CS Form No. 212 Revised 2017	PERSOI	NAL DA	<b>AT</b>	A SH	IEET					
WARNING: Any misrepresents concerned.	ation made in the Personal Data Sheet and the	Work Experience Sh	eet sha	II cause the f	iling of admi	nistrative/	criminal case/s ag	gainst the per	son	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHEE	The state of the s			PDS FORM.	1 CS 10 No.	Thin is a	(Do not fill up. F	or CSC use on	
I. PERSONAL INFORMATIO	s ( ) and use separate sheet if necessary, indicate N	A if not applicable. DO f	NOT ABO	SKEVIATE.		CORDINE		(DO NOT HE OD) 1	a dad dae dri	
2 SURNAME	OPPURA									
FIRST NAME	MARI ANGELA  NAME EXTENSION (JR., SR							, SR)	d dela	
MIDDLE NAME	MENDEZ	-					2.9			
3. DATE OF BIRTH	10/17/1999	16 CITIZENSHIP	21/527	·		- 100				
(mm/dd/yyyy)	10/1//1999	TO GITZENSKIP		☑ Filipino □			Dual Citizenship    by birth   by naturalization			
4. PLACE OF BIRTH	GENERAL SANTOS CITY	If holder of di	kual citizen	citizenship.			Pls, indicate country:			
5. SEX	☐ Male ☑ Female	please indica	ate the de	tads						
	☑ Single ☐ Married	17 RESIDENTIAL ADDR	ESS	HASSON V					•	
6 CIVIL STATUS	☐ Widowed ☐ Separated		House/Block/Lof No Street							
	Other/s:	On the State of	MA	Su	bdivision/Village			Barangay		
7. HEIGHT (m)	1.52			City/Municipality Providence			Province			
8 WEIGHT (kg)	76 kg	ZIP CODE		The second secon						
9. BLOOD TYPE	Tion I	18. PERMANENT ADDRE	ESS		N/A	Un 100		N/A Street		
10 GSIS ID NO	N/A	60 LOT 1901 19	100	Hou	N/A	and the	POBL	ACION ZON	E 15	
11. PAG-IBIG ID NO.	1213 1594 3588	TABYAB DMATTWARD	Sain	BA	YBAY CIT		Talker	Barangay LEYTE		
12 PHILHEALTH NO	13-253149295-5	ZIP CODE		6521	ity/Municipality			Province		
T PAR THE SAME								1000		
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A						
14. TIN NO.	610-158-678	20. MOBILE NO.		09676835292						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if	fany)	mariangelaoppura@gmail.com						
II. FAMILY BACKGROUND				A Horn						
22 SPOUSE'S SURNAME		Line paracion in co	×	23. NAME of CH	ILDREN (Write	full name and	flist all)	DATE OF BIRT	TH (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR., SR	9							
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME		1								
BUSINESS ADDRESS										
TELEPHONE NO.										
24 FATHER'S SURNAME	OPPURA									
FIRST NAME	MAR DANILO	NAME EXTENSION (JRL, SR	ij.							
MIDDLE NAME	LAMBERTE									
25 MOTHER'S MAIDEN NAME										
SURNAME	MENDEZ									
FIRST NAME	MARILYN							45-11		
MIDDLE NAME	OQUIAS				(Co	entinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND								100000	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION	N/DEGRE e in full)	EE/COURSE PERIOD OF ATTENDANG		TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS	
To Francisco	DAVDAY II GENTRAL AGUAGO		VE 44 - 5		From Yo			****	RECEIVED	
ELEMENTARY	BAYBAY II CENTRAL SCHOOL FRANCISCAN COLLEGE OF THE IMMACULATE		E 1 to 6	3	2006	2012		2012		
SECONDARY	I MANGGOAN COLLEGE OF THE MMACULATE	CDAD	E 7 to 10	C.	2012	2016		2016		

II. EDUCATIONAL BAC	KGROUND	CHRISTANIA MINERALISMENT						
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATIONDEGREE/COURSE (Write in full)	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
			From	To	(if not graduated)		RECEIVED	
ELEMENTARY	BAYBAY II CENTRAL SCHOOL	GRADE 1 to 6	2006	2012		2012		
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	GRADE 7 to 10	2012	2016		2016		
SENIOR HIGH SCHOOL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ACCOUNTANCY, BUSINESS AND MANAGEMENT	2016	2018		2018		
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION major in FINANCE MANAGEMENT	2018	2022		2022		
GRADUATE STUDIES								
	(Co	ntinue on separate sheet if necessary)		Manual Manual			100	
SIGNATURE	mapappina		DATE		March 27, 2024			

CAREE		0 (BOARD/ BAR) UNDER	RATING	DATE OF	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			LICENSE (if a	
BAR	SPECIAL LAWS ANGAY ELIGIBILITY	S/CES/CSEE //DRIVERS LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	MENT	NUMBER	Date o
CARE		XAMINATION -	80.20	8/20/2023		JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE MOC CITY NATIONAL HIGH SCHOOL,		Sec. 160	221
CARE	PROFESSION SERVICE E	XAMINATION -			The second secon			75	
	SUBPROFES		80.79	3/26/2023		C CITY	TENNESCO SI		en indi
	VES.						wifers		
					<u> </u>		388630		
		-							-
Waske	VACOUTIVAL		(Cor	ntinue on separate she	et if necessary)				
	XPERIENCE ite employment	Start from your recent	work) Description	of duties should i	se indicated in the attached	d Work Expe	rience sheet		
INCLU	SIVE DATES	POSITION T			GENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (F	STATUS OF	GOV"
	vold/yyyy)	(Write in full/Do not		The second secon	full/Do not abbreviate)	SALARY	applicable)& STEP (Format 100-0"Y INCREMENT	APPOINTMENT	SERVIC (Y/N
From	To	OLEDA (A.L. )	office Aldr US	010/105	TOE AVEL BAVEAV		academi.	-	ye.
16, 2022	Present	CLERK (Administra			ICE (VSU BAYBAY) IG AND DEVELOPMENT			JO	YES
MAY, 2019	JUNE, 2019	Employment of SPES STAFF (Speci	Students)	OFFICE	E (LGU BAYBAY) EERING OFFICE (LGU				YES
MAY, 2018	JUNE, 2018	Employment of	Students)		BAYBAY)	- ATES		YES	
MAY, 2017	JUNE, 2017	SPES STAFF (Speci Employment of	Students)	17 (2000) 7 (200)	IG PANLUNGSOD (LGU BAYBAY)		101		YES
MAY, 2016	JUNE, 2016	SPES STAFF (Speci Employment of			ERVICES OFFICE (LGU BAYBAY		TECKSE!		YES
							SWI		
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	e (Follows	T.							
SIGNA	TURE	macoppin	(Co	ntinue on separate she	et if necessary) DATE	1	- h 0 =	20011	
JIGINA	TONE	Licher	LO.	The state of the	DAIE	I Man	ch 27,	2024	

VOLUNTARY WORK OR INVOLVEMEN		INCLUSIV	AND PROPERTY.	OKGARIZA IIGI	4.3	The state of the s		
9 NAME & ADDRESS OF (Write in )			е интех Фуууу)	NUMBER OF HOURS		POSITION / NATURE OF WORK		
A SAME THE N	ENTER LAW.	From	То			Terrol IniCal offw		
	EALU I				F.XC 11	or the recommendation		
		- 1						
						The pass of the pass		
THE STATE OF THE S								
I. LEARNING AND DEVELOPMENT (L&		loue on sepurate : ROGRAMS A 1			Section 2 in con-			
art from the most incent LAD training program and in				hiel Executive Mana	gerial positivos)			
TITLE OF LEARNING AND DEVELOPMENT IN	ITED/ENTIONS/IDAINING PROVIDANS	INCLUSIVE ATTEN			Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY		
(Write in		(mm/dd/yyyy)		NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)		
NLOCKING EXCELLENCE: THE 5S REVOLUTION	FOR CLERKS AND HEADS AT VISAYAS	From	To					
STATE UNIVER	1,000,000	11/29/2023	11/29/2023	7 hrs		ODAHRD		
ISO 9001:2015 AWARENESS & RE-	AWARENESS WEBINAR	8/29/2023	8/29/2023	1 hr	117	QUALITY ASSURANCE CENTER		
GENDER SENSITIVITY	DRIENTATION	7/11/2023	7/11/2023	4 hrs		VSU GENDER RESOURCE CENTER		
EXPLORING INITIATIVES IN SOLVING WA	ATER AND SANITATION CRISIS	3/22/2023	3/22/2023	4 hrs		ISRDS		
ECONOMIC & FINANCIAL LEARNING PR	ROGRAM FOR THE ACADEME	3/29/2022	3/31/2022	3 days		BANGKO SENTRAL NG PILIPINAS		
BASIC OF INVE		12/13/2021	12/13/2021	4 hrs		BUSINESS MANAGEMENT AND ADMINISTRA DEPARTMENT (FCIC) BUSINESS MANAGEMENT AND ADMINISTRA DEPARTMENT (FCIC) BUSINESS MANAGEMENT AND ADMINISTRA		
	24	12/13/2021 12/6/2021 1/27/2020						
MENTAL HEALTH AWARENESS FOR A BE	TTER WORKING ENVIRONMENT		1/30/2020	4 hrs				
THE ROLE OF BUSINESS IN GL	OBAL INTEGRATION			4 days		DEPARTMENT (FCIC)		
ORIENTATION ON YOUTH EN	TREPRENEURSHIP	11/9/2019	11/09/20219	4 hrs		BUSINESS MANAGEMENT AND ADMINISTRAT DEPARTMENT (FCIC)		
	A CO							
	Anne an in File Control							
						minimum or size (1)		
45.00						304		
	1 8 114 90					STANDARD STANDARD		
	OFFICE PARK					DIE VENGOGEN		
40.75.73.73.73			-					
	121010171200					LOS EMPERONALES		
74.28E 16161								
						CONTROL OF ME		
III. OTHER INFORMATION	Cont	linue on separate	sheet If necessar					
III. OTHER INFORMATION	NO.	ACADEMIC DISTIN	ACTIONS (BEOOV	CNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZA*		
<ol> <li>SPECIAL SKILLS and HOBBIES</li> </ol>	32		e in full)	Sellon	silvitee	33 (Write in full)		
Computer Skills	FCIC High Sci	FCIC High School Science Club President (2014-2015)						
Customer Service Oriented	FCIC High School Yo	I IKONSIA I I IODE						
Proficient in Microsoft Office Application	FCIC College Modern	20 -11 -11 -11						
	H							
Adaptability	FCIC College Mode	ern Business Achievers Treasurer (2019-2021)						
Communication Skills								
	10							
				7				
	mappina	linue on separate	sheel if necessar	yl		March 27, 2024		

34. Are you related by consanguinity or affinity to the appointing of	r recommending authority, or to the				
chief of bureau or office or to the person who has immediate s	HELDER MED 1 (MELLE TO THE PERCENTENCE THE PERCENT AND THE PE				
Bureau or Department where you will be appointed,	The state of the s				
	1	D			
a. within the third degree?		☐ YES ☑ NO			
<ul> <li>b. within the fourth degree (for Local Government Unit - Caree</li> </ul>	r Employees)?	YES V NO			
		If YES, give details:			
		2000 C C C C C C C C C C C C C C C C C C			
35. a. Have you ever been found guilty of any administrative offen	se?	YES INO			
35. 2. Hard you drait book to all a gainly or any assistance and					
		If YES, give details:			
b. Have you been criminally charged before any court?		YES NO			
		If YES, give details:			
	and the second	Date Filed:			
	CONTRACTOR OF THE STATE OF THE	Status of Case/s:			
36. Have you ever been convicted of any crime or violation of any	law, decree, ordinance or regulation by				
any court or tribunal?		YES V NO			
		If YES, give details:			
37. Have you ever been separated from the service in any of the	following modes: resignation, retirement,	☐ YES ☑ NO			
dropped from the rolls, dismissal, termination, end of term, fini		If YES, give details:			
the public or private sector?					
38. a. Have you ever been a candidate in a national or local election	on held within the last year (except				
Barangay election)?	cit field within the last year (except	☐ YES ☑ NO			
Data igay diocustry	E MANUEL BACKET	If YES, give details:	Till and the same of the same		
b. Have you resigned from the government service during the	three (3)-month period before the last	YES NO			
election to promote/actively campaign for a national or local co		If YES, give details:			
PROPERTY AND ADMINISTRATE AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE	-ld-stafe-state				
39. Have you acquired the status of an immigrant or permanent re	esident of another country?	☐ YES ☑ NO			
70° 173 R 1940		If YES, give details (country):			
DOMESTIC CONTRACTOR OF THE PARTY OF THE PART	ELL COSTULE TO THE	HARMING FOR FOR	OR STATE OF THE ST		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr	a Carta for Disabled Persons (RA 7277):				
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a	사용에 하나 없어? 이렇게 이 이 이렇게 하나 어떻게 보고 있다. 그 사람이 아니라를 먹는 것이 없었다. 그 사람이				
Are you a member of any indigenous group?	CONTRACTOR NAME OF THE PARTY OF				
Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:			
M # 1710					
Are you a person with disability?		☐ YES ☑ NO			
		If YES, please specify ID No:			
c. Are you a solo parent?		☐ YES ☑ NO			
		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)				
NAME	ADDRESS	TEL. NO.			
NAME	ADDRESS	TEL NO.			
LOUELLA C. AMPAC	vsu	09175423297			
OUESN SUSSIV ATURAN		20472400027	0		
QUEEN-EVER Y. ATUPAN	vsu	09173108067			
JOCELYN T. CO	VSU	09151815224			
42 I declare under oath that I have personally accomplished		ue, correct and	, max		
complete statement pursuant to the provisions of pertine	[8] 아마스	Republic of the MARIA	MROPPURA NGELA M. OPPURA		
Philippines. I authorize the agency head/authorized represer		a nerein.			
agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ment and its attachments shall caus	e the hing of	PHOTO		
auminist divorcimina casars against me.					
Comment have 112 months			4 1		
Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		11 1 1 1 1 1 1 1	1180 905		
CONTRACTOR CONTRACTOR A SECURIO SALA	and only				
Government Issued ID: Philihealth ID	Lateline	(68)	al Albert		
ID/License/Passport No.: 13-253149295-5	ID/License/Passport No.: 13-253149295-5 Signature (Sign inside the bo				
	W/V	W. W			
Date/Place of Issuance: Ormoc City	Date Accomplished	Ri	ght Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhit	iting his/her validly issued government ID	as indicated above.		
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	Person Administering Oal				
	r Gradit Administrary Odi				