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 filling of administrative/criminal case/s against the person										
	TO FILLING OUT THE PERSONAL DAT									
Print legibly. Tick appropriate boxes (PERSONAL INFORMATION	and use separate sheet if necessary. In	idicate N/A	A if not applicable. DO NOT AB	BREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
2. SURNAME	Suello									
FIRST NAME	Jessa				NAME EXTENSION (JR., SR)					
MIDDLE NAME	Relevante									
3. DATE OF BIRTH	11/12/1992		16. CITIZENSHIP							
(mm/dd/yyyy)	11/12/1002		IO. OTHEENOTH			Filipino Dual Citizenship by birth			zation	
4. PLACE OF BIRTH	Maangas Presentacion Camarines	s Sur	If holder of dual citizenship,		Pls. indicate of			_		
5. SEX	Male Female		please indicate the de	tails.					•	
6 CIVIL STATUS	Single Marr		17. RESIDENTIAL ADDRESS	Hou	/Disabil at Na			Nangka Street		
	☐ Widowed ☐ Separated ☐ Other/s:							pper Villa Jacinta		
7. HEIGHT (m)	1.65			Sui	division/Village Macrohon	•		Barangay Southern Leyte		
	48		ZIP CODE	Ci	ty/Municipality		6600	Province		
8. WEIGHT (kg)			18. PERMANENT ADDRESS				ррпп	Dizon Street		
9. BLOOD TYPE	0		10.1 E1400 11.2.11.7.02	Нои	se/Block/Lot No).		Street		
10. GSIS ID NO.	N/A			Sul	odivision/Village		Maangas Barangay			
11. PAG-IBIG ID NO.	1211-3695-0419			Ci	Presenta ty/Municipality	cion	Camarines Sur Province			
12. PHILHEALTH NO.	01-225011608-8		ZIP CODE	4424						
13. SSS NO.	CRN-0111-4761325-2		19. TELEPHONE NO.			N/A				
4. TIN NO.	605-921-989-00000		20. MOBILE NO.		09271669981					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		jessasuello22@gamil.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	N/a		NAME EXTENSION (JR., SR)	23. NAME of CHI	AME of CHILDREN (Write full name and list all) DATE OF Jemuel San Gabriel			OF BIRTH (mm/dd/yyyy)		
FIRST NAME			NAME EXTENSION (U.S., S.)		Jemuel San Gabriel			7/22/2017		
MIDDLE NAME										
OCCUPATION	N/a									
EMPLOYER/BUSINESS NAME	N/a									
BUSINESS ADDRESS	N/a									
TELEPHONE NO.	N/A									
24. FATHER'S SURNAME	Sue		NAME EXTENSION (JR., SR)							
FIRST NAME MIDDLE NAME	Jose Oliv									
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	J.I.	/ei								
SURNAME	Relev	vante								
FIRST NAME	Nic									
MIDDLE NAME	Code					(Continue on separate sheet if neces			Ssary)	
III. EDUCATIONAL BACKGR										
26. LEVEL	NAME OF SCHOOL		BASIC EDUCATION/DEGRE	F/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/ ACADEMIC	
LEVEL	(Write in full)		(Write in full)			From To UNITS EARNED (if not graduated)		GRADUATED	HONORS RECEIVED	
ELEMENTARY	Maangas Elementary School		N/A		6/21/1999	5/5/2005		2005	2nd	
SECONDARY	Federico P. Condat Nat'l High School		N/A		6/22/2005	4/27/2009		2009	3rd	
VOCATIONAL / TRADE COURSE	Sytem Technology Institute- College		Diploma in Hospitality Restaurant and Services		6/24/2009	5/8/2012		2012		
COLLEGE	Visayas State University- Main Campus		Bachelor in Secondary Education major in Filipino		8/14/2017	1/28/2021		2021		
GRADUATE STUDIES	N/A		N/A							
		(C	ontinue on separate sheet if nece	ssary)						
SIGNATURE		+			DA	TE		July 1, 2024		

IV CIVII S	SERVICE ELIG	IBII ITY							
IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/RA 1080 (BOARD/BAR) UNDER			PATRIC	DATE OF				LICENSE (if a	pplicable)
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		MENT	NUMBER	Date of Validity
	License Professional Teacher		88.4			zpi City		1985534	11/12/2026
_	License Professional Teacher		00.4	OCTOBER 22,2022	Legaz	pi City		1303334	11/12/2020
V WORK	EXPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	t work) Description	of duties should be	indicated in the attached	l Work Expe	rience sheet.		
28. INCL	USIVE DATES	POSITION T					SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	nm/dd/yyyy) To	(Write in full/Do not			/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
6/3/2024	Present	Part-time Te	acher	Southern Lov	rte State University	170/hour	N/A	Contract	N/A
7/31/2021		Volunteer Te							-
	2/14/2023				an High School	N/A	N/A	Contract	N/A
6/10/2015	4/11/2017	Production Sp			Printing Corporation	14000.00	N/A	Contract	N/A
3/1/2015	5/7/2015	Room Atter			a Peninsula	12000.00	N/A	Contract	N/A
3/13/2014	11/19/2014	Guest Coord	linator	Ville Son	nmet Tagaytay	80000.00	N/A	Contract	N/A
	1								
	1								
SIGN	ATURE		(Cor	ntinue on separate sheet	if necessary) DATE		7/3/2024		
SIGN	ATVIL				DATE			FORM 212 (Revised 20	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29 NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES								
	(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A	N/A			N/A	N/A	N/A		
			tinue on separate s)			
VII. LI	EARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR			1			
30.	TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	(11110 111 1411)	(vvrite in tuii)				Technical/etc)	(Title II lea)	
	Teaching English as a Foreign La	anguage Course	10/1/2023	10/30/2023	120	Skills	TEFL Professional Institute- Teacher Record	
	Sertipiko ng Pagkilala bilang hurado sa L	akan at Lakambini 2023	9/1/2023	9/1/2023	5	Judge	Villa Jacinta National Vocational High School	
	Perform Computer C	peration	1/2/2023	1/12/2023	80	Technical	1st International Computer Technology Colleges	
	Digital Literacy for Tea	chers	1/14/2021	1/16/2021	15	Participation	Department of Information Communication	
	Practice Teaching		11/4/2020	2/12/2021	200	Skills	Technology Cluster 4 Visayas State University -Main Campus	
							, , ,	
		(Con	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION								
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Communication skill					N/A		
	Digital Literacy Skill	N/A					N/A	
	Bake cakes and pastries					N/A		
	(Continue on separate sheet if necessary)							
	SIGNATURE	(con			ATE	7/2/2024		
	SIGNATURE			D)	1/2	7/3/2024		

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,						
	a. within the third degree?	YES	✓ NO				
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	YES	✓ NO			
			If YES, give detail	s:			
35.	a. Have you ever been found guilty of any administrative offer	YES	✓ NO				
		If YES, give detail	s:				
	b. Have you been criminally charged before any court?		YES	✓ NO			
	, ,		If YES, give detail	s:			
			Date Filed:				
			Status of Case/s:				
36.	·	y law, decree, ordinance or regulation by	YES	✓ NO			
	any court or tribunal?		If YES, give details:				
37.	Have you ever been separated from the service in any of the	•	YES	✓ NO			
	dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	nished contract or phased out (abolition)	If YES, give details:				
20	a. Have you ever been a candidate in a national or local elect	tion hold within the last year (except					
38.	Barangay election)?	1011 Heid Mithill the last year (except	YES J 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 of	* *	☐ YES ☐ NO If YES, give details:				
			II I LO, give doc	1115.			
39.	Have you acquired the status of an immigrant or permanent r	esident of another country?	☐ YES ☑ NO				
			If YES, give detail	s (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr	no Carta for Disabled Persons (RA	-				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	•					
a.	Are you a member of any indigenous group?		YES	√ NO			
	,		If YES, please specify:				
b.	Are you a person with disability?		☐ YES ☑ NO				
C.	Are you a solo parent?		If YES, please specify ID No:				
J.	Are you a solo parent:		YES If YES, please specif	y ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /e	annointae)					
1		· · · · · · · · · · · · · · · · · · ·	751 NO				
	NAME	ADDRESS	TEL. NO.				
	Dr. Vicente Quiton	Palo, Leyte	9178855903				
	Dr. Melinda Lavega	Davao City	9287678432				
	Dr. Susan Enage	Baubau Lauta	9678957853				
40	<u> </u>	Baybay Leyte					
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 represer			SUELLO, JESSA RELEVANTE			
	agree that any misrepresentation made in this docur			PHOTO			
	administrative/criminal case/s against me.						
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			i			
	LEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: UMID ID							
ID	ID/License/Passport No.: CRN-0111-4761325-2 Signature (Sign inside the bo						
Date/Place of Issuance: Caloncan July 1, 2024			DX)				
Date Accomplished				Right Thumbmark			
	CLIDSCRIPED AND SWORN to before me this	officet exhibiti	ng his/hor validly issued	government ID as indicated above.			
	SUBSCRIBED AND SWORN to before me this	, aniant exhibiti	ng nis/ner validiy issued	government iD as indicated above.			
		Person Administering Oath	h				