## CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. Print legibly. Tick appropriate boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2. SURNAME DARO AME EXTENSION (JR., SR) JAY BRYAN FIRST NAME N/A MIDDLE NAME VALLESER 3. DATE OF BIRTH 16. CITIZENSHIP Filipino ☐ Dual Citizenship (mm/dd/yyyy) NOVEMBER 30, 1998 by birth by naturalization NAIC, CAVITE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male N/A 5. SEX Female Single Married 17. RESIDENTIAL ADDRESS 0001 CARNAVA DRIVE F. TORRALBA 6 CIVIL STATUS Widowed Separated House/Block/Lot No. COGON Other/s: Barangay TAGBILARAN CITY BOHOL 1.65 m 7. HEIGHT (m) City/Municipality 105 kg 8. WEIGHT (kg) ZIP CODE 6300 18. PERMANENT ADDRESS PUROK 4 (UPPER) 9. BLOOD TYPE O+House/Block/Lot No. TAPAL N/A 10. GSIS ID NO. Subdivision/Village Barangay **UBAY** BOHOL. N/A 11. PAG-IBIG ID NO. City/Municipality Province 12-025888544-4 12. PHILHEALTH NO. ZIP CODE 6315 06-4344999-2 13. SSS NO. N/A 19. TELEPHONE NO. 09157939382 14. TIN NO. 362629965 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 060221-16 21. E-MAIL ADDRESS (if any) jaybryan.daro30@gmail.com FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) N/A IAME EXTENSION (JR., SR) N/A N/A N/A N/A FIRST NAME MIDDLE NAME N/A N/A OCCUPATION N/AEMPLOYER/BUSINESS NAME BUSINESS ADDRESS N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME DARO AME EXTENSION (JR., SR) N/AJOSE BERNIL FIRST NAME MIDDLE NAME ABANILLA MOTHER'S MAIDEN NAME VALLESER SURNAME **MARIBEC** FIRST NAME BAYOCBOC MIDDLE NAME (Continue on separate sheet if necessary)

| 1 | III. EDUCATIONAL BACKGROUND               |                                   |   |                   |      |  |                   |                                    |
|---|---|-----------------------------------|---|-------------------|------|--|-------------------|------------------------------------|
| 2 | 6. LEVEL                                  | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)  | URSE PERIOD OF AT |      | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS |
|   |   |                                   |   | From              | То   | (ii flot graduated)                                  | RECEIVED          |                                    |
|   | ELEMENTARY                                | CAPIPISA ELEMENTARY SCHOOL        | ELEMENTARY  | 2005              | 2010 | N/A  | 2010              | N/A                                |
|   | SECONDARY                                 | TAPAL INTEGRATED SCHOOL           | SECONDARY   | 2013              | 2015 | N/A  | 2015              | 2ND<br>HONOR<br>MENTION            |
|   | VOCATIONAL /<br>TRADE COURSE              | AMAYA SCHOOL OF HOME INDUSTRIES   | FOOD TECHNOLOGY                                   | 2011              | 2013 | 3RD YEAR   | N/A               | N/A                                |
|   | COLLEGE                                   | VISAYAS STATE UNIVERSITY          | BACHELOR OF SCIENCE IN<br>BIOLOGY MAJOR IN BOTANY | 2015              | 2019 | N/A  | 2019              | N/A                                |
|   | GRADUATE STUDIES                          | N/A                               | N/A   | N/A               | N/A  | N/A  | N/A               | N/A                                |
| Г | (Continue on separate sheet if necessary) |                                   |   |                   |      |  |                   |                                    |

SIGNATURE

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| . CARE  |                                      | 1080 (BOARD/ BAR) UNDER             | RATING                                    | DATE OF                              |  |                   |  | LICENSE (if a            | pplicable)      |
|---|--------------------------------------|-------------------------------------|---|--------------------------------------|--|-------------------|--|--------------------------|-----------------|
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable) |                                      |                                     | EXAMINATION / PLACE OF EXAMINA CONFERMENT |                                      | TION / CONFE                                   | RMENT             | NUMBER   | Date o<br>Validit        |                 |
| N/A   | N/A N/A                              |                                     |   | N/A                                  | N/A  |                   |  | N/A                      | N/A             |
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|   | EXPERIENCE                           |                                     |   |                                      |  |                   |  |                          |                 |
|   | <i>yate employme.</i><br>USIVE DATES | nt. Start from your recen           | t work) Description                       | n of duties should b                 | e indicated in the attach                      | ed Work Ex        | SALARY/ JOB/ PAY                                   | t.<br>                   |                 |
| (m  | nm/dd/yyyy)                          | POSITION T<br>(Write in full/Do not |   |                                      | ENCY / OFFICE / COMPANY<br>/Do not abbreviate) | MONTHLY<br>SALARY | GRADE (if<br>applicable)& STEP<br>(Format "00-0")/ | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVIC |
| From  | То                                   |                                     |   | ,                                    | ECH VIRTUAL                                    |                   | INCREMENT  |                          | (Y/ N)          |
| 06/2021   | PRESENT                              | VIRTUAL ASSISTANT                   | (COPYWRITER)                              | ASSISTAN                             | T SERVICES                                     | 12,000            | N/A  | FULL-TIME                | N               |
| 08/2021   | 04/2022                              | EXCLUSIVE FICTION                   | WRITER                                    |                                      | ITING PTE. LTD                                 |                   | 8,000  | FREELANCE                | N               |
| 2/2020  | 06/2020                              | MEDICAL CLAIMS                      | ANALYST                                   | OUTSOURCE NETWORK<br>AND BACK OFFICE |  | 10,000            | N/A  | FULL-TIME                | N               |
|   |                                      |                                     |   |                                      |  |                   |  |                          |                 |
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| SIGN  | ATURE                                | 7-01                                | 1X/6                                      | DATE                                 | AUGUST 30, 20                                  | )22               | CS FORM 2  | 212 (Revised 2017), I    | Page 2 of       |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S |                             |                                   |                                |   |   |  |  |
|---|-----------------------------|-----------------------------------|--------------------------------|---|---|--|--|
| 29. NAME & ADDRESS OF OF (Write in full)  |                             |                                   | /E DATES<br>d/yyyy)<br>To      | NUMBER OF HOURS                         |   | POSITION / NATURE OF WORK                  |  |
| ORGANIZATION OF BIOLOGY STUDENTS  |                             |                                   | 2019                           | N/A                                     |   | SECRETARY                                  |  |
|   |                             |                                   |                                |   |   |  |  |
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| VII. LEARNING AND DEVELOPMENT (L&D)   |                             | tinue on separate s<br>ROGRAMS AT |                                | )                                       |   |  |  |
| (Start from the most recent L&D/training program and include                                    |                             | the last five (5) yea             | ars for Division C             | hief/Executive/Mana                     | gerial positions)   |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE<br>(Write in full)                                   | RVENTIONS/TRAINING PROGRAMS | ATTEN                             | DATES OF<br>IDANCE<br>Id/yyyy) | NUMBER OF HOURS                         | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full) |  |
| N/A   |                             | N/A                               | N/A                            | N/A                                     | N/A   | N/A  |  |
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|   | (Con                        | tinue on separate s               | sheet if necessary             | )<br>)                                  |   |  |  |
| VIII. OTHER INFORMATION   |                             |                                   |                                |   |   |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32.                         | -ACADEMIC DISTIN<br>(Write        | NCTIONS / RECO                 | GNITION                                 | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)    |  |  |
| N/A   | N/A                         |                                   |                                |   |   | N/A  |  |
|   |                             |                                   |                                |   |   |  |  |
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| SIGNATURE Continue on separate sheet if necessary)  DATE AUGUST 30, 2022                        |                             |                                   |                                | CS FORM 212 (Revised 2017), Page 3 of 4 |   |  |  |
|   |                             |                                   |                                |   |   |  |  |

| 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?  b. within the fourth degree (for Local Government Unit - Called Government)  | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:  |  |  |  |  |
|-----|--|--|--|--|--|--|
| 35. | a. Have you ever been found guilty of any administrative of  | YES NO If YES, give details:   |  |  |  |  |
|     | b. Have you been criminally charged before any court?  | PYES NO If YES, give details:  Date Filed:  Status of Case/s:  |  |  |  |  |
| 36. | Have you ever been convicted of any crime or violation of a by any court or tribunal?  | ☐ YES NO If YES, give details:   |  |  |  |  |
| 37. | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?   | YES NO If YES, give details:   |  |  |  |  |
| 38. | a. Have you ever been a candidate in a national or local ele<br>Barangay election)?      b. Have you resigned from the government service during the service during | ☐ YES ☐ NO If YES, give details: ☐ YES ☐ NO  |  |  |  |  |
| 39. | last election to promote/actively campaign for a national or  Have you acquired the status of an immigrant or permanen   | If YES, give details:  |  |  |  |  |
| a.  | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?  | ☐ YES ☐ NO If YES, please specify: ☐ YES ☐ NO If YES, please specify ID No: ☐ YES ☐ NO If YES, please specify ID No: |  |  |  |  |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant   | /appointee)  |  |  |  |  |
|     | NAME   | ADDRESS  | TEL. NO.                                 | ID picture taken within  |  |  |
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|     |  |  |  | With full and handwritten<br>name tag and signature over<br>printed name |  |  |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertial Philippines. I authorize the agency head / authorized repagree that any misrepresentation made in this doct administrative/criminal case/s against me.   | nent laws, rules and regulations of the presentative to verify/validate the conten                                   | e Republic of the<br>ts stated herein. I | Computer generated or photocopied picture is not acceptable  PHOTO       |  |  |
| P   | iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  **LEASE INDICATE ID Number and Date of Issuance**  overnment Issued ID: POSTAL ID   | Jelry  |  |  |  |  |
| ID  | 0/License/Passport No.: 06-4344999-2   | *  |  |  |  |  |
| D   | ate/Place of Issuance: H19210272559  |  | Right Thumbmark                          |  |  |  |
|     | SUBSCRIBED AND SWORN to before me this   | , affiant exhibiti   | ng his/her validly issued gove           | ernment ID as indicated above.   |  |  |
|     |  | Person Administering Oath  | 1  |  |  |  |
|     |  |  |  | CS FORM 212 (Revised 2017), Page 4 of 4                                  |  |  |
|     |  |  |  | ,                                  |  |  |