOR			
Transfer of the second	12.11.612		20.00			7.1	of tipe, and	
7 77					1 51	b		
AIVA-			10 TVD-17 - V				and a supplier of the supplier	
		(Continue on	separate sheet if	necessary)				
OTHER INFORMATION		1014	ADENIA DIATA	TIONS (PEO	COLUZIONI.		MEMORPOLINO IN ACCOMINATION (CORONALIZA	
31. SPECIAL SKILLS a	and HOBBIES 32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGA (Write in full)						
ADOBE PHOTOSHOP EDITI		ROWAT DECENTION OF THE NAME OF				N/A		
MPUTER LITERACY (MICROSOFT V POWERPOINT & ETC.)	NORD, EXCEL,	SCUAA PLAYER VSU				VSU SOFTBALL TEAM		
ONLINE SELLING	1.8	N/A N/A				N/A		
TRAVELLING & PHOTOGR	RAPHY	N/A					N/A	
					-10 3974 co			
SIGNATURE		(Continue on s	separate sheet if	necessary)	DA	TF	01/11/2022	

Are you related by consenguinity or effinity to the appointing or chief of bureau or office or to the person who has immediate au Bureau or Department where you will be apppointed,	recommending authority, or to the pervision over you in the Office,	The second was taken to	
a. within the third degree?	☐YES ☑ NO		
b. within the fourth degree (for Local Government Unit - Career	YES NO If YES, give details:		
35. a. Have you ever been found guilty of any administrative offens	6?	☐ YES ☑ NO	
and the state of t		If YES, give details:	
b. Have you been oriminally 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 is or tribunal?	If YES, give deballs:		
37 Have you ever been separated from the service in any of the for from the rolls, dismissal, termination, end of term, finished contemprivate sector?	nd YES ② NO If YES, give details:		
a. Heve you ever been a candidate in a national or local election election)?	TYES NO		
b. Have you resigned from the government service during the t promote/actively campaign for a national or local candidate?	b YES Z NO If YES, give details:		
39 Have you acquired the status of an immigrant or permanent re-	TYES, give details (country):		
40. Pursuant to: (a) Indigenous People's Act (RA 8371), (b) Magne Solo Parents Welfare Act of 2000 (RA 8972), please enswer the Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		TYES INO If YES, please specify: YES, please specify ID No: YES INO If YES, please specify ID No:	
41. REFERENCES (Person not related by consunguintly or affinity to applicant it	pporties		
NAME	ACOPESS	TEL NO	
MARY KATHERINE SAPERO	DES MARKETING	9552492306	
FLORIANNE MAE VILLARUEL	VISCA, BAYBAY	9639607933	
MYRNA ABASOLA	DTI-HINDANG	9182356519	
42 I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, rules a agency head/authorized representative to verifyl/validate the of made in this document and its attachments shall cause the filing	nd regulations of the Republic of the Philippi ontents stated herein. I agree that an	nes. I authorize the y misrepresentation	
Government Issued ID is a Passport, GSS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: TIN NO.	rother		
IDLicensePassport No. 752-760-815	œ)		
Date/Place of Issuance 09/30/2019	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	Manany 10, 2022 affiant exhi	biting his/her validly issued government ID as indicated above.	
	Person Administering Oat	-	