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 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 PDS FORM. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes ([]) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. PERSONAL INFORMATION BALDONADO 2 SURNAME NAME EXTENSION (JR. SR) FIRST NAME **UELAIZA HOPE** MIDDLE NAME MELGAR 3. DATE OF BIRTH 16 CITIZENSHIP 29/10/1995 ☑ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: BALUD CAPOOCAN, LEYTE If holder of dual citizenship, 4 PLACE OF BIRTH please indicate the details. ☐ Male ✓ Female W 5 SEX 17 RESIDENTIAL ADDRESS N/A N/A ✓ Single ☐ Married 6 CIVIL STATUS ouse/Block/Lot No ☐ Widowed ☐ Separated ZONE 6 BALUD Other/s: ubdivision/Village Barangay CAPOOCAN LEVIE 7. HEIGHT (m) City/Municipality Province 40 kgs. 6530 ZIP CODE 8. WEIGHT (kg) N/A N/A 18. PERMANENT ADDRESS 0 9 BLOOD TYPE louse/Block/Lot No ZONE 6 BALUD 10. GSIS ID NO. N/A ubdivision/Villag Barangay CAPOOCAN LEYTE 11. PAG-IBIG ID NO City/Municipality Province 13-250426921-7 ZIP CODE 6530 12 PHILHEALTH NO 34-5859975-9 NONE 13 SSS NO 19 TELEPHONE NO 14. TIN NO. 329-846-301 20. MOBILE NO. 09076644075 17080102 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) uelaizahope@gmail.com N/A DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO BALDONADO N/A N/A 24. FATHER'S SURNAME IAME EXTENSION (JR., SR) SAMUEL FIRST NAME SISCAR MIDDLE NAME S MOTHER'S MAIDEN NAME MFI GAR SURNAME MARISSA FIRST NAME (Continue on separate sheet if necessary) MIDDLE NAME WALOHAN SCHOLARSHIP ACADEMIC HIGHEST LEVEL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL 26 UNITS EARNED LEVEL (Write in full) GRADUATED HONORS (if not graduated) RECEIVED To 2ND HONORABLE BALUD ELEMENTARY SCHOOL PRIMARY EDUCATION 2001 2007 N/A 2007 ELEMENTARY MENTION RD HONORABLE N/A 2011 SECONDARY CARIGARA NATIONAL HIGH SCHOOL HIGH SCHOOL 2007 2011 MENTION VOCATIONAL / N/A N/A N/A N/A N/A NIA N/A TRADE COURSE UNIVERSITY OF THE PHILIPPINES VISAYAS N/A 2015 NONE BACHELOR OF SCIENCE IN MANAGEMENT 2011 2015 COLLEGE TACLOBAN COLLEGE LEYTE NORMAL UNIVERSITY MASTERS IN MANAGEMENT 2020 2021 9 units N/A NONE GRADUATE STUDIES aldonal DATE 04/06/2021 SIGNATURE CS FORM 212 (Revised 2017), Page 1 of 4

/. CIVIL SERVICE ELIGIBILITY		DATE OF					LICENSE (if applicable)		
7 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	1 FXAMINATION / 1		PLACE OF EXAMINATION / CONFERMENT			Date of Validity
		84.39%	26/10/2014 LEYTE NORMAL UNIVE		RSITY TACLOBAN CITY		N/A	N/A	
	A1 (a)	11							
			(Co	ntinue on separate she	et if necessary)				
, WORK E	EXPERIENCE	nt Start from vour rece	ent work) Descript	ion of duties shou	ld be indicated in the attac	hed Work E	xperience she	et	
Include private employment. Start from your receive. Include private employment. Start from your rece		ITLE DEPARTMENT / AG		GENCY / OFFICE / COMPANY full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From	То		OF AGGIOTANT	DUII IDDII	IE DI ICINESS BANK	Php 15, 083	N/A	PERMANENT	NO
1/08/2017	PRESENT	CUSTOMER SERVI		EASTERN VISA	PHILIPPINE BUSINESS BANK EASTERN VISAYAS STATE UNIVERSITY		N/A	JOB ORDER	YES
4/07/2016	21/07/2017	ADMINISTRAT		CARIGARA CAMPUS CEBU INTERNATIONAL ACADEMY		Php 7, 350 Php 9,178	N/A	PROBATIONA	NO
7/12/2015	10/06/2016	ACCOUNTIN	GSTAFF	CEBUINIE	RIATIONAL ACADEMI	11100,110	100	RY	
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Marca Carlotte Service Annual Service									
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				Continue on separate	sheet if necessary)				
SIG	NATURE	Jal	donad	1 0	DATE	0	4/06/2021	CS FORM 212 (Revised	

	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (ORGANIZATION	//S	
29 NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A	N/A	
						X
A STATE OF THE STA						
	THE RESERVE OF THE PROPERTY OF	SHOW AND ADDRESS OF THE PARTY O	e sheet if necessar	V)		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P		VEDATES OF		Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTO (Write in full		ATTE	ENDANCE /dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SERVICE FIRST IS L.O.V.E. (LIVING OUR VALUES EV	/ERYDAY)	19/10/2019	19/10/2019	8.0	TECHNICAL	PHILIPPINE BUSINESS BANK
WORK ATTITUDE AND VALUES ENHANCEMENT SE	MINAR	28/07/2018	28/07/2018	8.0	TECHNICAL	PHILIPPINE BUSINESS BANK
SEMINAR ON SIGNATURE VERIFICATION AND COU	NTERFEIT MONEY DETECTION	07/07/2018	07/07/2018	8.0	TECHNICAL	PHILIPPINE BUSINESS BANK
D.N.E. (ORIEMTATION OF NEW EMPLOYEES)		16/08/2017	22/08/2017	40.0	FOUNDATION	PHILIPPINE BUSINESS BANK
	AMERIKAN KERMININ KANTAN K		ENDER DER TETRE FOLKEN MED SECONO DE SENTEN DES SANTON DE	KI NII PEHADONO KIII MALKEIN KI SEKORII MOKO MININ KA	CONTRACTOR OF STREET CONTRACTOR C	
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		SECTION CONTRACTOR CON	AND DESIGNATION OF THE PROPERTY OF THE PROPERT	THE MISSISSIPPINISS STREET, A SHAPPING BUTCHES		AND THE RESIDENCE RESIDENCE AND
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	(Ce	ontinue on separal	e sheet if necessar	y)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NO		TINCTIONS / RECO rite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING		N	IA			N/A
			le sheet if necessa			4
SIGNATURE	aldma	A.		D.	ATE	4 0 ψ 2 D λ l CS FORM 212 (Revised 2017), Page 3 of 4
	V					and the first and the first and a country in age of our

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 approinted,				
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative off	YES NO			
	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 an 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, er (abolition) in the public or private sector?	✓ YES NO If YES, give details: RESIGNATION AND FINISHED CONTRACT			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	YES)		
	 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☑ NO If YES, give details:)		
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):			
a. b. c.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO ☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or alfinity to applicant	/appointee)			
	NAME ANNA MARIE MARGARETTA B. CORTAGA	ADDRESS REGINA HEIGHTS ABUCAY TACLOBAN	TEL NO. 09991868598		
	MARNIE JOY L. PATRIMONIO	CATBALOGAN CITY	09363783229	(38)	
	LIANIE L. ANDRADE	SAMPAGUITA TACLOBAN CITY	09458202928		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertire Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО	
F	Government Issued ID (Le Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Jaldmas			
H	Overnment Issued ID: PASSPORT D/License/Passport No.: P1093771A	Signature (Sign inside the b			
H	Date/Place of Issuance: 12/05/2016	mn)	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued governmen	t ID as indicated above.	
		Person Administering Oa	th		