### PERSONAL DATA SHEET ##################################										
Part	CS Form No. 212 Revised 2017	PERS	ONAL DA	TA S	HEI	ET				
PRESIDENT NOTE DESCRIPTION Description boss The description of the CREATED NOTE OF THE CASE AND A CONTRIBUTION OF THE CREATED NOTE OF THE CASE AND A CONTRIBUTION OF THE CREATED NOTE OF THE CASE AND A CONTRIBUTION OF THE CREATED NOTE OF THE CASE AND A CONTRIBUTION OF THE CA	WARNING: Any misrepresenta	tion made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the fi	ling of admir	nistrative/c	riminal case/s ag	ainst the pers	on concerned.	
PERSONAL INFORMATION					THE PDS FO					
MARY AIN			A if not applicable. DO NOT ABL	BREVIATE.		1. CS ID No.		(Do	not fill up. For CSC use only)	
MARY NAN		I								
MODIT MARCH MARC		NAME EXTENSION (IR SR)								
11/24-1987										
### ARC OF BRITH			16 CITIZENSHIP							
Picker of Birth	(mm/dd/yyyy)	11/24/1991	IO. CITIZENOTIIF		✓ Filipi	no	· ·		zation	
SEC	4. PLACE OF BIRTH	TUGUIPA, HILONGOS, LEYTE	If holder of dual citizer							
Widoward	5. SEX	☐ Male ✔ Female	please indicate the de	etails.	▼					
7. HEIGHT (m) 1.51 8. WEIGHT (mp) 5.4.1 9. BLOOD TYPE A 15. PERMANENT ACCRESS 16. SSS ID NO. NIA 17. PAG-BIS ID NO. 18. SROW, AND	6 CIVIL STATUS	☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		SEGUINON				
8. MEIGHT (Pg)	7. HEIGHT (m)	1.51	-	Sub						
S. BLOCO TYPE			ZIP CODE				Province			
					0012					
1. PAG-BIG D NO. 121234012231 2P FOODE			_	Hous	se/Block/Lot No					
	10. GSIS ID NO.	N/A		-		Barangay				
13. SSS NO. 0641836594 19. TELEPHONE NO. 09076788254 14. TN NO. 502-231-311 20. MOBILE NO. 09076788254 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) maanilimbasan24@gmail.com 16. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) maanilimbasan24@gmail.com 17. FAMILEY BACKGROUND	11. PAG-IBIG ID NO.	121234012231		Cit	_	4				
14. TIN NO. 502-231-311 20 MOBILE NO. 05076782554 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (# any) maanlimbasan24@qmail.com II. FAMILY BACKGROUND 22. SPOUSES SURVANE FIRST NAME MIDCLE NAME PERNITO MASKARINO	12. PHILHEALTH NO.	13-250323112-7	ZIP CODE		6542					
15. AGENCY EMPLOYEE NO. N/A 21. E-MAL ADDRESS ((Farry)) MASKARIÑO 23. NAME of CHILDREN (Write full name and list all) DATE OF BRTH (mmiddlyyyy) PRIST NAME MODULE NAME PERNITO AGRICULTIST I EMPLOYERBUSINESS NAME LGU ALBUERA BUSINESS ADDRESS POBLACION, ALBUERA, LEYTE TELEPHONE NO. AFATHER'S SURVAME ROGELIO NAME EXTENSION ((R., SR)) NA NA NA NA NA NA NA NA NA	13. SSS NO.	06-4183659-4	19. TELEPHONE NO.	N/A						
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22 SPOUSE'S SURNAME FRST NAME MIDDLE NAME	15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			maanlim	basan24@gr	nail.com		
FIRST NAME MIDDLE NAME PERNITO NIA OCCUPATION AGRICULTIST I LGU ALBUERA BUSINESS ADDRESS POBLACION, ALBUERA, LEYTE NIA TELEPHONE NO. NIA NIA NIA NIA NIA NIA NIA NIA	II. FAMILY BACKGROUND									
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CCCUPATION AGRICULTIST I EMPLOYERBUSINESS NAME BUSINESS ADDRESS POBLACION, ALBUERA, LEYTE NA TELEPHONE NO. N/A FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LOVETE NAME OF SCHOOL (Write in full) NAME OF SCHOOL (Write in full) NAME EXTENSION (UR. SR) NAME NIA NIA NIA NIA NIA NIA NIA NIA	FIRST NAME		TWINE EXTENSION (U.S. OTY)	N/A				N/A		
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BUSINESS ADDRESS POBLACION, ALBUERA, LEYTE NA NIA NIA NIA NIA NIA NIA NIA				N/A						
TELEPHONE NO. N/A N/A N/A N/A N/A N/A N/A N/				N/A						
24. FATHERS SURNAME FIRST NAME ROGELIO NAME EXTENSION (JR., SR) NA NIA NIA NIA NIA NIA NIA NIA NIA NIA		· · · ·		N/A						
FIRST NAME MIDDLE NAME CILLO NAME EXTENSION (JR., SR) NA NIA NIA NIA NIA NIA NIA NIA				N/A			_			
MIDDLE NAME CILLO NIA NIA NIA NIA NIA NIA NIA NI			NAME EXTENSION (JR., SR)			N/A				
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME NAZARIA NIA NIA NIA NIA NIA NIA NIA							_			
SURNAME NGUITO N/A FIRST NAME NAZARIA N/A MIDDLE NAME LOVETE (Continue on separate sheet if necessary) ### ### ### ### ### ### ### ### ### #		CILLO				N/A				
FIRST NAME MIDDLE NAME LOVETE (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) PERIOD OF ATTENDANCE UNIT'S EARNED (if not graduated) From To N/A N/A N/A SCHOLARSHIP/ACADEMIC HONORS RECEIVED					N/A					
MIDDLE NAME LOVETE (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) From To (From To Continue on separate sheet if necessary) HIGHEST LEVEL/ UNITS EARNED (If not graduated) From To Continue on separate sheet if necessary)				N/A						
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From To	26.	NAME OF SCHOOL		E/COURSE			UNITS EARNED			
I NAGA PRIMARY SCHOOL I I 2004 I 2008 I GRADE 4 I N/A I SECOND HONOR		NAGA PRIMARY SCHOOL			From 2004	To 2008	GRADE 4	N/A	SECOND HONOR	

ELEMENTARY PRIMARY EDUCATION TAGAYTAY ELEMENTARY SCHOOL GRADUATED 2010 VALEDICTORIAN 2008 2010 SECONDARY BATO SCHOOL OF FISHERIES HIGH SCHOOL 2010 2014 GRADUATED 2014 WITH HONORS VOCATIONAL / TRADE COURSE N/A N/A N/A N/A N/A N/A BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY VISAYAS STATE UNIVERSITY **GRADUATED** 2018 **CUM LAUDE** COLLEGE 2014 2018 GRADUATE STUDIES VISAYAS STATE UNIVERSITY MASTER OF SCIENCE MAJOR IN AGRONOMY **GRADUATED** 2021 N/A 2018 2021 Amadarino SIGNATURE DATE FEBRUARY 17, 2023

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SI	ERVICE ELIG	BILITY							
27 CAREER SERVICE/ RA 1080 (BOARD/ BAR) LINDER			RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
PD 907 - Honor Graduate N/A			N/A	N/A			N/A	N/A	
RA 1080 - Licensed Agriculturist				Nov. 9, 10 & 11, 2021	Tacloban			0038518	11/18/2022 to 11/24/2025
				(Continue on separate sh	eet if necessary)				
	XPERIENCE ate employme		nt work) Description	on of duties should b	ne indicated in the attached	Work Experienc	ce sheet.		
8. INCLU	ISIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
09/03/2018	01/16/2019	Bank Tel	ler	Center for Agriculture and Rural Development (CARD) Bank Baybay Branch		PhP 8,175.00	N/A	Probation	N
04/05/2021	11/07/2021	Part-time Ins	tructor	Department of Agronomy (DA)		Php 207.70 per hour	N/A	Job Order	Υ
08/23/2021	01/28/2022	Part-time Inst	tructor	Departmen	t of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Υ

	SIVE DATES /dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		GENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV ⁻ SERVIO (Y/N)
9/03/2018	01/16/2019	Bank Teller		ure and Rural Development ink Baybay Branch	PhP 8,175.00	N/A	Probation	N
4/05/2021	11/07/2021	Part-time Instructor		t of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Y
8/23/2021	01/28/2022	Part-time Instructor	Departmen	t of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Υ
2/15/2022	06/18/2022	Part-time Instructor	Departmen	t of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Υ
9/12/2022	02/01/2023	Part-time Instructor	Departmen	t of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Υ
								-
								-
								-
								
			(Continue on separate sh	ant if managemy)	<u> </u>			

Madaring FEBRUARY 17, 2023 DATE CS FORM 212 (Revised 2017), Page 2 of 4

	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S										
From 10 Prom 10 Prom	POSITION / NATI IDE OF WORK										
30. TILLE OF LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED NOLLISINE DATES OF ATTENDANCE (mindod)/1997) PALAYAMANAN 11/08/2016 11/08/2016 2.0 TECHNICAL AGRONOMY MAJORS ASSOCIAL CHEMICAL SAFETY IN THE LABORATORY 11/10/2016 11/10/2016 2.0 TECHNICAL DEPARTMENT OF SOIL SCIENCE (mindod)/1997) FORE TO 10/2019 11/10/2016 2.0 TECHNICAL DEPARTMENT OF SOIL SCIENCE (mindod)/1997 (mindod)/10/2019 2.0 TECHNICAL DEPARTMENT OF SOIL SCIENCE (mindod)/1997 (mindod)/10/2019 2.0 TECHNICAL DEPARTMENT OF SOIL SCIENCE (mindod)/1997 (mindod)/10/2019 2.0 TECHNICAL DEPARTMENT OF SOIL SCIENCE (mindod)/1997 (m											
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(Continue on separate sheet if necessary)											
VIII. OTHER INFORMATION NON-ACADEMIC DISTINCTIONS / RECOGNITION MEMBERSHIP IN ASSOCIATION/ORGA	NIZATION										
31. SPECIAL SKILLS and HOBBIES 32. (Write in full) 33. (Write in full)											
Crop care and maintenance Fertilizer computation											
·											
Field layout											
Soil sampling Soil sampling											
(Continue on separate sheet if necessary)											
SIGNATURE Maniparing DATE FEBRUARY 17, 2023											
CS FORM 212 (Revised 2017),	Page 3 of 4										

34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Call	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:							
35.	a. Have you ever been found guilty of any administrative of	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:							
37.	Have you ever been separated from the service in any of tretirement, dropped from the rolls, dismissal, termination, 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)?		☐ YES ☑ NO If YES, give details:						
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local control of the control	☐ YES ☑ NO If YES, give details:							
39.	Have you acquired the status of an immigrant or permaner	☐ YES							
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)								
a.	Are you a member of any indigenous group?	,, p	YES	∀ NO					
b.	Are you a person with disability?	If YES, please specify:							
	The you a person with disability:		If YES, please specify	ID No:					
C.	Are you a solo parent?	YES If YES, please specify	ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)							
	NAME	ADDRESS	TEL. NO.						
	RUTH O. ESCASINAS	BAYBAY CITY, LEYTE	9159626403						
	ANGELA E. ABABAT	BAYBAY CITY, LEYTE	9331703622						
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.								
	overnment Issued ID (i.e.Passport GSIS, SSS, PRC, Driver's License, etc.)								
	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport ID	lu a ciña							
┝	//License/Passport No.: P4018861B	Signature (Sign inside the b							
H	•	3							
Da	ate/Place of Issuance: 11/30/19 DFA TACLOBAN	Date Accomplished		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.					
	L	Person Administering Oat	h						
				CS FORM 212 (Revised 2017), Page 4 of 4					