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 T<u>O</u> FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE P<u>DS FORM.</u> 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 MARI NAME EXTENSION (JR., SR) **MARY JEAN** FIRST NAME MIDDLE NAME ARNAIZ 3. DATE OF BIRTH 01/15/2000 16. CITIZENSHIP (mm/dd/yyyy) 4. PLACE OF BIRTH PALO, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5 SFX **70NF 3** M.V ROCA 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS use/Block/Lot No BURI Subdivision/Village Barangay **PALO LEYTE** 7. HEIGHT (m) 1.62 itv/Munic<u>ipalit</u> Province 45 8. WEIGHT (kg) ZIP CODE ZONE 3 18. PERMANENT ADDRESS M.V ROCA 9. BLOOD TYPE 0+ House/Block/Lot No. BURI 10. GSIS ID NO. NONE Subdivision/Village Barangay **PALO LEYTE** 11. PAG-IBIG ID NO. NONE City/Municipality Province 12. PHILHEALTH NO. NONE ZIP CODE 6501 13. SSS NO. NONE 19. TELEPHONE NO. **NONE** 14. TIN NO. NONE +639756292136 / +639942676025 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. NONE maryjeanmari15@gmail.com 21. E-MAIL ADDRESS (if anv) FAMILY BACKGROUND 22. SPOUSE'S SURNAME NONE 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NONE N/A FIRST NAME MIDDLE NAME OCCUPATION N/A EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME MARI SR. MARLON FIRST NAME DABLEO MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME ARNAIZ **MARITES** FIRST NAME MIDDLE NAME ZAMORA (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND LEVEL/ UNITS SCHOLARSHIP/ 26. PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR CADEMIC HONORS LEVEL GRADUATED (Write in full) (Write in full) EARNED RECEIVED From То ELEMENTARY PALO I CENTRAL SCHOOL **ELEMENTARY** 2006 2012 N/A 2012 N/A PALO NATIONAL HIGH **HIGH SCHOOL** 2016 SECONDARY 2012 N/A 2016 N/A SCHOOL PALO NATIONAL HIGH VOCATIONAL / SENIOR HIGH SCHOOL 2016 2018 N/A 2018 N/A SCHOOL TRADE COURSE EASTERN VISAYAS STATE BACHELOR OF TECHNICAL COLLEGE 2018 2023 N/A 2023 N/A **VOCATIONAL TEACHER EDUCATION** UNVERSITY **GRADUATE STUDIES** NONE

-8VV

SIGNATURE

06/03/2024

DATE

IV. CIVIL S	SERVICE EL	IGIBILITY							
			RATING	DATE OF	DI AOF OF EVANINATION (OOVEEDMENT		DMENT	LICENSE (if applicable)	
			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
RA 1080 LICENSED PROFESSIONAL TEACHER 80.4			80.4	9/24/2023	SAGKAHAN ATIONAL HIGH SCHOOL			2152522	01/15/024
			(Co	ntinue on separate shee	et if necessary)				
	EXPERIENC								
		nent. Start from your red	ent work) Descrip	tion of duties shou	ld be indicated in the at	ttached Wo	rk Experience SALARY/ JOB/	e sheet.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION T From To (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPAN (Write in full/Do not abbreviate)		MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
11/05/2023	3/25/2024	ASSISTANT (CASH PROGRAM FOR COLLE		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT, FO VIII		₽7,000	N/A	CASH FOR WORK (90 days)	N
			(0)	ntinue on separate shee	ot if nocessary				

DATE

SIGNATURE

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06/03/2024

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	(Write iii luii)	From	То	Nomber of Front		TOOMS TWO INC.	
	N/A	N/A	N/A	N/A		N/A	
				rate sheet if necessa			
	EARNING AND DEVELOPMENT (L&D, on the most recent L&D/training program and inclu					on Chief/Evacutive/Managaviel positions)	
	TITLE OF LEARNING AND DEVELOPMENT	INCLUSIVE	DATES OF	aken for the last live	Type of LD		
	INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTENDANCE (mm/dd/vvvv) From To		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
N/A	,	N/A	N/A	N/A	Technical/etc) N/A	N/A	
		(Co	ntinue on sepai	rate sheet if necessa	ry)		
VIII. O	THER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-		TINCTIONS / RECOG rite in full)	NITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
KEEN /	ATTENTION TO DETAILS	NONE				NONE	
LOGIC	AND VERBAL REASONING						
PROFIC	CIENT WITH MICROSOFT TOOLS						
TECH-	SAVVY						
				rate sheet if necessa			
	SIGNATURE	×	\mathcal{M}°	DA	4 <i>TE</i>	06/03/2024	

34. Are you related by consanguinity or affinity to the appointing 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?				
b. within the fourth degree (for Local Government Unit - Car	If YES, give details:			
35. a. Have you ever been found guilty of any administrative of	fense?	If VEC aire detailer		
		If YES, give details:		
b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of a regulation by any court or tribunal?	If YES, give details:			
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	If YES, give details:			
(except Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?			
	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?			
39. Have you acquired the status of an immigrant or permanent	If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group? 	If YES, please specify:			
b. Are you a person with disability?				
c. Are you a solo parent?				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /annointee)	If YES, please specify ID N	u	
NAME	ADDRESS	TEL. NO.		
MARICEL PAITAN	PALO, LEYTE	9275332933		
MA. KRISTY BACHO	SAN MIGUEL, LEYTE	9773891639		
JHON PATRICK MARGALLO	PALO, LEYTE	9942676025		
42. I declare under oath that I have personally accomplished the complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represed I agree that any misrepresentation made in this document administrative/criminal case/s against me.	t laws, rules and regulations of the entative to verify/validate the conter	e Republic of the nts stated herein.	РНОТО	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: PRC	\mathcal{N}			
icense/Passport No.: 2152522 Signature (Sign inside		the box)		
Date/Place of Issuance: TACLOBAN CITY	June 03, 202 Date Accomplish			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly i	issued government ID as indicat	ed above.	
	Person Administering	Oath		
			CS FORM 212 (Revised 2017), Page 4 o	