## CS Form No. 212 Revised 2017

## PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE P<u>DS FORM.</u> Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2. SURNAME **MARAVELES** NAME EXTENSION (JR., SR) FIRST NAME **JOYCORAZON** MIDDLE NAME **CABONEGRO** 3. DATE OF BIRTH 3/20/1986 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ■ Dual Citizenship ✓ by birth by naturalization ISABEL, LEYTE Pls. indicate country: 4 PLACE OF BIRTH If holder of dual citizenship. please indicate the details. 5. SEX Male **✓** Female Sitio Sto. Niño, Dawis Road 17. RESIDENTIAL ADDRESS ✓ Single ■ Married 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed Separated Inayawan Other/s: Subdivision/Village Barangay Cebu Cebu 1.54 7. HEIGHT (m) Cit<u>y/Municipalit</u>y 8. WEIGHT (kg) 63 ZIP CODE 6000 **PUROK 6** 18. PERMANENT ADDRESS #365 B+ 9. BLOOD TYPE House/Block/Lot No. **LIBERTAD** 10. GSIS ID NO. N/A Subdivision/Village Barangay ISABEL I FYTF 11. PAG-IBIG ID NO. 1211-1633-0320 City/Municipality Province 12. PHILHEALTH NO. 13-050063132-6 ZIP CODE 6539 06-2544441-0 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 0905-973-0740 940-741-078 20. MOBILE NO. jcmaraveles032086@gmail.com 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME **MARAVELES** FIRST NAME **JESUS** SR DELAI AMON MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME **CABONEGRO** JOVELINA FIRST NAME MONTE MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** CHOLARSHIE LEVEL/ 26. PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC UNITS EARNED LEVEL GRADUATED HONORS (Write in full) (Write in full) From Tο RECEIVED ISABEL CENTRAL SCHOOL 3/19/1999 6/7/1993 FI FMFNTARY 1999 ISABEL NATIONAL AGRICULTURAL & SECONDARY 6/7/1999 3/28/2003 2003 **VOCATIONAL SCHOOL** VOCATIONAL / PRIMARY STRUCTURES Heavy Equipment Operation (Wheel Loader, 9/16/2013 12/9/2013 2013 Dump Truck & Forklift) **EDUCATIONAL FOUNDATION, Inc.** TRADE COURSE WESTERN LEYTE COLLEGE of ORMOC 3/20/2009 COLLEGE BS COMMERCE (major in Banking & Finance) 6/16/2003 2009 **GRADUATE STUDIES SIGNATURE** DATE May 5, 2021

IV. CIVIL S	ERVICE ELI	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			RATING	DATE OF EXAMINATION / PLACE OF EXAMINATION		ION / CONFERMENT		LICENSE (if a	1
			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMEN			NUMBER	Date of Validity
CAREER SERVICE 80.3			80.3	8/4/2019	QUEZON	N CITY			
DRIVERS LICENSE					LTO PASA			H12-14- 001523	3/20/2023
			(Contin	ue on separate sheet if n	ecessary)				
	EXPERIENC	E nent. Start from your red	cant work) Descrip	tion of duties shoul	d he indicated in the at	tached M	lork Experie	nca shoot	
	JSIVE DATES			tion of daties shoul	u be mulcateu in the at	lacrieu vi	SALARY/ JOB/	nce sneet.	GOV'T
	m/dd/yyyy)			DEPARTMENT / AGE (Write in full/	MONTHLY SALARY	PAY GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/ N)	
From	То			FEHAN GLOBAL RECRUITMENT			INCREMENT		(1714)
3/1/2017	PRESENT	ADMINISTRATIV	E OFFICER	SERV	ICES, INC.				N
2/23/2015	2/28/2017	OPERATOR T	RAINEE	REFINING	CORPORATION				N
4/1/2014	2/22/2015	FORKLIFT OP	ERATOR		rees' Multi-Purpose ative (PEMC) DIATED SMELTING AND				N
1/13/2014	3/30/2014	ON THE JOB	TRAINEE		CORPORATION				N
3/1/2010	4/1/2013	BOOKKEE	PER		POWER SERVICES				N
5/1/2009	2/28/2010	ACCOUNT OFFICER		Center for Ag Developmen				N	
8/1/2005	3/1/2009	ASSISTANT BOO	OKKEEPER	8j MANPOWER SERVICES					N
						-			
CICAL	ATUDE		(Contin	ue on separate sheet if n			1.1.	ov 5, 2024	
SIGNATURE		Jaymoranh			DATE		SIVI	ay 5, 2021	

VI. VC	DLUNTARY WORK OR INVOLVEMENT I	IN CIVIC / NON-	GOVERNME	NT / PEOPLE .	/ VOLUNTARY	ORGANIZATION/S	
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
		(0.11					
	EARNING AND DEVELOPMENT (L&D) om the most recent L&D/training program and includ	INTERVENTION	NS/TRAINING			Chief/Executive/Managerial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEND (mm/dd/ From	ANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		(O = +t-					
VIII (	OTHER INFORMATION	(Continu	ue on separate si	neet if necessary)	_		
31.	SPECIAL SKILLS and HOBBIES	NON-A		NCTIONS / RECOGITIONS / RECOGI	NITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
	Computer Literate					(vviite iii iuii)	
	Driving						
	•						
		(Continu	ue on separate si	neet if necessary)			
	SIGNATURE	Jeymo			ATE	May 5, 2021	

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?  b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ 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 ar 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 retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————				
38.	(except Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the the last election to promote/actively campaign for a national	☐ 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 (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89					
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:			
b.	Are you a person with disability?					
C.	Are you a solo parent?	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 /a	appointee)				
	NAME	ADDRESS	TEL. NO.			
	FAITH KENNY C. BANDAL	ESCARIO CORNER TOJONG STS., CEBU CITY	0917-711-1006			
MANOLITA C. RUIZO		TABUNOK, ISABEL, LEYTE	0927-941-8708			
10	EDGARDO CORDEÑO	STO. NIÑO, ISABEL, LEYTE				
42.	I declare under oath that I have personally accomplished to and complete statement pursuant to the provisions of perting the Philippines. I authorize the agency head/authorized replacement.  I agree that any misrepresentation made in the filling of administrative/criminal case/s against me.	ent laws, rules and regulations of presentative to verify/validate the	the Republic of contents stated	JOYCORHZON C. MARAVELES 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: DRIVERS LICENSE	Jeymora	ml			
ID	/License/Passport No.: H12-14-001523	Signature (Sign inside t	he box)			
Da	ate/Place of Issuance: LTO PASAY CITY	May 5, 2021 Date Accomplishe	•	Right Thumbmark		
SUB	SCRIBED AND SWORN to before me this	. affiant exhibiting his/her validly	r issued government ID a	as indicated above.		
		Person Administering	Oath			
		Person Administering	Oath			