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.

| I. PERSONAL INFORM | ATION | | | | |
|-------------------------------|--------------------|---------------------------|----------|------------------|--------------------------|
| 2. SURNAME | SILVANO | | | | |
| FIRST NAME | GUADA MAE | | | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | RECTO | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 12/7/1998 | 16. CITIZENSHIP | | | |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE | If holder of dual citize | enship, | | Pls. indicate country: |
| 5. SEX | | please indicate the d | letails. | | |
| 6 CIVIL STATUS | | 17. RESIDENTIAL ADDRES | | | ZONE 2 |
| 0 CIVIL STATOS | | | House | e/Block/Lot No. | Street |
| | | | | | GUADALUPE |
| | | | | division/Village | Barangay |
| 7. HEIGHT (m) | 1.65 | | | BAYBAY | LEYTE |
| | | | Citv | //Municipalitv | Province |
| 8. WEIGHT (kg) | 75 | ZIP CODE | | | 6251 |
| 9. BLOOD TYPE | | 18. PERMANENT ADDRES | | | |
| | | | House | e/Block/Lot No. | Street |
| 10. GSIS ID NO. | | | | | PATAG |
| | | _ | Subo | division/Village | Barangay |
| 11. PAG-IBIG ID NO. | 1212-4820-6736 | | | BAYBAY | LEYTE |
| | | | City | //Municipality | Province |
| 12. PHILHEALTH NO. | 01-250729524-8 | ZIP CODE | | 6521 | |
| 13. SSS NO. | 34-8350718-5 | 19. TELEPHONE NO. | | | |
| 14. TIN NO. | 749-123-872 | 20. MOBILE NO. | | 09 | 965 275 9615 |
| 15. AGENCY EMPLOYEE NO. | | 21. E-MAIL ADDRESS (if ar | | guadasilv | ano98@gmail.com |
| II. FAMILY BACKGRO | UND | | | | |

| 22. SPOUSE'S SURNAME | | | 23. NAME of | CHILDREN | (Write full r | name and list all) | | IRTH (mm/dd/ yyy) |
|------------------------------|--|---|-------------|----------|----------------|--|------------------|-------------------------------------|
| FIRST NAME | | NAME EXTENSION (JR., SR) | | | | | , | ,,,, |
| MIDDLE NAME | | | | | | | | |
| OCCUPATION | | | | | | | | |
| EMPLOYER/BUSINESS NAM | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | |
| TELEPHONE NO. | | | | | | | | |
| 24. FATHER'S SURNAME | SILVANO | | | | | | | |
| FIRST NAME | DINO JOSE | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | PERNITO | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | RECTO | | | | | | | |
| FIRST NAME | EDNA | | | | | | | |
| MIDDLE NAME | MARTINEZ | | | (Conti | nue on sep | arate sheet if ned | cessary) | |
| III. EDUCATIONAL BA | CKGROUND | | | | | | ı | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGR (Write in full) | EE/COURSE | | OD OF DANCE | HIGHEST LEVEL/ JNITS EARNED (if not graduated) | YEAR RADUATED | SCHOLARSHI P/ ACADEMIC HONORS |
| | | | | From | То | (13 11111) | | RECEIVED |
| ELEMENTARY | SUN VALLEY ELEMENTARY SCHOOL | ELEMENTARY EDUC | CATION | 6/6/2005 | 4/11/2011 | | 2011 | HONORABL E MENTION |
| SECONDARY | CHRISTIAN FAITH ACADEMY OF BETTER LIVING, INC. | HIGH SCHOOL EDUC | CATION | 6/6/2011 | 3/20/2015 | | 2015 | HONORABL E MENTION |
| VOCATIONAL / TRADE COURSE | | | | | | | | |
| COLLEGE | POLYTECHNIC UNIVERSITY OF THE PHILIPPINES | BS PSYCHOLOG | GY | 6/8/2015 | 5/10/2019 | | 2019 | PRESIDENT 'S LISTER |
| GRADUATE STUDIES | | | | | | | | |
| | (Conti | nue on separate sheet if ne | cessary) | | | | | |
| SIGNATURE | Startu | ano | | DA | TE | Ma | arch 29, 2021 | 1 |

| IV. CIVIL | SERVICE | ELIGIBILITY | | | | | | | |
|------------|--------------------------|---|-----------------|-----------------------------|-------------------------------|------------------------|---|--------------------------|----------------------------|
| | | RA 1080 (BOARD/ BAR) | RATING | DATE OF | DI AGE GE EVANINA | TION / CONT | | LICENSE (if a | pplicable) |
| | | . LAWS/ CES/ CSEE ITY / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINA | ATION / CONF | ERMENI | NUMBER | Date of Validity |
| | Civil Se | ervice | 84.4 | August 4, 2019 | Diosdado Macapaga Quezo | al Elementa on City | ary School, | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | (Continu | ue on separate shee | t if necessary) | | | | |
| V. WORK | (EXPERIE | NCE | | | | | | | |
| (Include p | rivate empl | oyment. Start from | your recent wo | ork) Description | of duties should be | indicated | in the atta | nched Work E | xperience |
| 28. INCLU | SIVE DATES n/dd/yyyy) | POSITION T (Write in full/Do not | ITLE | DEPARTMENT CO | / AGENCY / OFFICE / DMPANY | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| From | То | , | , | (vvnte in full/ | Do not abbreviate) | | "00-0")/ INCREMENT | | (1/14) |

SM Engineering, Design, and

Development Corp. Mondes International Beauty

Products, Inc.

16200.00

14000.00

Regular

Training

8/13/2019

4/1/2019

5/23/2021

7/1/2019

Human Resource Assistant

Human Resource Officer

| | | | _ | _ | |
|---|--|---|---|---|------|
| , | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ł | | | |

| | | • | | | | |
|-----------|-----------|---------------------|-----------------|--|----------------|--|
| | | | | | | |
| | | | | | | |
| | (Continu | ie on separate shee | t if necessary) | | | |
| SIGNATURE | Stellians | ? | DATE | | March 29, 2021 | |

CS FORM 212 (Revised 2017), Page 2 of 4

| VI. V | OLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-G | OVERNME | NT / PEOPL | E / VOLUN | NTARY ORG | ANIZATION/S |
|-------|---|------------------|--------------------------------|--------------------|---|--|
| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | (mm/d | /E DATES d/yyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| | | From | То | | | |
| NA | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Continu | ie on separate : | sheet if necess | ary) | | |
| VII. | LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS | S/TRAINING | PROGRA | MS ATTEN | DED | |
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | ATTEN | E DATES OF DANCE d/yyyy) | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| | | From | То | | | |
| NA | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| <u> </u> | · | | | | |
|--------------------------------|------------|-------------------------|-----------------|----------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | (Continu | e on separate s | sheet if necess | ary) | |
| VIII. OTHER INFORMATION | | | | • | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-AC | ADEMIC DISTIN (Write | CTIONS / RECO | OGNITION | 33 MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (Write in full) |

| MS Office | | | Tatsulok - Alyansa ng mga Mag - Aaral sa Sikolohiyang Pilipino |
|-------------------|---------------------------------------|-------|---|
| Events Management | | | PUP - Bukluran sa Sikolohiyang Pilipino |
| Records Keeping | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (Continue on separate sheet if necess | sary) | |
| SIGNATURE | Golliano | DATE | March 29, 2021 |

CS FORM 212 (Revised 2017), Page 3 of 4

| 34. | Are you related by consanguinity or affinity to the appointing or recommending | |
|-----|---|---------------------------------|
| | Bureau or Department where you will be apppointed, | |
| | a. within the third degree? | |
| | b. within the fourth degree (for Local Government Unit - Career Employees)? | |
| | | If YES, give details: |
| | | |
| | | |
| | | |
| 35. | a. Have you ever been found guilty of any administrative offense? | |
| | | If YES, give details: |
| | | |
| | | |
| | b. Have you been criminally charged before any court? | If YES, give details: |
| | | Date Filed: |
| | | tatus of Case/s: |
| 36. | | |
| | ordinance or regulation by any court or tribunal? | If YES, give details: |
| | | |
| 37 | Have you ever been separated from the service in any of the following modes: | |
| 37. | resignation, retirement, dropped from the rolls, dismissal, termination, end of | If YES, give details: |
| | term, finished contract or phased out (abolition) in the public or private sector? | Resignation |
| 38. | a. Have you ever been a candidate in a national or local election held within the | |
| 30. | last year (except Barangay election)? | |
| | | 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, give details: |
| 39. | Have you acquired the status of an immigrant or permanent resident of another | |
| | country? | 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 | |
| | 9072) places answer the following items: | 1 |

| Are you a member of any indigenous group? Are you a person with disability? | | If YES, please s | |
|--|-------------------------------------|--------------------|--|
| Are you a solo parent? | | If YES, please s | |
| REFERENCES (Person not related by consanguinity or affir | nity to applicant /appointee) | | |
| NAME | ADDRESS | TEL. NO. | |
| Alexander A. Abungan | Baybay City | 0926 764 4289 | |
| Ana Lisa M. Recto | Baybay City | 0929 449 5603 | |
| Jesusa Jimenez | Baybay City | 0905 882 8359 | |
| I declare under oath that I have personally according | omplished this Personal Data | a Sheet which is a | РНОТО |
| 2. I declare under oath that I have personally acco | omplished this Personal Data | a Sheet which is a | РНОТО |
| Government Issued ID (i.e.Passport, SSIS, SSS, PRC, Driver's PLEASE INDICATE ID | omplished this Personal Data | a Sheet which is a | РНОТО |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's | omplished this Personal Data | a Sheet which is a | PHOTO |
| Government Issued II ID/License/Passport \(\) Output PLEASE INDICATE ID PhilHealth Output Outpu | Signature (Sign insi | and | PHOTO |
| Government Issued ID (i.e.Passport, CSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Government Issued II PhilHealth | Stattu | de the box) | PHOTO |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Government Issued II PhilHealth ID/License/Passport N 01 - 250729524 - 8 Date/Place of Issuan(August 2019/ Paranaque City | Signature (Sign insi March 29, 3 | de the box) | PHOTO issued government ID as indicated all |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Government Issued II PhilHealth ID/License/Passport N 01 - 250729524 - 8 Date/Place of Issuan(August 2019/ Paranaque City | Signature (Sign insi March 29, 3 | de the box) | |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Government Issued II PhilHealth ID/License/Passport \(\) 01 - 250729524 - 8 | Signature (Sign insi March 29, 3 | de the box) | |

CS FORM 212 (Revised 2017), Page 4 of 4