CS Form No. 212

SIGNATURE

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. 1. CS ID No. Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only ALAO 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME ROWENA MIDDLE NAME BRACERO 3 DATE OF BIRTH 1/8/1982 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ✓ by birth ☐ by naturalization 4. PLACE OF BIRTH BAYBAY CITY LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details 5 SEX ☐ Male Female ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS # 66 A. Mabini Street 6 CIVIL STATUS House/Block/Lot No ☐ Widowed □ Separated Paulino Avelino Zone 2 ☐ Other/s: Subdivision/Village Barangay Baybay City Levte 5'5" 7. HEIGHT (m) Citv/Municipalit Province 8. WEIGHT (kg) 65 kls. ZIP CODE A. Mabini Street 18. PERMANENT ADDRESS # 66 "0" 9. BLOOD TYPE House/Block/Lot No Street Paulino Avelino Zone 2 10 GSIS ID NO N/A Subdivision/Village Barangay Baybay City Leyte 11. PAG-IBIG ID NO. N/A Citv/Municipality Province 12. PHILHEALTH NO 19-090161077-4 ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. N/A 09816321580 20. MOBILE NO. 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) rowena.alao@gmail.com **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) ALEXANDRA A. PEDRAROJA FIRST NAME 2/22/2005 MIDDLE NAME 3/5/2007 IZIAH CHARLES A. PEDRAROJA OCCUPATION 7/30/2010 JAN MARIN A PEDRAROJA EMPLOYER/BUSINESS NAME 1/28/2012 **BUSINESS ADDRESS** 1/23/2022 TELEPHONE NO. 24. FATHER'S SURNAME ALAO NAME EXTENSION (JR., SR) CARLOS FIRST NAME **AVELLANA** MIDDLE NAME 25. MOTHER'S MAIDEN NAME BRACERO SURNAME ANITA FIRST NAME MIDDLE NAME VALENZONA Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND CHOLARSHIP/ HIGHEST LEVEL/ UNITS EARNED 26. LEVEL PERIOD OF ATTENDANCE YEAR GRADUATED NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE CADEMIC HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From Tο ELEMENTARY BAYBAY 1 CENTRAL SCHOOL 6/1/1989 3/1/1996 1996 N/A BAYBAY NATIONAL HIGH SCHOL 6/1/1996 3/1/2001 2001 N/A SECONDARY VOCATIONAL / TRADE COURSE VISAYAS STATE UNIVERSITY 8/1/2018 8/12/2022 2022 N/A COLLEGE GRADUATE STUDIES

July 11, 2023

DATE

| IV. CIVIL SERVICE ELIGIBILITY | | | | | | | | | |
|---|---|-------|--------------------------|--------------------------|----------------------------|--|-------------------------------|-------------------|---------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE | | | DATE OF EXAMINATION / | TION / CONFERMENT | | LICENSE (if applicable) | | | |
| | | | (If Applicable) | CONFERMENT | PLACE OF EXAMINA | HON / CONFER | INICIN I | NUMBER | Date of Validity |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | (Co | ntinue on separate sheet | if necessary) | | | | |
| | EXPERIENCE ate emplovmer | | work) Description | of duties should be | indicated in the attached | Work Exper | ience sheet. | | |
| 28. INCLU | USIVE DATES | | | | ENCY / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if | STATUS OF | GOV'T |
| From | (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate) | | | (Write in ful | SALARY | applicable)& STEP (Format "00-0")/ INCREMENT | APPOINTMENT | SERVICE (Y/ N) | |
| MARCH | | | ERNSHIP | VISAYAS STATE U | | | | | |
| APRIL | 5/1/2022 | | | | H SCHOOL EGRATED SCHOOL | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SICN | ATURE | | (Co | ntinue on separate sheet | if necessary) DATE | | 06/11/23 | | |
| SIGN | HIUKE | - Jus | | | DATE | | 00/11/23 | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | | |
|---|---|--|---------------------|---------------------------------------|---------------------------|--|--|
| 29. NAME & ADDRESS OF O (Write in full | RGANIZATION | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
| | , | From | То | | | | |
| N/A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) | | itinue on separate : | | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS | | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | Type of LD (Managerial/ Supervisory/ | | CONDUCTED/ SPONSORED BY | |
| (vvite iii tuli | (Write in full) | | | | Technical/etc) | (Write in full) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (Con | tinue 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) | |
| GOOD VERBAL AND WRITTEN COMMUNICATION SKILLS | | INTERACT SOCIETY ORGANIZATION (SOCIAL STUDIES) | | | | | |
| DISCIPLINED | | | | | | STUDIES) UNIVERSITY SUPREME STUDENT COUNCIL (USSC) | |
| TIME MANAGEMENT | | | | | | | |
| ABILITY TO HANDLE STRESS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SIGNATURE | (Con | tinue on separate | sheet if necessary) | | ATE | 07/11/2023 | |

| 34. | Are you related by consanguinity or affinity to the appointin 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? | ☐ 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 or | | ☑ NO | | | |
| | | | If YES, give details | : | | |
| | | - | | | | |
| | b. Have you been criminally charged before any court? | | ▼ NO | | | |
| | | If YES, give details Date Filed: | i: | | | |
| | | Status of Case/s: | | | | |
| 36. | Have you ever been convicted of any crime or violation of | any law, decree, ordinance or regulation by | ☐ YES | ✓ NO | | |
| | any court or tribunal? | | If YES, give details: | | | |
| | | | 5, 3 | | | |
| 37. | Have you ever been separated from the service in any of the | he following modes: resignation, retirement, | ☐ YES | ✓ NO | | |
| | dropped from the rolls, dismissal, termination, end of term, | | If YES, give details: | | | |
| | in the public or private sector? | | | | | |
| 38. | a. Have you ever been a candidate in a national or local elements are provided as a candidate in a national or local elements. | ection held within the last year (except | ☐ YES ☑ NO | | | |
| | | | If YES, give details: | | | |
| | b. Have you resigned from the government service during election to promote/actively campaign for a national or loca | ☐ 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? | ☐ YES If YES, please specify | ☑ NO | | | |
| b. | Are you a person with disability? | | ☐ YES ☑ NO | | | |
| | | | 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 applican | t /appointee) | | | | |
| | NAME | ADDRESS | TEL. NO. | | | |
| | JAY C. BANSALE | MACARTHUR LEYTE | 9261731308 | | | |
| | JEREMIAS GODOY | ZONE 2 BAYBAY | | | | |
| | | | | | | |
| 12 | I de deservor deservelle the Eller en en en eller en en en eller | ad this Decreased Data Obsert which is a t | | | | |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting the provision of perting the perturbation of perturbat | | | | | |
| | Philippines. I authorize the agency head/authorized repres | sentative to verify/validate the contents state | ed herein. | | | |
| | agree that any misrepresentation made in this doc administrative/criminal case/s against me. | cument and its attachments shall cause | e the filing of | PHOTO | | |
| | administrativi o minitari sassi o agamet mo. | | | | | |
| | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | |
| | LEASE INDICATE ID Number and Date of Issuance | | | | | |
| Government Issued ID: | | | | | | |
| | 0/License/Passport No.: | ox) | | | | |
| Date/Place of Issuance: 09/09/22 Date Accomplished | | | | Right Thumbmark | | |
| CUIDCODIDED AND CWODN to before me this | | | | | | |
| SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Person Administering Oat | n | | | |