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

concerned.	. TO EU I NO OUT THE !	DEDOOMAL DATA OU	FFT (DD0) DFF0DF 40004	ADL IOUING TI	/F DD0 F07	244			
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes					IE PDS FOR	1. CS ID No.		(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO	ON .								
2. SURNAME	GUY-AB								
FIRST NAME	MARIA ELENA				N/A				
MIDDLE NAME	SALARDA								
3. DATE OF BIRTH		/4.000	40. 0171751101110		<u> </u>				
(mm/dd/yyyy)	01/19	/1998	16. CITIZENSHIP		☑ Filipiı	no 🗆	Dual Citizenship	-	
4. PLACE OF BIRTH	ORMOC CITY		If holder of dual citizenship,		☑ by birth Pls. indicate o			□ by naturalization	
			please indicate the de				1 is. indicate of	Junity.	
5. SEX	☐ Male	☑ Female	·						•
6 CIVIL STATUS	☑ Single □ Widowed	☐ Married☐ Separated	17. RESIDENTIAL ADDRESS	Hou	N/A se/Block/Lot N	lo.		N/A Street	
	☐ Other/s:	□ Separated			N/A			CABINTAN	
7. HEIGHT (m)	1.4	9m		Subdivision/Village ORMOC CITY			Barangay LEYTE		
					City/Municipality		0544	Province	
8. WEIGHT (kg)	62		ZIP CODE		N/A		6541		
9. BLOOD TYPE	0)+	18. PERMANENT ADDRESS	MANENT ADDRESS Hoυ		10.	N/A Street		
10. GSIS ID NO.	N/	/A		Sul	N/A bdivision/Villag	Δ	CABINTAN		
11. PAG-IBIG ID NO.	1212-51	42-5589	1		ORMOC CIT	Υ	Barangay LEYTE		
40. DUBLIEN TUNO			710 0005	Ci	ity/Municipality		05.44	Province	
12. PHILHEALTH NO.	N/	/A	ZIP CODE				6541		
13. SSS NO.	N/	/A	19. TELEPHONE NO.				N/A		
14. TIN NO.	731-55	57-051	20. MOBILE NO.			0	9074161225		
15. AGENCY EMPLOYEE NO.	N/	/A	21. E-MAIL ADDRESS (if any)		<u>e</u>	lena.guy	-ab@vsu.edu	<u>.ph</u>	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		N/A		23. NAME of CH	ILDREN (Write	e full name and	d list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		N/A	NAME EXTENSION (JR., SR)		N/A			N/A	
MIDDLE NAME	N/A				N/A			N/A	
OCCUPATION	N/A			N/A			N/A		I/A
EMPLOYER/BUSINESS NAME		N/A		N/A					
BUSINESS ADDRESS		N/A		N/A		N/A		<u> </u>	I/A
TELEPHONE NO.		N/A			N/A N/				
						N/A			
	4. FATHER'S SURNAME GUY-AB			N/A			01/27/1966		
FIRST NAME RODULFO			N/A			N/A N/A			
MIDDLE NAME		BAñoc				N/A			
25. MOTHER'S MAIDEN NAME						N/A			I/A
SURNAME SALARDA								3/1977	
FIRST NAME		EMELINDA				N/A		N	I/A
MIDDLE NAME		PAQUIAO			(Co	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF		BASIC EDUCATION/DEGRI	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC
	(Write	in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	CABINTAN ELEMI	ENTARY SCHOOL	PRIMARY EDUCATION	ON	2004	2010	N/A	1 701711	WITH HONORS
SECONDARY	CABINTAN NATIONAL HIGH SCHOOL		HIGH SCHOOL		2010	2014	N/A	2014	WITH
	OADINTAN NATION	TAL MON CONCOL	THOM CONCOL		2010	2014	N/A	2014	HONORS
VOCATIONAL / TRADE COURSE	N/	/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STAT	VISAYAS STATE UNIVERSITY BACHELOR OF SECONDAR MAJOR IN MAPI			2014	2018	N/A	2018	N/A
GRADUATE STUDIES	N/	N/A		N/A		N/A	N/A	N/A	N/A
		(0	Continue on separate sheet if nec	essary)			I		
SIGNATURE					DA	\TE			
							CS /	FORM 212 (Revise	d 2017), Page 1 of

	ERVICE ELIG			DATE OF				LICENSE (if a	nnlicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)				EXAMINATION / CONFERMENT	TION / CONFER	RMENT	NUMBER	Date of Validity	
LICENSURE EXAMINATION FOR TEACHERS N/A			SEP. 30, 2018	TACLOE	BAN CITY		1734406	01/19/2022	
DRIVER'S LICENSE N/A			JULY 24, 2019	ORMC	ORMOC CITY			01/19/2024	
			(0.5		if managed in				
V. WORK E	EXPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attache	d Work Expe	SALARY/ JOB/ PAY		
	JSIVE DATES am/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
09/15/22	02/01/2023	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Y
08/23/2021	01/28/2022	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Y
03/15/2021	07/16/2021	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Y
10/05/2020	02/26/2021	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Y
08/05/2019	05/22/2020	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Υ
08/13/2018	05/24/2019	PART-TIME INS	TRUCTOR	INSTITUTE O	F HUMAN KINETICS	N/A	N/A	SEMESTRAL	Y
	!		(Co	ntinue on separate sheet			ļ	l .	ļ
SIGN	ATURE				DATE			S FORM 212 (Revised 2	017) Paga 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEO				EOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A		N/A		
VII. LE	ARNING AND DEVELOPMENT (L&D) I		<mark>tinue on separate s</mark> DGRAMS ATTI						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
	Outcomes-based Teaching and Learn	ing Syllabus Workshop	01/31/2020	01/31/2020	08/01/1900	TECHNICAL	INSTITUE OF HUMAN KINETICS		
		(Con	tinue on separate s	sheet if necessary)					
VIII. 01	THER INFORMATION								
31.	SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
AS	SSITANT CHOIR CONDUCTOR - IHK		N/A	1			N/A		
BASKETBALL COACH			N/A	N/A					
PLAYING GUITAR		N/A					N/A		
PLAYING BASKETBALL		N/A					N/A		
SINGING		N/A					N/A		
DANCING		N/A					N/A		
MAI	NAGING AND ORGANIZING EVENTS	(Con	N/A tinue on separate s				N/A		
	SIGNATURE	•		***		ATE			

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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 off	☐ 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:	0				
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ N If YES, give details: ————————————————————————————————————	10				
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 Barangay election)?	ction held within the last year (except	☐ 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	* *	: ☐ YES ☑ NO 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),	ζ ,						
a.	Are you a member of any indigenous group?		NO					
b.	Are you a person with disability?			NO				
C.	Are you a solo parent?	If YES, please specify ID No ☐ YES ☑ If YES, please specify ID No	NO					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)						
	NAME	ADDRESS	TEL. NO.					
	PROF. MARY JEAN M. SAPAN	VISCA, BAYBAY CITY, LEYTE	9423679323					
	PROF. JOSELLE R. CAYETANO	VISCA, BAYBAY CITY, LEYTE	9176734281					
	MS. ANNA BETH A. VARRON	VISCA, BAYBAY CITY, LEYTE	9358035136					
42.	42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. PHOTO							
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC ID - 1734406							
ΙH	//License/Passport No.: N/A	ox)						
D	ate/Place of Issuance: ORMOC CITY, JANUARY 2019		Right Thumbmark					
	Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this							
	SOSSINDES AND ON OTHE UIS	, aman GAIIDI	g morner valuary issued govern	Sire its as indicated above.				
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