CS Form No. 212 Revised 2017	5=500				_			
	PERSO	NAL DAT	A SH	IEE7	Γ			
WARNING: Any misrepresentati	ion made in the Personal Data Sheet and the \	Work Experience Sheet shall	cause the filir	ng of admini	strative/crir	ninal case/s agai	nst the perso	n concerned.
READ THE ATTACHED GUIDE T	O FILLING OUT THE PERSONAL DATA SHEE	ET (PDS) BEFORE ACCOMPL	ISHING THE					
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	ABBREVIATE.	_	1. CS ID No.		(Do not fill up.	For CSC use only
2. SURNAME	ABLEN							
FIRST NAME	MARY JANE					NAME EXTENSION (JR	., SR) <b>N/A</b>	
MIDDLE NAME	DEL CARMEN							
3. DATE OF BIRTH		4C OLTIZENOLUD						
(mm/dd/yyyy)	01/30/2000	16. CITIZENSHIP		✓ Filipi	no _	· — ·	by naturali	ization
4. PLACE OF BIRTH	KANANGA, LEYTE	If holder of dual citizenship,		Pls. indicate			_ :	
5. SEX	☐ Male ☐ Female	please indicate the details.						_
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS					SAN AGUSTIN	
0 GIVIL STATUS	☐ Widowed ☐ Separated		Hou	se/Block/Lot No	).		Street POBLACION	
	Other/s:		Subdivision/Village		Barangay			
7. HEIGHT (m)	1.5		C	KANANGA ity/Municipality		LEYTE Province		
8. WEIGHT (kg)	40	ZIP CODE	6531	531				
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	House/Block/Lot No.			SAN AGUSTIN Street	
10. GSIS ID NO.	N/A		Cui	Subdivision/Village			POBLACION Barangay	
11. PAG-IBIG ID NO.	N/A			KANANGA			LEYTE	
12. PHILHEALTH NO.	N/A	ZIP CODE	6531	ity/Municipality			Province	
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
14. TIN NO.	N/A	20. MOBILE NO.	097045114416					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mjablen88	<u>3@gmail.</u>	<u>com</u>			
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI			st all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	INAME EXTENSION (JR., SR)		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	ABLEN	SR						
FIRST NAME	VICTOR ALE							
MIDDLE NAME  25. MOTHER'S MAIDEN NAME	ALE							
SURNAME	DEL CARMEN							
FIRST NAME	ADORACION						+	
MIDDLE NAME	CABIDO		(Continue on		ontinue on se	separate sheet if necessary)		
III. EDUCATIONAL BACKGE				1-			,,	_
26.		DACIC EDUCATION/DECDE	FICOURCE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/	V545	SCHOLARSHIP/
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)				UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
FLEMENTARY	VANANCA OFNITRAL COLLOCA	FI FIFTH TO		From	To		0010	1ST
ELEMENTARY	KANANGA CENTRAL SCHOOL	ELEMENTARY		2007	2013	N/A	2013	HONORABLE MENTION
SECONDARY	KANANGA NATIONAL HIGH SCHOOL	SENIOR HIGH SCHO	OL .	2013	2019	N/A	2019	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY MAIN CAMPUS	BS BIOLOGY MAJOR IN 2	BS BIOLOGY MAJOR IN ZOOLOGY		2023	N/A	2023	MAGNA CUM LAUDE, RA 7687 SCHOLARSHIP
GRADUATE STUDIES	N/A				_			

SIGNATURE

08/21/2023

DATE

IV. CIVIL S	SERVICE ELIG	BILITY							
27. CARE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE (MADE TO BE SEAMINATION / PLACE OF EXAMINATION / CONFERMENT				LICENSE (if a	pplicable)			
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
	N/A	Δ							,
		-							<del>                                     </del>
	EXPERIENCE			ntinue on separate sheet		No de Francis			
28. INCL	USIVE DATES	nt. Start from your recent					SALARY/ JOB/ PAY		GOVT
From	(mm/dd/yyyy) POSITION T (Write in full/Do not				ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/ N)
CICN	IATURE		(Cor	ntinue on separate sheet		_ <del></del>	00/04/0222		
SIGNATURE		ep			DATE		08/21/2023		

VI. VOLL	INTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	N/S		
29.	NAME & ADDRESS OF O	PRGANIZATION		/E DATES				
	(Write in ful	II)		d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
			From	То				
	N/A							
		(Con	tinue on separate :	sheet if necessary	<u>'</u>			
VII. LEA	RNING AND DEVELOPMENT (L&D)				,			
			INCLUSIVE DATES OF		Type of LE			
30.	TITLE OF LEARNING AND DEVELOPMENT INTO		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	(**************************************	., ,	From	То		Technical/etc)	(This in all)	
	N/A							
	13/75							
		(Con	tinue on separate :	sheet if necessary	1)			
VIII. OTH	HER INFORMATION							
0.4		NON	N-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31.	SPECIAL SKILLS and HOBBIES	32.	(Write	e in full)			33. (Write in full)	
	SINGING	TREASURER OF THE SU	ACTIVE GENUINE YOUTH LEADERS ASSOCIATION (AGYLA)					
	READING	PRESIDENT OF YOUNG	Accountment (Action)					
						: :=/		
	VIDEO EDITING	P	RESIDENT OF	MAIHCLUB				
		VICE-PRESIDENT O						
		+						
			tinue on separate	sheet if necessary				
	SIGNATURE	0 0			D	ATE	08/21/2023	

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				
	b. within the fourth degree (for Local Government Unit - Car	reer Employees\?	☐ YES				
	b. Within the fourth degree (for Local Covernment office Car	cor Employees):	If YES, give details:				
			ii 125, givo dotailo.				
35.	a. Have you ever been found guilty of any administrative off	ense?	TYES 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 a	ny 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 th	e following modes: resignation		_			
or.	retirement, dropped from the rolls, dismissal, termination, el		☐ YES ☑ NO If YES, give details:				
	out (abolition) in the public or private sector?						
38.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES ☑ NO				
	Barangay election)?		If YES, give details:	_			
	b. Have you resigned from the government service during the	ne three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	t resident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
				_			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna 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 INO				
b.	Are you a person with disability?		If YES, please specify:				
υ.	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 No:	_			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant)	/appointee)					
	NAME	ADDRESS	TEL. NO.				
		ADDITEGO	TEE.110.				
			(C) (D)				
12	I de deservor de la cette the teller en en en en eller en en en eller	this Danier Date Chart which is a few					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
	Philippines. I authorize the agency head/authorized repre						
	I agree that any misrepresentation made in this doct	ument and its attachments shall caus	se the filing of PHOTO				
	administrative/criminal case/s against me.			٦			
C	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		<del></del>				
	LEASE INDICATE ID Number and Date of Issuance	2					
G	overnment Issued ID: N/A	[ ]					
	)/License/Passport No.: N/A						
-	·	Signature (Sign inside the bo 08/21/2023	ox)				
L	ate/Place of Issuance: N/A	Date Accomplished	Right Thumbmark				
	CLIDCODIDED AND CMODAL to before me this	afficiall. it. it.	ing his/hor validly inqued government ID as indicated above				
	SUBSCRIBED AND SWORN to before me this	, aπiant exhibiti	ing his/her validly issued government ID as indicated above.				
		Person Administering Oath	h				