CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET			
	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the f	iling of administrative/	criminal case/s ag	gainst the per	rson
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	PLISHING THE				
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.	1. CS ID No.		(Do not fill up.	For CSC use only
2. SURNAME	FNCINA						
FIRST NAME	MA. GAYLE				NAME EXTENSION (JR	, SR)	
	-						
MIDDLE NAME 3. DATE OF BIRTH	PANZO			1			
(mm/dd/yyyy)	SEPTEMBER 12,1996	16. CITIZENSHIP	✓ Filipino		Dual Citizenship		
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citize	nship.	□ by birth □ by natu Pls. indicate country:			lization
		please indicate the de			i io. iridioate oc	ound y.	
5. SEX	☐ Male ☑ Female						
6 CIVIL STATUS	Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hou	ise/Block/Lot No.		Street	
	Other/s:		Sui	bdivision/Village		CATMON Barangay	
7. HEIGHT (m)	147			TANAUAN	N		
8. WEIGHT (kg)	45	ZIP CODE	City/Municipality 6502			Province	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS					
		-	House/Block/Lot No.			Street CATMON	
10. GSIS ID NO.	N/A		Subdivision/Village TANAUAN			Barangay LEYTE	
11. PAG-IBIG ID NO.	1212-4217-0227		City/Municipality			Province	
12. PHILHEALTH NO.	13-252010944-0	ZIP CODE	6502				
13. SSS NO.	06-4233418-9	19. TELEPHONE NO.	N/A				
14. TIN NO.	356-909-235	20. MOBILE NO.	09959671859				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gayleencina96@gmail.com				
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write full name and	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	ENCINA						
	EDWIN	SR					
FIRST NAME							
FIRST NAME MIDDLE NAME	ALAMBRA						
MIDDLE NAME	ALAMBRA						
MIDDLE NAME	ALAMBRA PANZO						
MIDDLE NAME 25. MOTHER'S MAIDEN NAME							
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME	PANZO			(Continue on se	parate sheet if neces	sary)	

IMIDDEE NAME	BAGA			(Continue on Separate Sheet in Necessary)						
III. EDUCATIONAL BACKGROUND										
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE			YEAR GRADUATED			
				From	To	(if not graduated)		RECEIVED		
ELEMENTARY	CATMON ELEMENTARY SCHOOL	GRADUATED		2003	2009		1 2009	VALEDICTO RIAN		
SECONDARY	TOLOSA NATIONAL HIGH SCHOOL	GRADUATED		2009	2013		2013	ACHIEVER		
VOCATIONAL /	STI COLLEGE- ORMOC	NCII COOKERY		11/26/2019	1/31/2020		2020	NONE		
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR VOF LIBRARY AND INFORMATION SCIENCE		2013	2018		2018	NONE		
GRADUATE STUDIES										
	(Continue on separate sheet if necessary)									
SIGNATURE Ma. Jucina			DATE January 19, 2023			3				

IV. CIVIL S	ERVICE ELIG	SIBILITY							
		1080 (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	ON / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
	LIBRARIAN		75.0	09/10-11/2019	TACLOB	BAN CITY		0010006	12/9/2023
V. WORK I	EXPERIENCE		(Cor	I ntinue on separate sheet	if necessary)				
			t work) Descriptio	n of duties should b	be indicated in the attache	ed Work Exp	perience shee	t.	
	JSIVE DATES am/dd/yyyy)	POSITION TITLE abbreviate	(Write in full/Do not		CY / OFFICE / COMPANY (Write in not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE
2/2/2019	10/26/2019	COLLEGE LIB	RARIAN	ST.PETER'S C	OLLEGE OF ORMOC	12100.00		PROBATIONARY	
10/28/2020	4/30/22	GRADE SCHOOL	LIBRARIAN	ST.PETER'S C	OLLEGE OF ORMOC	12100.00		PROBATIONARY	
5/17/2022	PRESENT	GENDER AND DEVELO		NATIONAL MAF	RITME POLYTECHNIC	8000.00		JOB ORDER WORKER	
			(Cor	ntinue on separate sheet	if necessary)				
SIGN	ATURE	m	a. graina		DATE			y 19, 2023 FORM 212 (Revised 20	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		(man d d)	NUMBER OF HOURS		POSITION / NATURE OF WORK
(write iii tui)	From	(mm/dd/yyyy) To	NOME TO THE STATE OF THE STATE		TOSHION/NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
	(Cor	ntinue on separate s	sheet if necessary)			
II. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN	TIONS/TRAINING PROGRAMS	(mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY
(Write in	full)					(Write in full)
ST ASEAN VISKTUAL REGIONAL CONFERENCE OF		From SEPT. 6,2021	To SEPT.6, 2021			NATIONAL LIBRARY OF THE PHILIPPINES (NLP
ILL APOPATE NLINE LIBRARY HELP : BEST PRACTICES IN DIGIT.	·	SPT.18, 2020	SEPT.18, 2020			PHILIPPINE LIBRARIANS ASSOCIATION INC.NEGROS ISLAND REGION
ISTRESS OR DE-STRESS? A TALK NON HOW TO TA			,			LIBRARIANS COUNCIL QUEZON CITY PUBLIC LIBRARY READERS' SERVICES DIVISION IN
OUGH TIMES		OCT. 10, 2020	OCT. 10, 2020			PARTNERSHIP WITH REGALO TOUCHING LIVES PHILIPPINE LIBRARIANS ASSOCIATION INC. SOUTHERN TAGALOG REGION LIBRAR
URVIVE AND THRIVE : REINVENTING LIBRARY SER	VICE DURING PANDEMIC	JULY 24,2020	JULY 24, 2020			PHLIPPINE LIBRARIANS ASSOCIATION INC.SOUTHERN TAGALOG REGION LIBRAR COUNCIL
IRTUAL SUMMIT SERIES WEBINAR ON MEASURING		JULY 18, 2020	JULY 18, 2020			MAP SYSTEMS
IBRARIES AS CATALYST IN THE NEW NORMAL EN RANSFORMATIONS	·	NOV. 24, 2020	NOV.27, 2020			PHILIPPINE LIBRARIANS ASSOCIATION INC. (P
IBRARIES AND PANDEMIC : PERSONAL AND INSTI IBRARIES AND LIBRARIANS IN WESTERN VISYAS	TUTIONAL PREPAREDNESS OF	AUG,20, 2020	AUG. 20, 2020			(PLAI) WESTERN VISAYAS REGION LIBRARIAN
3RD EASTERN VISAYAS LIBRARIANS SUMMIT 2019			AUG. 30, 2020			PALOMPON INSTITUTE TECHNOLOGY
LAI CONGRESS 2021 AND GENERAL ASSEMBLY "C	DUTCOMES.	Nov.23, 2021	Nov. 26,2021			PHILIPPINE LIBRARIANS ASSOCIATION (PLAI)
OUTREACH.OUTSTANDING FACULTY AND LIIBRARIANS COLLABORATION: WHY IT MATTERS			SEPT. 4, 2020			UNIVERSITY OF RIZAL SYSTEM AND REGALO TOUCH
LIBRARIES EMBRACING THE NEW NORMAL: VIEWS AND EXPERIENCES			NOV. 23, 2020			LIVES UNIVERSITY OF SAN CARLOS (USC)
DESIGN THINKING FOR LIBRARIANS		NOV. 23, 2020	SEPT. 28, 2020			ASSOCIATION OF SPECILA LIBRARIES OFV THE
IBLIFE: TRANSFORM AND THRIVE DURING PANDE	MIC	JUNE 29,2020	JUNE 29,2020			PHILIPPINES (ASLP) CE-LOGIC, INC
IBRARIES BUILDING ROADS : READERS, OPPUTUN			,			DEPARTMENT OF SCIENCE AND TECHNOLOGY SCIEN
DEVELOPMENT, SUSTAINABILITY		NOV. 10, 2021	NOV. 10, 2021			AND TECHNOLOGY INFORMATION INSTITUTE (DOST-
SEAN LIBRARIES, ARTS AND CULTURE: INSPIRE, INNOVA	TE AND COLLABORATE	AUG,. 23, 2021	AUG. 25,2021			NATIONAL LIBRARY OF THE PHILIPPINES (NL
TRANSITION TO TRANSFORMATION: MAPPIN INFORMTAION AND EDUCATIO		MAY 26, 2022	MAY 27, 2022			CE-LOGIC, INC
TRANSITION TO TRANSFORMATION: MAPPIN	G THE CHANGINGRESEARCH,	MAY 26, 2022	MAY 27, 2022			CE-LOGIC, INC
INFORMTAION AND EDUCATION RENDS IN THE LIBRARY AND INFORMATION CENTI		AUGUST 11,	<u>'</u>			PRC AACCREDITATION NUMBER AS PROVIDER
NVIRONMENT: A WEBINAR SERIES 2 RENDS IN THE LIBRARY AND INFORMATION CENTI	RES IN THE NEW NORMAL	2022 AUGUST 11,				(PCPD TRAINING CENTER LIBRARIANS ASSCIATION OF LIBRARIANS
NVIRONMENT: A WEBINAR SERIES 2		2022				PROVINCE-LUCENA, INC. DEPARTMENT OF EDUCATION NATIONAL
MERGING LIBRARY SERVICES IN THE TIME OF PAN	IDEMIC	APRIL 5, 2021				CAPTAL REGION
/III. OTHER INFORMATION	(Con	ntinue on separate s	sneet if necessary)	_		
	32. NON-ACADEMIC DISTINCTIONS / RI	ECOGNITION				MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.		(Write in full)			33. (Wri
CATALOGING		N/A	A			PHILIPPINE LIBRARIANS ASSOCIATION INC.,(PLAI) REGION 8
CLASSIFYING						EASTERN VISAYAS RÉGION COUNCIL (PL EVRLC)
						,
	(0.	ntinuo en co	chapt if non-			
SIGNATURE		ntinue on separate s	aneern necessary)	DA	\TE	January 19, 2023
5/0//// 0/12	/ Ma. (jicina				CS FORM 212 (Revised 2017), Page 3

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?	☐ YES ✓ ſ	NO				
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ✓ ſ	NO			
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	nse?	YES 🗸 I	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 an	y law, decree, ordinance or regulation		NO.			
	by any court or tribunal?	, , ,	☐ YES ☑ If YES, give details:	NO			
				_			
37.	Have you ever been separated from the service in any of the			NO			
	retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	d of term, finished contract or phased	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election)?	tion held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the		YES NO				
	last election to promote/actively campaign for a national or lo		If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO				
			If YES, give details (cou	untry):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	YES [✓ NO				
b.	Are you a person with disability?		If YES, please specify:				
D .	Are you a person with disability:		☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?						
			If YES, please specify ID N	NO:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /						
	NAME	ADDRESS	TEL. NO.				
	MRS. YOLANDA C. CABO	TACLOBAN CITY	9264334489	(a) (a)			
	MRS. MONETTE A. FOROSUELO	TACLOBAN CITY	9452308193				
	MS. ANGELICA C. RONCALES	TACLOBAN CITY	9051021078				
42.	I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertinent						
	Philippines. I authorize the agency head/authorized represer						
	I agree that any misrepresentation made in this docu			PHOTO			
	administrative/criminal case/s against me.						
0	PLEASE INDICATE ID Number and Date of						
le ^	esuanco						
I F	overnment Issued ID: PRC	cina					
	//License/Passport No.: 0010006	box)					
D	ate/Place of Issuance: TACLOBAN CITY		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued gove	ernment ID as indicated above.			
		ıth					