CS Erim No. 212 Revised 2017					Territoria		Visit of the second	
Netice Ever	PERS	ONAL DAT	A Sr	1EE	T			
WARNING: Any misrepresent	tation made in the Personal Data Sheet and	d the Work Experience Sheet st	hall cause the	filing of edn	ninistrative	/criminal case/s	calnst the pe	erson
concerned. READ THE ATTACHED GUIDE	E TO FILLING OUT THE PERSONAL DATA	SHEET (PDS) BEFORE ACCOM	MPLISHING TH	HE PDS FORI	IM,			
Print legibly. Tick appropriate boxes	es () and use separate sheet if necessary, Indic	cate N/A if not applicable. DO NOT /	ABBREVIATE.		1. CS ID No.		(Do not fill up	p. For CSC use on
2. SURNAME	DE LA ROSA		A STATE OF THE PARTY OF	and the	And the second		The state of	1000
FIRST NAME	ADELA ROSA					NAME EXTENSION (JR., SR)	NIA
MIDDLE NAME	ALBESA		-			Principal Contracts		
3 DATE OF BIRTH	03/09/1992	16. CITIZENSHIP	1	T				
(mm/od/yyyy)	U3/U3/ 100A	16. CHIZENSHIP		✓ Filip	ino [☐ Dual Citizenship ☐ by birth	and the same of th	
4. PLACE OF BIRTH	HINDANG, LEYTE	If holder of dual citize	enship,			Pls. indicate	by natura country:	lization
5. SEX	☐ Male ✓ Female	please indicate the d	details.					
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS	T	N/A			PUROK 6	
O GULDINIO	☐ Widowed ☐ Separate	ed	Но	ouse/Block/Lot N	Vo.		Street	
	Other/s:	TO THE STATE OF TH	5	Subdivision/Villag	je		Barangay	
7. HEIGHT (m)	1.5748			INOPACAN City/Municipality	y		LEYTE Province	
8. WEIGHT (kg)	10 March 47	ZIP CODE	134	O JAMS JA	STOKE IN	6522	ESSE	organica I
9. BLOOD TYPE	The state of the s	18. PERMANENT ADDRESS	H	N/A			PUROK 6 Street	STOURS I
10. GSIS ID NO.	N/A	60 AND S	7	ouse/Block/Lat N N/A			CONALUM	
11. PAG-IBIG ID NO.	1211-7548-5021		St	iubdivision/Villag	е		Barangay LEYTE	- Dermand
Company of the second of the s		All the control of th		City/Municipality			Province	
12. PHILHEALTH NO.	130253967324	ZIP CODE			6522			-
13. SSS NO.	34-5885866-5	19. TELEPHONE NO.			N/A			
14. TIN NO.	471-934-313-000	20. MOBILE NO.			09639647629			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		ade	engdelar	osa29@gmai	il.com	AMOUNT TO SERVICE STATE OF THE
II. FAMILY BACKGROUND						10 CO.		
22. SPOUSE'S SURNAME	N/A	THE PERSONNEL PERSONNEL PROPERTY OF THE PERS	23. NAME of CH			list all)	DATE OF BIR	RTH (mm/dd/yyyy
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		and the second	N/A	and the second second		NA
MIDDLE NAME	N/A		and the					
OCCUPATION	N/A					-		
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							group the same
24. FATHER'S SURNAME	DE LA ROS	Andrew Control of the		produce and produced and		-	Percent in the last of	Allen Brand Con
FIRST NAME	LUIS	NAME EXTENSION (JR., SR) N/A					1	
MIDDLE NAME	FLORES							
25. MOTHER'S MAIDEN NAME				all state of the s				
SURNAME	ALBESA			and the state and	alkin ku nangiri	Andrew Configuration all on	And the state of the state of	10.1.12.12
FIRST NAME	HERMISA	A					1	
MIDDLE NAME	VILLACOT	ſΕ		(C	ontinue on se	eparate sheet if neces	ssary)	
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	ACADEMIC
ELEMENTARY	CONALUM ELEMENTARY SCHOOL	ELEMENTARY	To the same of the	1999	2005	GRADUATED	2005	N/A
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	HIGHSCHOOL		2005	2009	GRADUATED	2000	N/A
VOCATIONAL / TRADE COURSE	THE COLLEGE OF MAASIN	ASSOCIATE IN COMPUTER T	TECHNOLOGY	2013	2015	GRADUATED	2015	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN	ECONOMICS	2009	2016	GRADUATED	2016	NVA
GRADUATE STUDIES	N/A	- MA	WA			AVA	N/A	M/A

Adulman

SIGNATURE

AV6WT 1, 2025 CS FORM 212 (Revised 2017), Page 1 of 4

DATE

BAF		S/ CES/ CSEE Y / DRIVER'S LICENSE	RATING (if Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFEI	RMENT	LICENSE (If a	Date
CAREE	R SERVICE SUI	BPROFESSIONAL	87.66	06/19/2022	ORMOC C	ITY, LEYTE		N/A	Val.
CAREER SERVICE PROFESSIONAL		80.78	03/26/2023	MAASIN CITY, SOUTHERI		EYTE	N/A	06/09	
					(24	EGG .			
V. WORK E	(PERIENCE		(Co.	ntinue on separate sheet i	d necessary)	2000,000			
Include priva 8. INCLUS	te employment. SIVE DATES	Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
	/dd/yyyy)	POSITION TI (Write in full/Do not	TLE abbreviate)	DEPARTMENT / AGE (Write in full)	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format '00-97)	STATUS OF APPOINTMENT	SEI 0
07/11/2019	To 06/30/2025	CONTRACTUAL E	MPI OVEE	LOCAL GOVERNM	IENT UNIT-INOPACAN,		INCREMENT		1/3
11/16/2016	02/18/2018	CASHIEF		1	EYTE PAR (PAWNSHOP	₱6,000.00 ₱8,700.00	N/A N/A	JOB ORDER REGULAR	
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JUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNMENT	MANAGEMENT ASSESSED.	The second second	ORGANIZATIO	V/5	
NAME & ADDRESS (Write			VE DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK
HAME TO SERVE AND ADDRESS OF THE SERVE AND ADD		From N/A	To N/A	NA		NA
NA Con	0.00	N/A	prefer fully	gada en	THE PARTY OF	RELIGION OF THE PROPERTY OF THE PERSON OF
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2. Margaring and State of State of the Control o			igi a con essa	100	stante in h	Managed and Control tools to
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	AND THE RESERVE OF THE PARTY OF					
	299			OBS	t ying ancied o	ngape diminir and method was it -
	All Control of the Co					
/II. LEARNING AND DEVELOPMENT (L	(CO	ntinue on separate	sheet if necessar	y) 		
- 4	(3)	INCLUSIV	DATES OF	12 Sept. 20. Opt 20.	Type of LD	CONDUCTED/ SPONSORED BY
 TITLE OF LEARNING AND DEVELOPMENT (Write 	I INTERVENTIONS/TRAINING PROGRAMS in full)		IDANCE Id/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)
		From	To N/A	N/A	N/A	egil sera sope ega NA e soa e sid
NA NA	en skop 23 in i inamentar n	beech to	born MAW.	mar maite	nge nodpram	g, complete kinnert with beginning
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III. OTHER INFORMATION	(Cor	ntinue on separate	sheet if necessary	y)		
31 SPECIAL SKILLS and HOBBIES	NON NON	-ACADEMIC DISTIN	ICTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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	and approximately the states of the states o	COLAMBOR ST.	Option of the Special States	orter (cons.)		
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SIGNATURE	faunosi		Appeared, may be received	DA	TE	M GUST 1, 2025 CS FORM 212 (Revised 2017), Page 3 of

34	Are you related by concenquisity or afficilt to the		N N	1
	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	or recommending authority, or to the	the state of the contract of t	1
	Bureau or Department where you will be apppointed,		1 (A)	
	a. within the third degree?		☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	YES INO	
		The state of the s	If YES, give details:	
	the state of the s	and the second s	ii i co, give udialis.	
5.	a. Have you ever been found guilty of any administrative off	ense?	YES NO	
			If YES, give details:	
			The second secon	
	b. Have you been criminally charged before any court?	the second of the second second	Clare Clare	
	and the second		☐ YES ☑ NO If YES, give details;	
			Date Filed:	
		The same of the sa	Status of Case/s;	100 000
6.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by	YES 7 NO	
	any court or tribunal?		☐ YES ☑ NO If YES, give details:	
			in red, give details.	
7.	Have you ever been separated from the service in any of the	e following modes: resignation, rationment		
	dropped from the rolls, distrissal, termination, end of term.	finished contract or phased out (abolition) in	☐ YES ☑ NO If YES, give details:	
	the public of private sector?	the first contract of the same of the same of the same of		
8.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES NO	
	balangay election)?		☐ YES ☑ NO If YES, give details:	
	b. Have you resigned from the government service during the	he three (3)-month period before the last	☐ YES ☑ NO	
	cicculor to promote/actively campaign for a national or local	candidate?	If YES, give details:	
9.	Have you acquired the status of an immigrant or permanent	t resident of another country?		
			☐ YES ☑ NO If YES, give details (country):	
ing.				
0.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA 7277):		
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	e answer the following items:		
	Are you a member of any indigenous group?		☐ YES ☑ NO	
	Are you a person with disability?		If YES, please specify:	
	you a percent man discipliny?		☐ YES ☑ NO If YES, please specify ID No:	
	Are you a solo parent?		The state of the s	-
	the contract of the state of th			
1.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)		
	NAME	ADDRESS	TEL. NO.	
	EDGAR D. ESPINOSA	BRGY. TINAGO, INOPACAN, LEYTE	9154117198	
	LOVEN P. DUGANG	_		
2.00	LOVEN P. DUGANG	ORMOC CITY, LEYTE	9500383355	
	MARK P. TIDOY	INOPACAN, LEYTE	9639648902	
12.	I declare under oath that I have personally accomplished	ed this Personal Data Sheet which is a	true, correct and	
	complete statement pursuant to the provisions of pertipolitical property hand/authorized recognitions.	inent laws, rules and regulations of the	Republic of the	y ·
	Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this doc	semanter to verify/validate the contents state	ed herein. I abe the filing of ADELA ROSA A DE	
	administrative/criminal case/s against me.	CARROLL 1861 COUNT OF TOUR OF	AUELA KOSA A DE	LAR
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	Covernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	The section of the se	and the second s	
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I	O/License/Passport No.: 2148-5927-9604-1902	Signature (Sign inside the		Sec.
0	ate/Place of Issuance: INOPACAN, LEYTE	AV6W7 (, 207 Date Accomplished	Right Thumbma	ark
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	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated al	bove.
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		Person Administering Oa	th and the second secon	
	AVAG L	r Gradin Administrating Oa	THE WASHINGTON	

WORK EXPERIENCE SHEET

- Duration: July 11, 2019 June 30, 2025
- Position: Office Support Services
- Name of Office/Unit: Bureau of Internal Revenue Office, Inopacan, Leyte
- Immediate Supervisor: Loven Pernes-Dugang
- Name of Agency/Organization and Location: Local Government Unit, Inopacan, Leyte
 - Summary of Actual Duties
 - Responsible for assisting in receiving of Business Tax Remittances collection, releasing taxpayer's receipts, performing administrative and technical tasks, responding to queries and performs other related functions.
- Duration: October 16, 2016 February 18, 2018
- Position: Cashier 2 (Regular)
- Name of Office/Unit: Palawan Pawnshop- Hindang and Inopacan Branch
- Immediate Supervisor:
- Name of Agency/Organization and Location: Eight Under Par (Pawnshop Operator) Inc.
 - Summary of Actual Duties
 - Responsible for handling transactions for customers, balancing cash drawers, bills payment transactions, processing of outward clearing items and performs other related functions.

ACTION MITA A. DE UN RAMINA (Signature over Printed Name of Employee/Applicant)