

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.

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	ORDOÑA			
FIRST NAME	SHERYL SHANE	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	ACUIN			
3. DATE OF BIRTH (mm/dd/yyyy)	09/20/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: Philippines	
4. PLACE OF BIRTH	CARIGARA, LEYTE	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:	17. RESIDENTIAL ADDRESS	N/A PESCADORES House/Block/Lot No. Street N/A GUINDAPUNAN EAST Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province 6529	
7. HEIGHT (m)	1.38m	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A PESCADORES Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province 6529	
8. WEIGHT (kg)	44kg		ZIP CODE	6529
9. BLOOD TYPE	O+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	09051024036
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	sherylshaneordona@gmail.com	
12. PHILHEALTH NO.	N/A			
13. SSS NO.	06-4673543-8			
14. TIN NO.	635-551-111			
15. AGENCY EMPLOYEE NO.	N/A			

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) N/A	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	ORDOÑA			
FIRST NAME	FELICIANO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	ALVARADO			
25. MOTHER'S MAIDEN NAME	MA. MIRASOL AVESTRUZ ACUIN			
SURNAME	ORDOÑA			
FIRST NAME	MA. MIRASOL			
MIDDLE NAME	ACUIN			

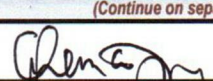
(Continue on separate sheet if necessary)

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	GUINDAPUNAN ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	GRADUATED	2012	SALUTATORIAN
SECONDARY	HOLY CROSS COLLEGE OF CARIGARA, INCORPORATED	JUNIOR HIGH SCHOOL	2012	2017	COMPLETED	2017	WITH HONORS
SECONDARY	HOLY CROSS COLLEGE OF CARIGARA, INCORPORATED	SENIOR HIGH SCHOOL	2017	2019	GRADUATED	2019	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SCIENCE IN SECONDARY EDUCATION - GENERAL SCIENCE	2019	2023	GRADUATED	2023	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE



DATE

February 24, 2025

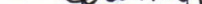
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHERS	82.40%	03/17/2024	TACLOBAN CITY	2203138	09/20/2027

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

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
07/17/2023	APRIL	TEACHER	HOLY CROSS COLLEGE OF CARIGARA, INCORPORATED	15,000	N/A	PROBATIONAL	N

[illegible]

SIGNATURE		DATE	February 25, 2025
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SILHAG KULTURA ALANG-ALANG LEYTE	05/20/2022	02/23/2025	N/A	MEMBER
	PAGLAUM HINABANG HA KASISIDMAN CARIGARA, LEYTE	12/02/2020	02/23/2025	N/A	MEMBER
	ST. FRANCIS OF ASSISI CHOIR, JAGABAN CARIGARA LEYTE	01/30/2013	05/15/2018	N/A	MEMBER
*** NOTHING FOLLOWS ***					

*** NOTHING FOLLOWS ***

(Continue on separate sheet if necessary)

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	10 DAYS BASIC COMPUTER LITERACY TRAINING (MS OFFICE WORD, MS EXCEL, POWER POINT)	01/06/25	01/17/25	80	TECHNICAL	JE MONDEJAR COMPUTER COLLEGE, INC.
	2024 IN-SERVICE TRAINING FOR SENIOR HIGH SCHOOL TEACHERS: TEACHING OF SHS CORE SUBJECTS BASED ON THE SCIENCE OF STUDENTS LEARNING	08/02/2024	08/04/2024	24	TECHNICAL	PRIVATE EDUCATION ASSISTANCE COMMITTEE

*** NOTHING FOLLOWS ***

(Continue on separate sheet if necessary)

[illegible]

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE (MS WORD, EXCEL POWERPOINT, ADOBE LIGHTROOM)		N/A	N/A
	WRITTEN AND VERBAL COMMUNICATION		N/A	N/A
	PHOTOGRAPHY		3RD PLACE WINNING COACH IN PHOTOJOURNALISM-FILIPINO (SECONDARY LEVEL) AREA SCHOOLS PRESS CONFERENCE	
	MIXED MEDIA ARTIST		3RD PLACE WINNING COACH IN EDITORIAL CARTOONING-ENGLISH (SECONDARY LEVEL) DIVISION SCHOOLS PRESS CONFERENCE	
	VOCAL MUSIC LITERATE		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

February 25, 2025

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)?

☐ YES

☒ NO

☐ YES

☒ NO

If YES, give details:

35.

a. Have you ever been found guilty of any administrative offense?

☐ 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:

36.

Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

☒ NO

If YES, give details:

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?

☒ YES

☐ NO

If YES, give details:

FINISHED CONTRACT

38.

a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES

☒ NO

If YES, give details:

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?

☐ YES

☒ NO

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 (country):

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?

☐ YES

☒ NO

If YES, please specify:

b. 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.
DOREEN C. DADACAY	CARIGARA, LEYTE	9564317521
JANICE RUTH F. TALUA	CARIGARA, LEYTE	9274793637
PATRICK M. NEPUMOCENO	CAPOOCAN, LEYTE	9123492904

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.

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

ID/License/Passport No.: 2203138

Date/Place of Issuance: 07/02/2024 TACLOBAN CITY

Signature (Sign inside the box)

02/25/2025

Date Accomplished

SHERYL SHANE A. ORDOÑA

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this MAR 03 2025, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. GRACE ANNE MORELA DE VEYR

PUBLIC ATTORNEY

EX OFFICIO

PUBLIC

Person Administering Oath

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