CS Form No. 212										
Revised 2017	F	PERSON	NAL DAT	A SH	IEE	Г				
MARNING. A										
WARNING: Any misrepresentate						strative/crii	mmar case/s agai	nst trie perso	n concernea.	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes						1. CS ID No.		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATIO										
2. SURNAME	PONLA						NAME EXTENSION (JF	CD)		
FIRST NAME	ROSALYN						NAME EXTENSION (J	(., Sr.)		
MIDDLE NAME	SEVILLA									
3. DATE OF BIRTH (mm/dd/yyyy)	12/18/				Oual Citizenship □ by birth □ by naturalization					
4. PLACE OF BIRTH	SAN MIGUE	EL, BOHOL	If holder of dual citize	nship, Pls. indicate country			country:			
5. SEX	☐ Male	▼ Female	please indicate the d	etails.	ails.				•	
6 CIVIL STATUS	✓ Single	☐ Married	17. RESIDENTIAL ADDRESS				RAMON	MENDIOLA ST	REET	
	☐ Widowed ☐ Other/s:	☐ Separated			se/Block/Lot N		DUN	Street IALO-ONG (POE	3.)	
7. HEIGHT (m)	1.5	52		Sut	Subdivision/Village GANDARA		WE	Barangay WESTERN SAMAR		
			ZIP CODE	Ci	ity/Municipality 6706			Province		
8. WEIGHT (kg)	59		18. PERMANENT ADDRESS		6706			PUROK 4		
9. BLOOD TYPE	UNKN	OWN		Hou	se/Block/Lot N	0.		Street		
10. GSIS ID NO.	NO	NE		Subdivision/Village		GARCIA Barangay				
11. PAG-IBIG ID NO.	1211-518	83-4674			SAN MIGUEL ity/Municipality			BOHOL Province		
12. PHILHEALTH NO.	08-026025581-2		ZIP CODE	6323						
13. SSS NO.	34-544		19. TELEPHONE NO.				NONE			
14. TIN NO.			20. MOBILE NO.		09977259710					
15. AGENCY EMPLOYEE NO.	328-50	2-731			rosalynsponla@gmail.com					
II. FAMILY BACKGROUND		_	21. E-MAIL ADDRESS (if any)		<u>IC</u>	saiyiispo	onia@gmaii.c	:0111	_	
22. SPOUSE'S SURNAME		N/A		23. NAME of CH	ILDREN (Write	e full name and	f 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								
OCCUPATION		N/A								
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME	PONLA									
FIRST NAME	MANUEL		NAME EXTENSION (JR., SR)							
MIDDLE NAME	PATRON									
25. MOTHER'S MAIDEN NAME										
SURNAME	SEVILLA									
FIRST NAME	ROSITA									
MIDDLE NAME	COQUILLA	COQUILLA			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND							1	ı	
26. LEVEL	NAME OF (Write		BASIC EDUCATION/DEGRI (Write in full)	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY		GARCIA PRIMARY SCHOOL / TOMOC ELEMENTARY SCHOOL			2001	2007		2007	WITH HONOR	
SECONDARY	SAN MIGUEL NATION		SECONDARY		2008	2012		2012	VALEDICTORIAN	
VOCATIONAL / TRADE COURSE	SEBASTIAN A. JALA MEMORIAL HIGH SCHOOL									
COLLEGE	BOHOL ISLAND ST	TATE UNIVERSITY	BACHELOR OF SCIENCE IN O		2016	2020		2020		
GRADUATE STUDIES			MANAGEMEN							
		(C	Continue on separate sheet if nec	essary)	L	L	l			
SIGNATURE		mfofan			DA	TE	De	cember 13, 2024	_ 	

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREE		080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING				LICENSE (if ap		
	BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) CONFERMENT				NUMBER	Date of Validity			
Career Service Examination - Pen and Paper Test (Professional Level)		86.3	3/3/2024	Samar National High School, Catbalogan, Samar			N/A	N/A	
Fire Officer Examination		87.1	6/2/2024	Leyte National High School, Athletic Road, Tacloban City			N/A	N/A	
Driver's License		N/A	11/20/2023	Land Transportation Office - Calbayog District Office, Calbayog City, Samar			H08-23-002496	12/18/2027	
					Onioc, Guibayog Otty, Guinai				
			(Cor	ntinue on separate sheet	t if necessary)				
V. WORK E.									
	ate employme SIVE DATES	nt. Start from your recer	nt work) Description	n of duties should	be indicated in the attach	ed Work Ex	SALARY/ JOB/ PAY	et.	
	n/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То		_				INCREMENT		
11/28/2024	PRESENT	ANALYS			HILIPPINES, INC.	19050.00		REGULAR	N
05/24/2021	12/04/2022	HUB OFFI			OURIER SERVICES, INC.	15000.00		REGULAR	N
07/07/2020	05/10/2021	OFFICE ST	AFF		ERING'S OFFICE	5000.00		JOB ORDER	Y
			(Cor	ntinue on separate sheet	t if necessarv)				
SIGNA	TURE	Chang	-Con_	oopulate siite	DATE		DECEME	BER 13, 2024	
								S FORM 212 (Revised 20	047\ D 0 -f 4

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	DRGANIZATIO	N/S		
29. NAME & ADDRESS OF (Write in fr		(mm/d	/E DATES d/yyyy)	NUMBER OF HOURS			
		From	То				
		tinue on separate		7)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PA						
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)	
		From	То		Technical/etc)		
	(Con	tinue on separate	sheet if necessary	<i>'</i>)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	ICTIONS / RECOG e in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DIY PROJECTS						YOUTH IN EDUCATION FOR SUSTAINABLE DEVELOPMENT (YESD)	
COOKING							
SEWING							
FAST LEARNER							
MICROSOFT OFFICE							
DRIVING							
	(Con	tinue on separate	sheet if necessary)			
SIGNATURE	marfan			D/	ATE	December 12, 2024	

34. Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO					
b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrativ	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?		✓ YES If YES, give details: RESIGNATION				
38. a. Have you ever been a candidate in a national or loca Barangay election)?	l election held within the last year (except	☐ YES ☑ NO If YES, give details:				
	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?					
39. Have you acquired the status of an immigrant or perma	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 83 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 app	icant /appointee)					
NAME	ADDRESS	TEL. NO.				
FRANCIS EARL GALINATO	BAGACAY, CALBAYOG CITY, SAMAR	09816283161				
MAE S. DAGUPAN, MBA ELIZABETH A. ORAPA	ZAMORA, BILAR, BOHOL ZAMORA, BILAR, BOHOL	09093416960 09506361052				
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, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: DRIVER'S LICENSE ID/License/Passport No.: H08-23-002496 Date/Place of Issuance: 11/21/2023 / CALBAYOG CITY	DOX)	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this		oiting his/her validly issued governmen	t ID as indicated above.			
	Person Administering Oa	uı				