CS Form No. 212								
Revised 2017	PERSON.	AL DATA SHI	EET					
WARNING: Any misrepresentation made in the	Personal Data Sheet and the Work Experience	e Sheet shall cause the filing of a	administrativ	e/criminal d	:ase/s agai	inst the person c	oncerned.	
READ THE ATTACHED GUIDE TO FILLING OUT THE	PERSONAL DATA SHEET (PDS) REFORE ACCOM	PLISHING THE PDS FORM						
Print legibly. Tick appropriate boxes () a			O NOT ABBI	REVIATE.	1. CS ID No	(Do n	ot fill up. For	CSC use only)
I. PERSONAL INFORMATION								
2. SURNAME	TABUDLONG					ı		
FIRST NAME	MARY LOURINE	MARY LOURINE NAME						?., SR)
MIDDLE NAME	HAGONOS							
3. DATE OF BIRTH (mm/dd/yyyy)	3/5/1994	16. CITIZENSHIP		✓ Filip	ino	Dual Citizenship by birth	by natural	lization
4. PLACE OF BIRTH	BAYBAY CITY,LEYTE	If holder of dual citiz	enship,			Pls. indica	ate count	ry:
5. SEX	☐ Male ✓ Female	please indicate the	details.	Philippines				•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRE		L				
O CIVIL SIX (103	☐ Widowed ☐ Separated		House	/Block/Lo	ot No.		Street	
	Other/s:						Kan-ıpa	
7 115101177	TIO.			vision/Vil Baybay	lage	В	arangay Leyte	
7. HEIGHT (m)	5'0			Municipo	ality	F	Province	
8. WEIGHT (kg)	54	ZIP CODE						
9. BLOOD TYPE	0+	18. PERMANENT ADDRI	House	/Block/Lo	ot No		Street	
10.GSIS ID NO.	N/A			·			Kan-ipa	
11.PAG-IBIG ID NO.	N/A			vision/Vil Baybay			Leyte	
2. PHILHEALTH NO.	13-025338747-6	ZIP CODE	City/	Municipo 6521	ality	ŀ	Province	
3. SSS NO.	06-3735307-8	19. TELEPHONE NO.				NA		
14. TIN NO.	N/A	20. MOBILE NO.			093	51227905		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if		lou		dlong@gmail	com	
II. FAMILY BACKGROUND	19/6	21. L-WAIL ADDRESS (II		100	mictabut	<u>along@gmail</u>	<u>.com</u>	_
22 SPOUSE'S SURNAME	N/A				REN (Wri	re full name		OF BIRTH
FIRST NAME	N/A	NAME EXTENSION	and list all		N/	Α	/mm/c	ld/www) N/A
MIDDLE NAME	N/A	(10, 00)			,	•		,
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	TABUDLONG							
FIRST NAME	DOMINADOR	NAME EXTENSION			SR.			
MIDDLE NAME	AVELLANA	(10, 60)						
25 MOTHER'S MAIDEN NAME	7.7.2.2.7.11.7.1							
SURNAME	HAGONOS							
FIRST NAME	MARIBEL							
MIDDLE NAME	GODOY		10	Continuo	on cond	rate sheet if	necessar	ne)
III. EDUCATIONAL BACKGROUND	<u> </u>		,	.ommoe	on sepu	raie sileei il	necessui	y)
	NAME OF SCHOOL	BASIC		PERIC	DD OF	HIGHEST	YEAR	RSHIP/
26. LEVEL	(Write in full)	EDUCATION/DEGREE/ (Write in full)	COURSE	ATTENI From	DANCE To	LEVEL/ UNITS EARNED	GRADU ATED	ACADEM
ELEMENTARY	CAN-IPA ELEMENTARY SCHOOL	Primary Educati	on	2000	2006	NA	2006	With Honors
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School		2006	2010	NA	2010	NA
VOCATIONAL /	SAINT MICHAEL COLLEGE of	Professional Educ	ation	2017	2018	21 units	2018	NA
TRADE COURSE COLLEGE	HINDANG LEYTE VISAYAS STATE UNIVERSITY	Bachelor of Scien		2010	2014	NA	2014	NA
		INACTINITION						

in Agribusiness

NA

(Continue on separate sheet if necessary)

NA

GRADUATE STUDIES

SIGNATURE

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DATE

V. CIVIL SE	ERVICE ELIG	BILITY								
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING		DATE OF EXAMINATION / PLACE OF EXAMINATION			MENT	LICENSE (if a	pplicable) Date of
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFE	RMENT				NUMBER	Validity
LICENSURE EXAMINATION FOR TEACHERS			79.60	2019		CEBU CITY			1804606	12/16/2019
			(Con	ntinue on sep	oarate sheet	if necessary)				
	XPERIENCE byment. Start from you	r recent work) Description of duties shoul	d be indicated in the attached	Work Experienc	e sheet.					
	SIVE DATES n/dd/yyyy)	POSITION TI	TLE	DEPAR	TMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not		5217111		/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
09/01/2020	10/03/2020	Enumerat	tor		Michael	Rudolph Falle	15,000.00	NA	Contractual	YES
11/3/2015	08/30/2019	Personal Sec	retary		Milag	grosa Dieza	10,000.00	NA		NO
6/12/2014	6/15/2015	Administrative A	Commu		ormation for Development dation, Inc.	10,000.00	NA	Contractual	NO	
01/28/2022	08/30/2022	Administrative A	Commu	nity Transfo	ormation for Development dation, Inc.	10,000.00	NA	Contractual	NO	
						gation, mo.				
			(Cor	ntinue on sei	parate sheet	if necessary)				
SIGNA	TURE		,			DATE	January 30,202	23		
							I			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIVE DATES				POSITION / NATURE OF WORK		
SOCIETY OF AGRIBUSINESS STUDENTS			3/13/2014		MEMBER			
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate		')				
(Start from the most recent L&D/training program and include				Chief/Executive/Ma	nagerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
Franchica Contifortion Training Decrees		From To		40.0	Technical/etc)	Ocharlis Taura Oriena Ana Mandalana		
Franchise Certification Training Program GIFT OF MOBLITY: Updating Skills and Sharing of Good	Practices in Pandemic Setting	09/19/2022 08/03/2022	09/23/2022 08/05/2022	40.0 24.0	Participant Participant	Columbia Tower, Ortigas Ave. Mandaluyong Piazza Zicarelli, Gamu, Isabela		
Census of Population and Household CPH202	0	08/03/2020	08/07/2020	45.0	Participant	WOMEN'S TRAINING CENTER BRGY. COGON BAYBAY LEYTE		
Bookkeeping NCIII		10/21/2019	12/12/19	292.0	Scholar	ACLC COLLEGE OF ORMOC-Ormoc City		
Agricultural Crop Production NCII		07/17/2019	06/09/19	336.0	Scholar	GODOY'S ORGANIC LAND AND DIVERSIFICATION FARM- BRGY. KAN-IPA BAYBAY LEYTE		
Organic Agriculture Production NCII		09/03/2019	09/10/19	232.0	Scholar	GODOY'S ORGANIC LAND AND DIVERSIFICATION FARM- BRGY. KAN-IPA BAYBAY LEYTE		
	(Con	tinue on separate	sheet if necessary	7)				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTII (Write	NCTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
Writing						VSU ALUMNI ASSOCIATION, INC		
Drawing						PAFTE Inc.		
Dancing								
SIGNATURE	(Con	tinue on separate	sheet if necessary		ATE	January 30,2023		
SIGNATURE				D)	- 1 L	CS FORM 212 (Revised 2017), Page 3 of 7		

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?	☐ YES ☑] NO					
	b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:						
	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 arby any court or tribunal?	☐ YES ☑ 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?		☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local electron are selection.b. Have you resigned from the government service during the service	☐ YES If YES, give details: ☐ YES	✓ NO					
	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	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:					
b.	Are you a person with disability?		YES If YES, please specify II	NO D No:				
C.	Are you a solo parent?		YES If YES, please specify I	NO D No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	Loreto Godoy	Baybay City, Leyte	0916-8381677					
	Merci Grace Fernandez	Baybay City, Leyte	0917-901-4405					
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, rules and agency head/authorized representative to verify/validate the cont made in this document and its attachments shall cause the filling of	regulations of the Republic of the Philippine tents stated herein. I agree that any	s. I authorize the	MARY LOWRING PHOTO				
P	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: PRC-LICENSE							
IC	D/License/Passport No.: 1804606	Signature (Sign inside the bo	ox)					
D	rate/Place of Issuance: 12/16/2019 ORMOC CITY		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	: 17th day of April 2017, affiant exhibiting his/her vali	dly issued government ID as in	ndicated above.				
		h						
-	_			CS FORM 212 (Revised 2017), Page 4 of 4				