CS Form No. 212 Revised 2017	PERSOI	NAL	DAT	A SH	IEE.	T				
WARNING: Any misinterpretat	tion made in the Personal Data Sheet and the	Work Experie	ence Sheet sha	all cause the fi	iling of adm	ninistrative/	criminal case/s a	gainst the pe	erson	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BE	FORE ACCOM	PLISHING TH	E PDS FOR	м.				
Print legibly. Tick appropriate boxes	s ( $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					1. CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATION										
2. SURNAME	PRIMA						NAME EVENCION / I	O (P)	N/A	
FIRST NAME	ELAINE JEAN						NAME EXTENSION (JF	K., SK)	N/A	
MIDDLE NAME	ANDUYON									
DATE OF BIRTH     (mm/dd/yyyy)	3/8/1993	16. CITIZENSH	IIP		✓ Filipino ☐ Dual Citizenship ☐ by birth			o by naturalization		
4. PLACE OF BIRTH	Ospital ng Makati, Makati City	If holder of dual citizenship,			Pls. indicate of	country:				
5. SEX	☐ Male ✓ Female	ple	please indicate the details.					•		
6 CIVIL STATUS	✓ Single	Hous		ise/Block/Lot No.			Peacock Street Street Commonwealth			
7. HEIGHT (m)	1.57 m	1		Subdivision/Village Quezon City			Barangay Metro Manila			
8. WEIGHT (kg)	50kg	ZIP	CODE	C	ity/Municipality		1121	Province		
9. BLOOD TYPE	0	18. PERMANE						Real Street		
	-	-		Hou	se/Block/Lot N	0.		Street Hingatungan		
10. GSIS ID NO.	N/A			Sul	odivision/Villag	е		Barangay		
11. PAG-IBIG ID NO.	N/A			C	Silago ity/Municipality		Southern Leyte Province		eyte	
12. PHILHEALTH NO.	01-051985183-6	ZIP	CODE				6607			
13. SSS NO.	34-4862620-5	19. TELEPHON	IE NO.	N/A						
14. TIN NO.	462-837-847	20. MOBILE NO	D.	09171326211						
15. AGENCY EMPLOYEE NO.	OSEC-DENRB-A2-81-1998	21. E-MAIL AD	DRESS (if any)	elainejea	nprima@	yahoo.d	om_			
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	N/A			23. NAME of CH	ILDREN (Write	e full name and	d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION	ON (JR., SR) N/A		N/A			N/A		
MIDDLE NAME	N/A				N/A			1	N/A	
OCCUPATION	N/A				N/A			ı	N/A	
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS NAME N/A			N/A			N/A			
BUSINESS ADDRESS	N/A				N/A			N/A		
TELEPHONE NO.	LEPHONE NO. N/A				N/A			N/A		
24. FATHER'S SURNAME	PRIMA			N/A				N/A		
FIRST NAME	LINO	NAME EXTENSION	ON (JR., SR)	N/A			N/A			
MIDDLE NAME	TOSLOC			N/A			N/A			
25. MOTHER'S MAIDEN NAME	EDELIA FELIZARTA ANDUYON				N/A			N/A		
SURNAME	ANDUYON					N/A		N/A		
FIRST NAME FELIZARTA				N/A			N/A			
MIDDLE NAME	ANDUYON				(C	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKO	GROUND	ı			Ī			ī	SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC ED	OUCATION/DEGRE (Write in full)	ON/DEGREE/COURSE rite in full)		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	HINGATUNGAN ELEMENTARY SCHOOL	PRIMARY	RIMARY		1999	2005	GRADUATED	2005	VALEDICTO RIAN	
SECONDARY	HINGATUNGAN NATIONAL HIGH SCHOOL	L SECONDARY			2005	2009	GRADUATED	2009	VALEDICTO RIAN	
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
COLLEGE	SAINT PAUL SCHOOL OF BUSINESS AND LAW	D BACHELOR IN ACCOUNT		ANCY	2009	2014	GRADUATED	2014	N/A	
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
	(0	Continue on sepa	arate sheet if nece	essary)	<u> </u>	I		<u> </u>	l	
SIGNATURE			DATE				CS FORM 21:	2 (Revised 2017)	. Page 1 of 4	

IV. <u>CIVIL SI</u>	ERVICE ELIG	SIBILITY								
	ER SERVICE/ RA 1	1080 (BOARD/ BAR) UNDER	RATING	DATE OF		LICENSE (if applicable)				
SPECIAL LAWS/ CES/ CSEE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	RMENT	NUMBER	Date of Validity		
RA 1080 (CPA) 79.14			79.14%	10/12/2014	Santa Isabel College			0164123	3/8/2020	
N/A			N/A	N/A	N	I/A		N/A	N/A	
N/A			N/A	N/A	N	I/A		N/A	N/A	
	N/A	4	N/A	N/A	N	I/A		N/A	N/A	
	N/A	A	N/A	N/A	N	I/A		N/A	N/A	
N/A			N/A	N/A	N	I/A		N/A	N/A	
N/A			N/A	N/A	N	I/A		N/A	N/A	
V WORK F	(Continue on separate sheet if necessary)  V. WORK EXPERIENCE									
			t work) Descriptio	n of duties should	be indicated in the attach	ed Work Exp	perience shee	et.		
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TII (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPA (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
From	To	A		Environmental Ma	anagement Bureau -	48,313.00	SG 19	D	V	
11/03/2020	PRESENT	Accountant 3		National Capital F	National Capital Region  Department of Environment and Natural			Permanent	Yes	
1/8/2019		Accountant 2		Resources Department of En	,	SG 16	Permanent	Yes		
1/1/2018		Accountant 1 Accountant 1		Resources Department of En	22,149.00	SG12-1 SG12-1	Permanent	Yes Yes		
1/1/2017 3/7/2016	12/31/2017 12/31/2016	Accountant 1		Resources Department of En	21,387.00 20,651.00	SG12-1	Permanent Permanent	Yes		
12/1/2014		Accountant		Resources Bayer Business S	18,000.00	N/A		No		
N/A	N/A	N/A		bayer business o	18,000.00 N/A	N/A N/A	Regular N/A	N/A		
N/A N/A	N/A N/A	N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	
N/A	N/A N/A	N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A N/A			N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A			N/A	N/A	
N/A	N/A	N/A			N/A			N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A	(	Continue on separate s	N/A heet if necessary)	N/A	N/A	N/A	N/A	
SIGNA	ATURE		(	DATE			CS FOR	M 212 (Revised 201)	7), Page 2 of 4	
							<u> </u>			

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (	ORGANIZATIO	DN/S				
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A				
			N/A	N/A	N/A				
N/A			N/A	N/A	N/A				
		N/A	N/A	N/A	N/A				
					N/A				
N/A			N/A	N/A					
N/A			N/A	N/A	N/A				
N/A		N/A eparate sheet if n	N/A ecessary)	N/A					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include		ROGRAMS AT	TENDED		agerial positions)				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTE	D/ SPONSORED BY (Wri		
R.A 9184 Government Procurement Ref		03/25/21	0326/21	16	Technical	SCCE Training Center ( Government Procurement Policy Board)			
Public Service Values in Times of Adve	<u> </u>	2/11/21	2/26/21	8	Administrative	<b>'</b>	ce Commission		
Financial Literacy		9/16/2019	9/20/2019	40	Technical	Philippine	statistical Research and Training Institute		
GACPA Conference Seminar in Celebration of A	ccountancy Week	07/19/2018	07/19/2018	8	Technical	Governme	nt Association of Certified Public Accountants		
Roll-Out of the Financial Accounting System		05/30/2018	06/01/2018	24	Technical	Financia	I Management Services- DENR		
Orientation on Human Resource Initiatives and Programs for Excellent Public Service Delivery			02/06/2018	8	Administrative	Departme	nt of Environment and Natural Resources -Centra Office		
Handy and Updated Guide in the Audit of Procur Infrastructure Project Implementation	rement with focus on	09/25/2017	09/29/2017	40	Technical	Commissio	Commission on Audit- Region 4A		
Online Submission of Budget and Financial Acc	ountability Reports (BFARs) to	07/19/2017	07/25/2017	56	Technical	Financia	Management Services- DENR		
Gender Sensitivity Training		05/17/2017	05/18/2017	16	Administrative	Human R	Resource Development Service		
Workshop on Closing of the FY 2016 Books of A	ccounts	01/08/17	01/13/17	40	Technical	Region 4A	CALABARZON		
Conference Seminar "GACPA Moving Up A Noto	ch for Nation Building"	7/21/2016	7/21/2016	8	Technical	Governme	nt Association of Certified Public Accountants		
Seminar on Implementing the Use of Governmen National Government Agencies	nt Accounting Manual (GAM) for	5/23/2016	5/27/2016	40	Technical	Commissio	on on Audit- Region 4A		
Learning Event on Enhanced Electronic New Go (eNGAS) and Electronics Budget System (eBUD		4/25/2016	4/29/2016	40	Technical	Commission Natural Res	on on Audit and Department of Environment and sources		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A		N/A		
N/A N/A		N/A	N/A	N/A	N/A		N/A N/A		
N/A N/A N/A N/A N/A N/A N/A  (Continue on separate sheet if necessary)									
VIII. OTHER INFORMATION									
31. SPECIAL SKILLS and HOBBIES	32. NON		CADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
Microsoft Program Literate			N/A				N/A		
SAP Business Literate			N/A				N/A		
N/A			N/A				N/A		
N/A	N/A				N/A				
N/A	N/A				N/A				
N/A	N/A				N/A N/A				
N/A	N/A (Continue on separate sheet if necessary)				N/A				
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	chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	e supervision over you in the Office,					
	a. within the third degree?		☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ense?	☐ YES	✓ NO			
		If YES, give det	tails:				
	b. Have you been criminally charged before any court?	☐ YES If YES, give det	☑ NO tails:				
				Date Filed:			
20	Have you ever been convicted of any arims or violation of a	ay law doorgo ordinance or regulation		atus of Case/s:			
36.	Have you ever been convicted of any crime or violation of arby any court or tribunal?	ly law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the		☐ YES ☑ NO				
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	id of term, finished contract or phased	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during th	ne three (3)-month period before the last					
	election to promote/actively campaign for a national or local		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):				
			ii 123, give details (country).				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	please allswer the following items.	☐ YES ☑ NO				
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?		☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)					
	NAME	ADDRESS	TEL. NO.				
Emr	manuel Colocado	SGV and Co Senior Auditor	9151342793				
Leo	dina L. Laddaran	DENR Section Chief	9173960218				
	SYRUTH ACABAN	ACCOUNTANT	9062160267				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin						
	Philippines. I authorize the agency head / authorized rep	resentative to verify/validate the conten	ts stated herein. I	PHOTO			
	agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ument and its attachments shall ca	use the filing of	THOTO			
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
P	LEASE INDICATE ID Number and Date of Issuance						
H	overnment Issued ID: PRC ID	X					
H	//License/Passport No.: 0164123	x)					
D	ate/Place of Issuance: 03/08/2017 / PRC Manila	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issu	ed government ID as indicated above.			
	Г						
Person Adm							
		1 0100117 tallillillottining Oddi					
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the