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.

concerned.									
READ THE ATTACHED GUIDE 1 Print legibly. Tick appropriate boxes					E PDS FOR	1. CS ID No.		(Do not fill up. I	or CSC use only
I. PERSONAL INFORMATIO		,						(1 11 1	,
2. SURNAME	Bianes								
FIRST NAME	Rosario						NAME EXTENSION (JR	., SR)	
MIDDLE NAME	Abiera								
3. DATE OF BIRTH	10/21/	/1993	16. CITIZENSHIP		·		D 1600 10		
(mm/dd/yyyy)	10/21/	1000	IV. OTTEENOTH		✓ Filipin	• Ц	Dual Citizenship ✓ by birth	by naturaliza	ation
4. PLACE OF BIRTH	Maasin City		If holder of dual citizenship,		Pls. indicate				20011
5. SEX	☐ Male ☑ Female		please indicate the details.						•
6 CIVIL STATUS	✓ Single ☐ Married		17. RESIDENTIAL ADDRESS		1			Estrella	
O OIVIL OTATOO	☐ Widowed	□ Separated		Hou	se/Block/Lot N	lo.		Street Ibarra	
	☐ Other/s:			Sub	odivision/Villag	е		Barangay	
7. HEIGHT (m)	1.75 m				Maasin City Sity/Municipality			So. Leyte Province	
8. WEIGHT (kg)	102 kg		ZIP CODE		6600				
9. BLOOD TYPE			18. PERMANENT ADDRESS	Hou	se/Block/Lot No.			Estrella Street	
10. GSIS ID NO.			1					lbarra	
11. PAG-IBIG ID NO.					bdivision/Village			Barangay So. Leyte	
12. PHILHEALTH NO.	13-050142008-6		ZIP CODE	Ci	ty/Municipality 6600		Province		
13. SSS NO.			19. TELEPHONE NO.						
14. TIN NO.	428-453-073-00000		20. MOBILE NO.			09	9533182134		
14. 11N NO. 426-453-073-00000 15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		roes		s.educ@gma	il com	
			21. E-WAIE ADDITEOU (II arry)		1036	ariobiarie	s.educ@gina	ii.com	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write t				DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME			INAME EXTENSION (JR., SR)	Liana Dex		exlee Bianes		4/14/2013	
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME		Bianes	NAME EXTENSION (ID. OD)						
FIRST NAME	Fred	ldie	NAME EXTENSION (JR., SR)						
MIDDLE NAME		Padado							
25. MOTHER'S MAIDEN NAME									
SURNAME		Abiera							
FIRST NAME	FIRST NAME Dahlia								
MIDDLE NAME	.E NAME Palco				(C	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGE	ROUND								
26. LEVEL	NAME OF (Write		BASIC EDUCATION/DEGRE (Write in full)				HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELENENTARY.					From	To			
ELEMENTARY	Ibarra Elementary School		Primary - Basic Education		6/1/1999 6/1/2005	3/1/2005			Salutatorian
SECONDARY	Saint Joseph College		Secondary - Basic Edu	Secondary - Basic Education		3/1/2009			
VOCATIONAL / TRADE COURSE									_
COLLEGE			Bachelor of Secondary Educa English	eation - Major in 8/1/2019 6		6/3/2023			Service Awardee,
GRADUATE STUDIES	Eastern Visayas State University Master of Arts in Education - / Supervision		Iministration and	7/8/2024	Present				
			Continue on separate sheet if nec	essary)					
SIGNATURE	Street A.				DATE		June 29, 2024		

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/RA 1080 (BOARD/BAR) UNDER			RATING	DATE OF					applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	PLACE OF EXAMINATION / CONFERMEN			Date of Validity
PRC Administered Licensure Examination for		87.9	9/23/2023	Ceb	u City			10/21/2027	
	Professional Teachers 07.3 3723/2023 Gebu Oity								
			(Cor	l itinue on separate sheet	if necessary)				
	XPERIENCE	nt. Start from your recen	t work) Doscriptio	n of duties should!	oo indicated in the attack	ad Work Ex	norionco chee	t	
28. INCLU	JSIVE DATES					GU WUM =X	SALARY/JOB/PAY		2017
	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То			(write iii iulii/Do flot abbleviale)			INCREMENT		(17 N)
7/1/2023	7/1/2024	College Inst	ructor	Saint Jo	seph College	8800.00			N
4/1/2015	7/1/2020	English Langua	ige Tutor	Rarejob	10000.00			N	
									
SIGN	ATURE		(Cor	tinue on separate sheet	if necessary) DATE			June 29, 2024	
SIGNA	TUKE	No.	, I L		DATE			S FORM 212 (Revised	2017) Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES ld/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
Cultivating Appreciation for Reading Empowerment (CARE Program)			6/1/2024	100 hours	Facilitating Faculty		
		tinue on separate		r)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR			INCLUONE PATEO OF				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Philippine Association for Teachers and Educators: T	he Global Mindset	From 4/22/2023	To 4/22/2023	8.0		Philippine Association for Teachers and Educators	
Philippine Association for Teachers and Educators: L	eadership Development	6/30/2023	7/2/2023	24.0		Region VIII Philippine Association for Teachers and Educators	
	<u> </u>					Region VIII	
VIII. GTUER INFORMATION	(Con	tinue on separate	sheet if necessary)			
VIII. OTHER INFORMATION	NON	-ACADEMIC DISTIN	NCTIONS / PECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON:		e in full)	INTION .		33. (Write in full)	
Writing	Journalism Awa	rdee for The Jo	osephinian as l	Editor-in-chief		The Josephinian Magazine	
Leadership	Department of Tourism - Essay writing champio Saint-Joseph College - Service Awardee					President - Federation of College Students	
<u>'</u>		. 3-				Organization Governor - College of Teacher Education	
						President - Josephinians Against Drugs	
Martial arts - Taekwondo			SCUAA Athlete			Eastern Visayas State University Taekwondo	
						Phoenix Maasin City Black Eagles	
	(Con	tinue on separate	sheet if necessary				
SIGNATURE				DA	ATE	June 29,2024	

34.	Are you related by consanguinity or affinity to the apporting of bureau or office or to the person who has immediate or Department where you will be appointed,		_				
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit	- Career Employees)?	_	☑ NO			
		If YES, give deta	ils:				
	a Haya yay ayar baan faynd guilty of any administratio	<u> </u>					
35.	a. Have you ever been found guilty of any administrative	re offense?	_	✓ NO			
			If YES, give deta	115.			
	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	☐ YES ☑ NO				
	by any court or tribunal?	, ,	If YES, give details:				
			, ,				
37.	Have you ever been separated from the service in any	of the following modes: resignation.	✓ YES	□ NO			
	retirement, dropped from the rolls, dismissal, termination		If YES, give deta				
	out (abolition) in the public or private sector?		-	Resignation for better employment			
38.	a. Have you ever been a candidate in a national or loca	al election held within the last year (except	☐ YES	☑ NO			
	Barangay election)?		If YES, give deta	ails:			
	b. Have you resigned from the government service dur		☐ YES ☑ NO				
	election to promote/actively campaign for a national or		If YES, give details:				
39.	Have you acquired the status of an immigrant or perma	anent resident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
40	Duranant to (a) Indianana Bandala Act (DA 9274). (b	Marina Carta for Disabled Darsons (DA	-				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8						
a.	Are you a member of any indigenous group?	3	☐ YES ☑ NO				
	, , , , , , , , , , , , , , , , , , , ,		If YES, please specify:				
b.	Are you a person with disability?		☐ YES ☑ NO				
C.	Are you a solo parent?		If YES, please specify ID No: ✓ YES NO				
-	Are you a solo parent:		✓ YES				
41.	REFERENCES (Person not related by consanguinity or affinity to ap	pplicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
		7.007.200	122.1101				
42.	I declare under oath that I have personally accompli	ished this Personal Data Sheet which is a tr	rue correct and				
	complete statement pursuant to the provisions of p	ertinent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized			РНОТО			
	I agree that any misrepresentation made in this administrative/criminal case/s against me.	document and its attachments shall caus	se the filling of	FIIOTO			
	J .						
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
		· walk					
ΙH	overnment Issued ID: 2719853129621503						
	/License/Passport No.: 2719853129621503	ox)					
Da	ate/Place of Issuance: Maasin City		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	affiant auhihit	ing his/her validly issue	ed government ID as indicated above.			
	SODSONIDED AND SWORM to belote the this	, amant exhibit	ang mamer varidiy issue	a government in as mulcated above.			
		Person Administering Oat	th				