

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.

Print legibly. Tick appropriate boxes ☐) 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)

I. PERSONAL INFORMATION

2. SURNAME	CASPE		
FIRST NAME	STEPHANIE MAE		NAME EXTENSION (JR., SR)
MIDDLE NAME	NONE		
3. DATE OF BIRTH (mm/dd/yyyy)	12/15/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TONDO, MANILA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.5	17. RESIDENTIAL ADDRESS	MAGSAYSAY
8. WEIGHT (kg)	50	ZIP CODE	6817
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	MAGSAYSAY
10. GSIS ID NO.	N/A	ZIP CODE	6817
11. PAG-IBIG ID NO.	121196691486		
12. PHILHEALTH NO.	13-025470325-8		
13. SSS NO.	34-6685407-5	19. TELEPHONE NO.	N/A
14. TIN NO.	700-874-424-000	20. MOBILE NO.	09466362142
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	caspestephaniemae26@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	RAEKA LOUISE TAPAY	5/3/2012
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	N/A			
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME				
SURNAME	CASPE			
FIRST NAME	NOEMI			
MIDDLE NAME	BUSA			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DOLORES CENTRAL ELEMENTARY SCHOOL	ELEMENTARY	1995	2003	N/A	2003	GRADUATED
SECONDARY	DOLORES NATIONAL HIGH SCHOOL	HIGH SCHOOL	2003	2007	N/A	2007	GRADUATED
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	MATER DIVINAE GRATIAE COLLEGE	BACHELOR OF ELEMENTARY EDUCATION	2019	2023	N/A	2023	GRADUATED
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CARRER SERVICE EXAMINATION - PAPER AND PEN TEST (PROFESSIONAL LEVEL)	87.28	3/3/2024	EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL/ CIVIL SERVICE FIELD OFFICE ALANG-ALANG, BORONGAN CITY	371144	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED



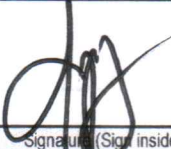
[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMMUNICATION	N/A	N/A
ABILITY TO WORK UNDER PRESSURE		
LEADERSHIP		
ADAPTABILITY		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 17, 2025	CS FORM 212 (Revised 2017), Page 3 of 4
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?		<div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: FINISHED CONTRACT</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>FOR. FLORDELIZA C. DELA CRUZ</td><td>TACLOBAN CITY</td><td>9162714996</td></tr><tr><td>FOR. IAN C. ALMAZAN</td><td>DOLORES, EASTERN SAMAR</td><td>9261007432</td></tr><tr><td>GIANNA CERNA ALMAZAN</td><td>BAYBAY CITY, LEYTE</td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	FOR. FLORDELIZA C. DELA CRUZ	TACLOBAN CITY	9162714996	FOR. IAN C. ALMAZAN	DOLORES, EASTERN SAMAR	9261007432	GIANNA CERNA ALMAZAN	BAYBAY CITY, LEYTE	
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GIANNA CERNA ALMAZAN	BAYBAY CITY, LEYTE													
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.		<div> STEPHANIE MAE CASPE</div> <div> Right Thumbmark</div>												
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVERS LICENSE</div> <div>ID/License/Passport No.: HO4-24-001544</div> <div>Date/Place of Issuance: JUNE 7, 2024/BORONGAN CITY</div>	<div> Signature (Sign inside the box)</div> <div>FEBRUARY 17, 2025</div> <div>Date Accomplished</div>													
SUBSCRIBED AND SWORN to before me this FEB 17 2025, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>JEODINARD P. NUGUIT</div> <div>Public Attorney</div> <div>(Pursuant to RA 9406)</div> <div>Person Administering Oath</div>														