CS Form No. 212 Revised 2017	PERSONAL DATA SHEET								
WARNING: Any misrepresentation	on made in the Personal Data Sheet and the W	ork Experience Sheet shall	cause the filin	g of admini:	strative/crim	inal case/s again	st the person	concerned.	
	O FILLING OUT THE PERSONAL DATA SHEE								
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE		1. CS ID No.		(Do no	t fill up. For CSC use on	
2. SURNAME	MANAPSAL								
FIRST NAME	SHAYLENE					NAME EXTENSION (JR	L, SR)		
MIDDLE NAME	BALLICUD								
3. DATE OF BIRTH	BALLICOD	16. CITIZENSHIP		1		EILIDIN	10		
(mm/dd/yyyy)	JUNE 22, 2000	III. GITIZENSHIP	FILIPINO						
4. PLACE OF BIRTH	CATARMAN NORTHERN SAMAR	If holder of dual citizen	nship, Pls. indicate countr			try:			
5. SEX	FEMALE	please indicate the de	etails.			Philippines			
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS		se/Block/Lot N			PUROK 3		
					0.		Street LINAO		
7. HEIGHT (m)	1.64 m.		Sut	INOPACAN)		Barangay LEYTE		
8. WEIGHT (kg)		ZIP CODE	Ci	ity/Municipality		6522	Province		
	60 kg.	18. PERMANENT ADDRESS				0022	PUROK 3		
9. BLOOD TYPE	A+		Hou	se/Block/Lot N	0.		Street		
10. GSIS ID NO.	N/A			bdivision/Village			Barangay		
11. PAG-IBIG ID NO.	121339223261			INOPACAN ity/Municipality			LEYTE Province		
12. PHILHEALTH NO.	N/A	ZIP CODE	6522						
13. SSS NO.	06-4793142-2	19. TELEPHONE NO.	N/A						
14. TIN NO.	654314384	20. MOBILE NO.	09855 875 451						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	(if any) shaylene0622@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)						
	N/A	MAME EVTENDION / ID OD/		ILDREN (Write	e full name and	list all)	DATE OF I	BIRTH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF I	BIRTH (mm/dd/yyyy) N/A	
	N/A N/A N/A	NAME EXTENSION (JR., SR)		ILDREN (Write	e full name and	list all)	DATE OF I		
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IV. CIVIL SI	ERVICE ELIG	IBILITY							
27. CARE	REER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		LICENSE (if a	pplicable)					
BAI	SPECIAL LAWS/ CES/ CSEE (If Applicable) (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		VINICIA I	NUMBER	Date of Validity				
LICENSU	RE EXAMINAT	TION FOR TEACHERS	82.80	MARCH 17, 2024	2024 Tacloban City		2200006	06/22/2027	
V WORK	XPERIENCE		(Con	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	nt work) Descriptio	n of duties should t	be indicated in the attach	ed Work Ex		et.	
(m	(mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbr			DEPARTMENT / AGI (Write in ful	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From N/A	To N/A	N/A			N/A N/A N/A		N/A	N/A	
-									
			(Con	tinue on separate sheet	if necessary)				
SIGNATURE			Teon	sings on Severate Sheet	DATE			October 19, 2024	
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VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNME	ENT / PEOPLE .	/ VOLUNTARY	ORGANIZAT	ION/S		
29. NAME & ADDRESS OF ORGA (Write in full)	ANIZATION	INCLUSIV (mm/do	-	NUMBER OF HOURS	POSITION / NATURE OF WORK		
PHILIPPINE ASSOCIATION FOR TEACHERS Quezon City	06/03/2024	01/01/2027	4 hours		Member		
Quozon ony							
	ontinue on separate						
VII. LEARNING AND DEVELOPMENT (L&D)							
(Start from the most recent L&D/training program and includ	de only the relevant L&D/training tak	ken for the last five (5) years for Divisio	n Chief/Executive/		itions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERV (Write in full)	INCLUSIVE DATES (mm/do		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
VSU Civic Welfare Training Services		08/22/2019	01/22/2020	65 hours	Participant	VISAYAS STATE UNIVERSITY	
Understanding the Role of Language in the Tecahing	and Learning Process	03/15/2023	03/15/2023	2 hours	Participant	STA. CRUZ ELEMENTARY SCHOOL	
Student Learning Action Cell on Assessment Innovati	ion through the use of Evalbee	03/22/2023	03/22/2023	2 hours	Participant	STA. CRUZ ELEMENTARY SCHOOL	
Student Learning Action Cell on Creative ways in Tea	ching Mathematics	04/19/2023	04/19/2023	2 hours	Participant	STA. CRUZ ELEMENTARY SCHOOL	
Regional Pre-Service Teachers' Congress 2023		04/22/2023	04/22/2023	4 hours	Participant	STA. CRUZ ELEMENTARY SCHOOL	
Teaching Internship		03/07/2023	05/15/2023	360 hours	Student Intern	STA. CRUZ ELEMENTARY SCHOOL	
VIII. OTHER INFORMATION	(Co	ontinue on separate	sheet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTII		NITION	_	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
Interpersonal Skill	(Write in full)				PHILIPPINE ASSOCIATION FOR TEAC		
	N/A N/A					AND EDUCATORS (PAFTE) INC.	
Teamwork Skill							
Art and Creativity							
•							
. ,	N/A (Co	ontinue on separate	sheet if necessary)				
SIGNATURE			DAT	E	October 19, 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	NO NO					
		If YES, give details	S:				
35.	a. Have you ever been found guilty of any administrative off	NO If YES, give details	3:				
	b. Have you been criminally charged before any court?	NO If YES, give details Date Filed: Status of Case/s:	5:				
36.	Have you ever been convicted of any crime or violation of any by any court or tribunal?	NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?		NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele- Barangay election)?b. Have you resigned from the government service during the		NO If YES, give details:				
	election to promote/actively campaign for a national or local	* *	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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? 			NO				
b.	Are you a person with disability?	If YES, please specify: NO If YES, please specify ID No:					
C.	Are you a solo parent?		NO If YES, please specify	ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	ROSARIO P. ABELA, EdD	Visca, Baybay City, Leyte, Philippines 6521-A	9183641159				
	BAYRON S. BARREDO, EdD (Associate Professor IV)	Visca, Baybay City, Leyte, Philippines 6521-A	9515112133				
	JANE FRANCES CAÑEGA	Cebu City	9380226891				
42.	to dead where all the transposition dependent the News Class Section of the state of companion of the state o	to come distribute. I hap the explanament and it trainment with distribution of and the light and standard and support in		THOIC STATE OF THE			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: 5072-6976-2756-0325						
IC	O/License/Passport No.: 2200006	ox)					
D	ate/Place of Issuance: Inopacan Leyte		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	iting his/her validly issued	d government ID as indicated above.				
		th					
		Person Administering Oat		CS FORM 212 (Revised 2017). Page 4 of 4			