levised 2017	PERSON	AL DATA SHI	EET					
NARNING: Any misrepresentation made in the I	Personal Data Sheet and the Work Experience S	heet shall cause the filing of adr	ninistrative/c	dminal case	/s against t	he person conc	emed.	
READ THE ATTACHED GUIDE TO FILLING OUT THE	PERSONAL DATA SHEET (PDS) BEFORE ACCOMPU	ISHING THE PDS FORM.						
Print legibly. Tick appropriate boxes () (L. P.E. SONAL INFORMATION	and use sepCate sheet it necessary. India	rate N/A if not applicable.	OO NOT ABB	REVIATE	CLON	(00)	not filt up. For	CSC use only
2. SURNAME	TABUDLONG				-			
FIRST NAME						NAME EXTE	NSION LIR	. SR)
	MARY LOURINE							-
MIDDLE NAME 3. DATE OF BIRTH	HAGONOS							
(mm/dd/yyyy)	3/5/1994	16. CITIZENSHIP		₹ Filtipl	no [Druit Crizenship by birth	Day natural	5000 cell [3]
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citiz	enship,			Pls. Indico	ate countr	у;
5. SEX	Maie Female	please indicate the	details.	Philippine	25			7
6 CIVIL STATUS	V Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRÉ		'Block/Lo		В	Street kan-ipa arangay	
7. HEIGHT (m)	5'0			Baybay			Leyte	
8. WEIGHT (kg)	54	ZIP CODE	City/	Municipa	nity	F	Province	
9. BLOOD TYPE	0+	18. PERMANENT ADDRI						
10 GSIS ID NO.	N/A	Na -		Block/Lo			Street Kan-ipa	
				vision/Ville Baybay	oge	В	arangay Leyte	
11 PAG-IBIG ID NO.	N/A			Municipa	lity	F	rovince	
2. PHILHEALTH NO.	13-025338747-6	ZIP CODE		6521				
3. SSS NO.	06-3735307-8	19. TELEPHONE NO.				NA		
14. TIN NO.	N/A	20. MOBILE NO.			0935	1227905		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if		lour	nnetabud	long@gmail	com	
II. FAMILY BACKGROUND:	AND RESIDENCE OF THE PARTY OF T					K III A GOOD	TIALET	JF BIKIH
22 SPOUSE'S SURNAME	N/A		and list all		Eta Taune	tuii name		d/ww/
FIRST NAME	N/A	NAME EXTENSION			N/A	١.		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	TABUDLONG	Lucius sussiminati						L.
FIRST NAME	DOMINADOR	NAME EXTENSION			R.			
MIDDLE NAME	AVELLANA							
25 MOTHER'S MAIDEN NAME								
SURNAME	HAGONOS							
FIRST NAME	MARIBEL		-				<u> </u>	
MIDDLE NAME	GODOY	Name of the last above to the	1	onfinue	on sepa	rate sheet it	necessa	ry)
III. EDITEATIONAL SACAGROUND	The second second second	. BASIC		PERIC	D OF	HIGHEST	YEAR	SCHOLA
26 LEVEL	NAME OF SCHOOL (Write in full)	EDUCATION/DEGREE (Write in full)				LEVEL/ UNITS	GRADU	ACADEM
ELEMENTARY	CAN-IPA ELEMENTARY SCHOOL	Primary Educat	ion	2000	2006	NA	2006	With Honors
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School		2006	2010	NA	2010	NA
VOCATIONAL / TRADE COURSE	SAINT MICHAEL COLLEGE OF HINDANG LEYTE	Professional Educ	007.81070057.5	2017	2018	21 units	2018	NA
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Scie inAgribusines		2010	2014	NA	2014	NA
GRADUATE STUDIES	NA NA	NA		NA	NA	NA	NA	NA
* MONTHUE		eparale sheet if necess	ary)	T		h: I:	. 1	
SIGNATURE	- State of the Area	5			S FORM	212 Revise	4/200 020171, P	

CAREE	R SERVICE/RA 108	80 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		LICENSE (if applicable		
		ORIVER'S LICENSE	(If Applicable)	CONFERMENT		TOOL OF EXAMINATION / CONFERENT			Date of Validity
LICEN	SURE EXAM TEACHE	INATION FOR RS	79.60	2019	CEB	BU CITY		1804606	12/15/2019
	10.10.11								
Heren War									
									-
					į.				
			I (Co	ontinue on separate si	eet if necessary)				
	XPERIENCE	To A Control of the		No. of the last of					
	SIVE DATES		of the North Control III, the a straight	Plan Epperance shall			SALARY) JORY PAY		
	udd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full Do not abbreviate)		MONTHLY SALARY	CPIACE (# accidental STEP	STATUS OF APPOINTMENT	SERVICE
From	To	(11110-1110-110-10-	out the p				FORMAL TOOTY INCREMENT	A CHINEN	(YIN)
1/28/2022	08/30/2022	Administrative	Officer	CDJ Group C	onstruction & Development Corporation	15,000 00	NA	Contractual	NO
9/01/2020	10/03/2020	Enumera	tor	Mich	ael Rudolph Falle	15,000 00	NA	Contractual	YES
1/3/2015	08/30/2019	Personal Ser	cretary	Ma. I	vilagrosa G. Dieza	10,000.00	NA	Contractual	NO
4/01/2014	6/15/2017	Administrative	Officer		onstruction & Development	15,000 00	NA NA	Contractual	NO
	0.02011	Politinadave	Onicer	-	Corporation	15,000 00	NA	Contractual	NO -
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		Mary and San							
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NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES			300				
9. NAME & ADDRESS OF DRIGANIZATION (Write in 5.0)	From From	st/yyyr)	MANUA O HOUSE		POSITION / NATURE OF WORK		
SOCIETY OF AGRIBUSINESS STUDENTS		To		MEMBER			
	7/6/2010	3/13/2014		MEMBER			
TIL LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAIN	nion for the last fire (5) ye	TTENDED on to Oxiden Cl	TO VALUE OF	gerial positions)			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAI (Write in ful)	ATTE	E DATES OF NDANCE (MANUAL) To	MARKER OF HOURS	Type of LD (Managerial) Supervisory/ Technical/etc)	CONDUCTED: SPONSORED BY (Write in full)		
ranchise Certification Training Program IFT OF MOBLITY: Updating Skills and Sharing of Good Practices in Pandemic Setting	09/19/2022	09/23/2022	40.0	Participant	Columbia Tower Ortigas Ave Mandaluyong		
Census of Population and Household CPH2020	08/03/2022	08/05/2022	24.0	Participant	Piazza Zicarelli, Gamu, Isabela wowens training center BRGY, COGON BAYBAY		
Bookkeeping NCIII	10/21/2019	12/12/19	45.0	Participant Scholar	ACLC COLLEGE OF ORMOG-Ormoc City		
Organic Agriculture Production NCII	09/03/2019	09/10/19	232.0	Scholar	GODOY'S ORGANIC LAND AND DIVERSIFICATION		
Agricultural Crop Production NCII	07/17/2019	05/09/19	336.0	Scholar	FARM BRGY KAN-IPA BAYBAY LEYTE GODOY'S ORGANIC LAND AND DIVERSIFICATION FARM BRGY KAN-IPA BAYBAY LEYTE		
VIII. OTHER INFORMATION	(Continue on separate	should necessar	A)				
31. SFECIAL SKILLS and HOBBIES 32	NON-ACADEMIC DIST		CNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATIO		
31. SFECIAL SKILLS and HOBBIES 32. Vinting	(Wr	ite in full)	1.6		VSU ALUMNI ASSOCIATION, INC		
Drawing			-		PAFTE Inc.		
ancing					TATIL HILL		
CS Security and with Design	(Continue on separate	sheet if nacessa		ATE	61/14/2023 CS FORM 212 (Revised 2017), Page		

Are you related by consanguinity or affinity to the appointing or a chief of bureau or office or to the person who has immediate sur				
Bureau or Department where you will be apppointed,				
a. within the third degree?	YES NO			
b, within the fourth degree (for Local Government Unit - Career	☐ YES ☑ NO If YES, give details:			
a. Have you ever been found guilty of any administrative offens	☐ 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:			
. Have you ever been convicted of any crime or violation of any I	aw decree ordinance or regulation by			
any court or tribunal?	an, decide, definance of regulation by	☐ YES ☑ NO If YES, give details:	pa (More)	
Have you ever been separated from the service in any of the for dropped from the rolls, dismissal, termination, end of term, finis in the public or private sector?		☐ YES ☑ NO If YES, give details: ————————————————————————————————————		
a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:			
 b. Have you resigned from the government service during the telection to promote/actively campaign for a national or local ca 	☐ YES ☑ NO If YES, give details:			
 Have you acquired the status of an immigrant or permanent re 	☐ YES ☑ NO If YES, give details (country):			
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☐ If YES, please specify: ☐ YES ☐ If YES, please specify ID No: ☐ YES ☐ If YES, please specify ID No:	NO		
 REFERENCES (Person not related by consanguinity or affinity to applicant / 	appointee)			
NAME	ADDRESS	TEL. NO.		
Marlyn Liagao	Baybay City, Leyte	0916-431-7747		
Merci Grace Fernandez	Baybay City, Leyte	0917-901-4405	=	
Evelyn Cabahit	Baybay City, Leyte	0916-321-7994		
12. I declare under eath that I have personally accomplished this Person pursuant to the provisions of pertinent laws, rules and regulation head/authorized representative to verify/validate the contents stated document and its attachments shall cause the filing of administrative.	ns of the Republic of the Philippines. I a d herein. I agree that any misreprese	uthorize the agency	NARY LOURING 1 TABUTIONS PHOTO	
Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: PRC-LICENSE	the due	<u>/ </u>		
ID/License/Passport No.: 1804606	e box)			
Date/Place of Issuance: 12/16/2019 ORMOC CITY	1	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	17th day of April 2017, affiant exhibiting his/her	validity issued government ID as indica	ted above.	
		-		
	Person Administering	Oath		