

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed. a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☒ NO ☐ YES ☐ NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☐ NO If YES, give details: _____ Date Filed: _____ Status of Cases: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☒ NO If YES, give details: _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased 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 election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☐ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ 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? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JAYME Cointio S.</td> <td>BRGY MARCOS</td> <td>0970995976</td> </tr> <tr> <td>Doreen Alba B.</td> <td>BRGY UTO</td> <td>1082</td> </tr> <tr> <td>Elmera Y Bañoc</td> <td>BRGY MARCOS</td> <td>09308047910</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JAYME Cointio S.	BRGY MARCOS	0970995976	Doreen Alba B.	BRGY UTO	1082	Elmera Y Bañoc	BRGY MARCOS	09308047910
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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.													
Government issued ID (i.e. Passport, DMV, SSN, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government issued ID: <u>H1208000136</u> DL/License/Passport No: <u>DRIVERS LICENSE</u> Date/Place of Issuance: <u>8/26/21 LTO RAYR</u>	Signature (Sign inside the box) Date Accomplished												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. _____ Person Administering Oath													

NAME & ADDRESS OF ORIGINATOR
(Print & Mail)[illegible]

11. Examine the reports filed by respondents.

Sign here. Do not record. All research programs and projects using the above information have to be approved by the Institutional Review Board (IRB) of the University of Illinois at Chicago.

[illegible]

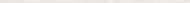
Explain the importance of the following:

[illegible]

SIGNATURE		DATE	
		5/19/23	

[illegible]

Include private employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet.

SIGNATURE		DATE	5/19/2023
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CS Form No. 212
Revised 1/17

PERSONAL DATA SHEET

Warning: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

CS Form No.

(Do not fill up for CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MAZO		NAME EXTENSION (if any)	
FIRST NAME	ROWENA			
MIDDLE NAME	MEJARES			
3. DATE OF BIRTH (Month/Day/Year)	09/18/1982	15. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☒ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Sitio Brandy Baybay	16. If dual citizenship, please indicate the details	Philippines	
5. SEX	☐ Male ☒ Female	17. RESIDENTIAL ADDRESS	House/Block of No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____	
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated	18. PERMANENT ADDRESS	House/Block of No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____	
7. HEIGHT (in)	5'0	19. TELEPHONE NO.		
8. WEIGHT (kg)	63 kg	20. MOBILE NO.		
9. BLOOD TYPE	O+	21. E-MAIL ADDRESS (if any)		
10. USS ID NO.				
11. PAG-IBIG ID NO.	1210-7-503-1848			
12. PhilHEALTH NO.	1320 12865701			
13. EDS NO.	3408675/31			
14. TIN NO.	703232492			
15. AGENCY EMPLOYER NO.				

II. FAMILY DATA/CHILDREN

22. SPOUSE'S SURNAME	MAZO		23. NAME of CHILDREN (Write full name and full date)	DATE OF BIRTH (Month/Day/Year)
FIRST NAME	EMMANUEL			
MIDDLE NAME	SUNDO			
OCCUPATION	ICE CREAM VENDOR (HAWAIIAN VENDOR)			
EMPLOYER/BUSINESS NAME	DNDONLOS ICE CREAM			
BUSINESS ADDRESS	VSU Lower & UPPER CAMPUS			
TELEPHONE NO.	09510905170 / 09051686459			
24. FATHER'S SURNAME	CAINTIC			
FIRST NAME	Rudolfo			
MIDDLE NAME	D. Medo			
25. MOTHER'S MACHIN NAME				
SURNAME	MEJARES			
FIRST NAME	MAGDALENA			
MIDDLE NAME	SOCI			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write a full)	BASIC EDUCATION/DEGREE/COURSE (Write a full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	NO. UNITS/PH. ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Bongor Elem. School		1995	1996		1995-1996	NONE
SECONDARY	Baybay North High School		2001	2002		2001-2002	NONE
VOCATIONAL / TRADE COURSE	Food & Beverage Service NCH		June 2004	Feb 2010		2009-2010	NONE
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	5/19/2023
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