## 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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 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 2. SURNAME NUÑEZ IAME EXTENSION (JR., SR) FIRST NAME **ELLA MARIE** MIDDLE NAME **GULAY** 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) 03/26/2000 ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH **BAYBAY CITY** If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX Male ✓ Female Philippines PUROK 1 ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed ☐ Separated SITIO NIGAD PLARIDEL Other/s: Barangay **BAYBAY CITY LEYTE** 7. HEIGHT (m) 1.51 City/Municipality 8. WEIGHT (kg) 48 ZIP CODE 6521 18. PERMANENT ADDRESS **PUROK 1** 9. BLOOD TYPE N/A House/Block/Lot No. PLARIDEL SITIO NIGAD 10. GSIS ID NO. N/A **BAYBAY CITY LEYTE** 11. PAG-IBIG ID NO. 121309365304 City/Municipality Province 12. PHILHEALTH NO. 13-250378770-2 ZIP CODE 6521 06-4450993-8 13. SSS NO. 19. TELEPHONE NO N/A 14. TIN NO. 621-794-581-00000 20. MOBILE NO. 09515004663 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. N/A enuez390@gmail.com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A N/A MIDDLE NAME OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A NUÑEZ 24. FATHER'S SURNAME **PATERNO** FIRST NAME JR. **BALILI** MIDDLE NAME 25. MOTHER'S MAIDEN NAME GUI AY SURNAME **REGINA ISABEL** FIRST NAME **ESCALA** MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP ACADEMIC HIGHEST LEVEL/ 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL **UNITS EARNED** (Write in full) (Write in full) GRADUATED HONORS (if not graduated) From То VALEDIC-PLARIDEL CENTRAL SCHOOL PRIMARY EDUCATION ELEMENTARY 2006 2012 **GRADUATE** 2012 **TORIAN** SALUTA-PLARIDEL NATIONAL HIGH SCHOOL SECONDARY JUNIOR AND SENIOR HIGH SCHOOL GRADUATE 2012 2018 2018 **TORIAN** VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE **BACHELOR OF SECONDARY** DOST COLLEGE **VISAYAS STATE UNIVERSITY- BAYBAY** 2018 2022 **GADUATE** 2022 **EDUCATION MAJOR IN SCIENCE SCHOLAR** GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A empor DATE SIGNATURE 02/14/2023

| IV. CIVIL SE   | ERVICE ELIG  | IBILITY                   |                  |  |                        |                                  |  |                          |                            |
|--|--|---------------------------|------------------|--|------------------------|----------------------------------|--|--------------------------|----------------------------|
| 27. CAREE  |  | 080 (BOARD/ BAR) UNDER    | RATING           | DATE OF  |                        |                                  |  | LICENSE (if ap           | plicable)                  |
| SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE |  |                           | (If Applicable)  | EXAMINATION /<br>CONFERMENT  | PLACE OF EXAMI         | LACE OF EXAMINATION / CONFERMENT |  |                          | Date of<br>Validity        |
| N/A  |  |                           | N/A              | N/A  |                        | N/A                              |  |                          | N/A                        |
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|  |  |                           | (Con             | i<br>tinue on separate sheet   | if necessary)          |                                  |  |                          |                            |
|  | XPERIENCE  |                           |                  |  |                        |                                  |  |                          |                            |
|  |  | nt. Start from your recen | it work) Descr   | iption of duties sho   | uld be indicated in th | ne attached                      | SALARY/ JOB/ PAY                             | nce sheet.               |                            |
| (mr  | : INCLUSIVE DATES<br>(mm/dd/yyyy) POSITION TITL<br>(Write in full/Do not abb |                           |                  | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) |                        | MONTHLY<br>SALARY                | GRADE (if applicable)& STEP (Format "00-0")/ | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N) |
| From 09/28/2022  |  |                           | JCTOR            | VISAYAS STATE UNIVERSITY   |                        | ₱150.00/                         | INCREMENT N/A                                | PART-TIME                | 2022                       |
| 09/282023  | 02/01/2023   | CWTS COORDIN              |                  |  | TE UNIVERSITY          | hour<br>₱5,000 /                 | N/A  | PART-TIME                | 2022                       |
|  |  |                           |                  |  |                        | semester                         |  |                          |                            |
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| <b>SIGNATURE</b>   |  |                           | emfinz<br>emfinz | tinue on separate sheet  | if necessary)  DATE    |                                  | 02/1   | 4/2023                   |                            |

| VI. VOLUNTARY WORK OR INVOLVEMENT   | IN CIVIC / NON-GOVERNMENT                                   | / PEOPLE / V               | OLUNTARY (           | ORGANIZ       | ATION/S  |  |
|---|---|----------------------------|----------------------|---------------|--|--|
| 29. NAME & ADDRESS OF OI<br>(Write in full  |   | VE DATES<br>dd/yyyy)<br>To | NUMBER OF<br>HOURS   |               | POSITION / NATURE OF WORK                                  |  |
| COMMITTEE ON LITURGY- PLARID  | 06/01/2021  | PRESENT                    |                      |               | COMMENTATOR/ READER  |  |
|   |   |                            |                      |               |  |  |
|   |   |                            |                      |               |  |  |
|   |   |                            |                      |               |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D)   |   | inue on separate sh        |                      |               |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu        |   |                            |                      | n Chief/Execu | utive/Managerial positic                                   | ons)   |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE  | ERVENTIONS/TRAINING PROGRAMS                                | ATTENI                     | E DATES OF<br>NDANCE | NUMBER OF     | Type of LD   | CONDUCTED/ SPONSORED BY  |
| (Write in full  |   | (mm/do                     | dd/yyyy)             | HOURS         | ( Managerial/ Supervisory/<br>Technical/etc)               | (Write in full)  |
|   |   | FIUII                      | 10                   |               | DEDOONAL   | DEPARTMENT OF SCIENCE AND  |
| STRENGTHENING INDIVIDUAL AND  | FAMILY RESILIENCY   | 08/27/2021                 | 08/27/2021           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | TECHNOLOGY-SCIENCE EDUCATION INSTITUTE                           |
| UNDERSTANDING NATURAL HAZAF<br>TOWARDS ACHIEVING  |   | 09/10/2021                 | 09/10/2021           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | INSTITUTE  |
| TEACHING IN THE NEW   | NORMAL  | 09/24/2021                 | 09/24/2021           | 8.0           | EDUCATIONAL  | COLLEGE OF EDUCATION- VISAYAS STATE UNIVERSITY                   |
| ADDRESSING HEALTH AND FOOD SECU   | JRITY IN THE PHILIPPINES                                    | 09/17/2021                 | 09/17/2021           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | DEPARTMENT OF SCIENCE AND TECHNOLOGY-SCIENCE EDUCATION INSTITUTE |
| THE FILIPINO BEHAVIOR AND ECONOMIC PANDEMIC: HOW RESILI   |   | 09/24/2021                 | 09/24/2021           | 4.0           | PERSONAL<br>DEVELOP-MENT                                   | DEPARTMENT OF SCIENCE AND TECHNOLOGY-SCIENCE EDUCATION INSTITUTE |
| ASSESSMENT STRATEGIES IN FL   | LEXIBLE LEARNING  | 10/14/2021                 | 10/14/2021           | 4.0           | EDUCATIONAL  | COLLEGE OF EDUCATION- VISAYAS STATE UNIVERSITY                   |
| UNDERSTANDING HUMAN DEVELOPMENT A   | AND COMMUNITY RESILIENCY                                    | 10/15/2021                 | 10/15/2021           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | DEPARTMENT OF SCIENCE AND TECHNOLOGY-SCIENCE EDUCATION INSTITUTE |
| ELECTION AS A SOCIAL CONTRACT AND CITI. RESILIENCE  |   | 11/19/2021                 | 11/19/2021           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | DEPARTMENT OF SCIENCE AND TECHNOLOGY-SCIENCE EDUCATION INSTITUTE |
| SCHOLARS' VALUES FORMA'   | TION PROGRAM  | 03/18/2022                 | 03/18/2022           | 4.0           | PERSONAL<br>DEVELOPMENT                                    | INSTITUTE  |
| ANNUAL STUDENT TEACHER  | S CONVENTION  | 03/26/2022                 | 03/26/2022           | 9.0           | EDUCATIONAL  | PHILIPPINE ASSOCIATION FOR TEACHERS & EDUCATORS                  |
| DIVISION SCHOOL-BASED PROVISION OF UPDATES OF LR STANDARDS AND PROCLANGUAGE AND EDITING OF CONTEXTUAL | ESSES DEVELOPMENT AND LIZED LEARNING RESOURCES              | 04/08/2022                 | 04/08/2022           | 8.0           | EDUCATIONAL  | BAYBAY CITY DIVISION & PLARIDEL<br>NATIONAL HIGH SCHOOL          |
| SCHOOL-BASED LEARNING ACTION CELL (LA RELATION TO SUBJECT   | CT AREA   | 04/27/2022                 | 04/27/2022           | 4.0           | EDUCATIONAL  | PLARIDEL NATIONAL HIGH SCHOOL                                    |
| WEBINAR ON ANALYZING DATA AND WI<br>DISCUSSION, CONCLUSION, AND                                       |   | 05/10/2022                 | 05/10/2022           | 4.0           | EDUCATIONAL  | COLLEGE OF EDUCATION- VISAYAS STATE UNIVERSITY BAYBAY            |
| SCHOOL-BASED LEARNING ACTION CELL (I<br>STRATEGIES IN EACH SUBJECT AREA USE<br>PROCESS IN THIS NEW NO | EFUL IN TEACHING-LEARNING<br>DRMAL AREA                     | 05/19/2022                 | 05/19/2022           | 4.0           | EDUCATIONAL  | PLARIDEL NATIONAL HIGH SCHOOL                                    |
| VIII. OTHER INFORMATION   | (Contin   | inue on separate sh        | neet if necessary)   |               |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) |                            |                      |               | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |  |
| WRITING ARTICLES  | STUDENT INTERN  | NSHIP PROFICE              | CIENCY AWA           | RD NOM        | INEE   | LEAGUE OF SCIENCE MAJORS   |
| TEACHING SCIENCE  |   |                            |                      |               |  | VISAYAS STATE UNIVERSITY DOST<br>SCHOLARS SOCIETY                |
| CREATE POWERPOINT PRESENTATIONS   |   |                            |                      |               |  |  |
| READING LITERARY WORKS  |   |                            |                      |               | -  |  |
| USE MICROSOFT OFFICE APPLICATIONS   |   |                            |                      |               |  |  |
| PLANTING FLOWERS AND VEGETABLES   |   |                            |                      |               |  |  |
| COOKING   |   |                            |                      |               |  |  |
| SIGNATURE   | (Contin   | inue on separate sh        | neet if necessary)   | T             | DATE   | 02/14/2023   |
| SIGNATURE   | -10   |                            | !                    |               | DATE   | UZ/14/2UZ3  CS FORM 212 (Revised 2017), Page 3 of 4              |

|     | 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<br>  NO                        |                                      |  |
|-----|---|---|-----------------------------------|--------------------------------------|--|
| 35. | a. Have you ever been found guilty of any administrative off  | ☐ YES ☑ If YES, give details:   | NO NO                             |                                      |  |
|     | b. Have you been criminally charged before any court?   | ☐ YES ☐ If YES, give details: Date Filed: Status of Case/s:                       | NO NO                             |                                      |  |
| 36. | Have you ever been convicted of any crime or violation of a by any court or tribunal?   | ☐ YES If YES, give details:   | ✓ NO                              |                                      |  |
| 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 ele-<br>Barangay election)?  | ☐ YES ☑ NO If YES, give details:  |                                   |                                      |  |
|     | b. Have you resigned from the government service during the election to promote/actively campaign for a national or local   |   |                                   |                                      |  |
| 39. | Have you acquired the status of an immigrant or permanent   | ☐ YES ☑ NO If YES, give details (country):  |                                   |                                      |  |
|     | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?  Are you a person with disability?   | ☐ YES ☑ NO  If YES, please specify: ☐ YES ☑ NO                                    |                                   |                                      |  |
| C.  | Are you a solo parent?  | If YES, please specify  YES  If YES, please specify                               |                                   |                                      |  |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant  | t /appointee)   |                                   |                                      |  |
|     | NAME  | ADDRESS   | TEL. NO.                          |                                      |  |
|     | ANGELITO I. DAING   | PLARIDEL, BAYBAY CITY, LEYTE  | 9855911095                        |                                      |  |
|     | AMPARO CHRISTINE MEJICA   | GABAS, BAYBAY CITY, LEYTE   | 9635837624                        |                                      |  |
|     | KIETH ANDREW DE LEMOS   | TORRE DE MANUEL, MONTREAL<br>STREET, E, RODRIGUEZ, QUEZON CITY                    | 9453054761                        |                                      |  |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me. | ent laws, rules and regulations of the esentative to verify/validate the contents | Republic of the s stated herein.  | ELLA MARIE G. NUNEZ PHOTO            |  |
|     | Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance   | 04/-  | ,                                 |                                      |  |
|     | overnment Issued ID: PHILHEALTH ID  | Sendus  | ,<br>                             |                                      |  |
| 10  | D/License/Passport No.: 13-250378770-2  | Signature (Sign inside the b  | ox)                               |                                      |  |
| D   | ate/Place of Issuance: PHILHEALTH OFFICE BAYBAY CITY  | 02/14/2023<br>Date Accomplished   |                                   | Right Thumbmark                      |  |
|     | SUBSCRIBED AND SWORN to before me this  | ting his/her validly issued o   | government ID as indicated above. |                                      |  |
|     |   | Person Administering Oat  | h                                 | CS FORM 212 (Ravisad 2017) Page 4 of |  |

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the