

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 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	IMPAS		
FIRST NAME	CEL-ANN JOY	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	VERUEN		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 25, 1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BRGY. SALVACION BASEY, SAMAR	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 5
7. HEIGHT (m)	1.52 m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	41 kg		GUADALUPE
9. BLOOD TYPE	B+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	1211-8404-6494		City/Municipality Province
12. PHILHEALTH NO.	13-025229074-6	18. PERMANENT ADDRESS	6521
13. SSS NO.	06-3562837-8	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	455-114-422		SALVACION
15. AGENCY EMPLOYEE NO.	N/A		Subdivision/Village Barangay
21. E-MAIL ADDRESS (if any)	celannjoy25veruen@gmail.com		BASEY SAMAR
			City/Municipality Province
19. TELEPHONE NO.	N/A	6720	
20. MOBILE NO.	0908 392 9170		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	IMPAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VIC ANGELO	NAME EXTENSION (JR., SR)	ANAI AH ANGELA V. IMPAS	JUNE 16, 2019
MIDDLE NAME	LABIAL			
OCCUPATION	MECHANICAL ENGINEER / COLLEGE INSTRUCTOR			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	VERUEN			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORPIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANOSON			
FIRST NAME	CRESILDA			
MIDDLE NAME	ALVENTO		(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	SALVACION ELEMENTARY SCHOOL	BASIC EDUCATION	1999	2005	N/A	2005	SECOND HONORABLE MENTION
SECONDARY	BASEY NATIONAL HIGH SCHOOL	BASIC EDUCATION	2005	2009	N/A	2009	ACADEMIC ACHIEVER
VOCATIONAL / TRADE COURSE	EASTERN VISAYAS TECHNICAL COLLEGE	COMPUTER HARDWARE SERVICING NC-II	2009	2009	N/A	2009	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ENTREPRENEURSHIP	2010	2016	N/A	2016	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	12/14/2023	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/14/2023	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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			
	TRAIN THE TRAINER	01/11/2018	01/13/2018	8 HRS/DAY	MANAGERIAL & TEAM TRAINING	PHILIPPINE OPPO MOBILE TECHNOLOGY, INC
	TRAIN THE TRAINER	09/29/2017	10/1/2017	8 HRS/DAY	MANAGERIAL & TEAM TRAINING	PHILIPPINE OPPO MOBILE TECHNOLOGY, INC
	ENTREPRENUERSHIP GOALS: GENERATING OPPORTUNITIES AND ACHIEVEMENTS FOR LEADERSHIP SUCCESS	03/10/2016	03/10/2016	8 HOURS	SKILLS TRAINING	COLLEGE OF BUSINESS AND ENTREPRENUERSHP EASTERN VISAYAS STATE UNIVESITY
	CONSUMER EDUCATION SEMINAR	10/09/2016	10/09/2016	4 HOURS	SOFT SKILLS	DEPARTMENT OF TRADE AND INDUSTRY (DTI) AND EASTERN VISAYAS STATE UNIVERSITY
	PUBLIC RELATION: ETHICS AND PROFESSIONALISM	08/03/2015	08/03/2015	4 HOURS	SOFT SKILLS	COLLEGE OF BUSINESS AND ENTREPRENUERSHP EASTERN VISAYAS STATE UNIVESITY
	RESEARCH: UNDERSTANDING PUBLIC OPINION	08/17/2015	08/17/2015	4 HOURS	SOFT SKILLS	COLLEGE OF BUSINESS AND ENTREPRENEURSHIP EASTERN VISAYAS STATE UNIVERSITY
	IMPORT AND EXPORT: IT'S ROLE IN ECONOMIC DEVELOPMENT	10/16/2015	10/16/2015	4 HOURS	SOFT SKILLS	COLLEGE OF BUSINESS AND ENTREPRENEURSHIP EASTERN VISAYAS STATE UNIVERSITY
	HOW TO ORGANIZE A SEMINAR	12/17/2015	12/17/2015	4 HOURS	TECHNICAL	COLLEGE OF BUSINESS AND ENTREPRENEURSHIP EASTERN VISAYAS STATE UNIVERSITY
	WIWAG BUSINESS WEEK	06/16/2014	06/19/2014	8 HRS/DAY	SKILLS TRAINING/ MANAGERIAL	EMBASSY OF SWITZERLAND

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	MICROSOFT OFFICE OPERATION		N/A		N/A
	PLAYING BADMINTON				

(Continue on separate sheet if necessary)

<div>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)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>													
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>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?</div>		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: RESIGNATION</div></div>													
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>													
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>													
<div>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? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>													
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>JENNIELYN LUMOLJO</td><td>QUEZON CITY</td><td>09178558170</td></tr><tr><td>DARWIN G. NAVARROSA</td><td>BASEY, SAMAR</td><td>09667365117</td></tr><tr><td>MA. ARIAN DELA CRUZ</td><td>BASEY, SAMAR</td><td>09518045767</td></tr></table>				NAME	ADDRESS	TEL. NO.	JENNIELYN LUMOLJO	QUEZON CITY	09178558170	DARWIN G. NAVARROSA	BASEY, SAMAR	09667365117	MA. ARIAN DELA CRUZ	BASEY, SAMAR	09518045767
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MA. ARIAN DELA CRUZ	BASEY, SAMAR	09518045767													
<div>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.</div>		<div><div><div>CEL-ANN JOY V. IMPAS</div>PHOTO</div><div><div><div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: PHILIPPINE IDENTIFICATION CARD</div><div>ID/License/Passport No.: 3287-3103-8201-7680</div><div>Date/Place of Issuance: AUGUST 7, 2022</div></div><div><div><div>Signature (Sign inside the box)</div><div>12/14/2023</div><div>Date Accomplished</div></div><div><div></div><div>Right Thumbmark</div></div></div></div></div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>															

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.


2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

- Duration: Apr. 4, 2018 – Feb. 09, 2019
- Position: Center Supervisor
- Name of Office/Unit: International Cultural Studies and Education Corp.
- Immediate Supervisor: Mr. Ramon Erwin Gathalian
- Name of Agency/Organization and Location: Mandaue City, Cebu

- Summary of Actual Duties
 - Responsible for the over-all operations of the office
 - Process business permit renewal
 - Supervise examination conducted.
 - Perform office maintenance.
 - Making reports and payroll
 - Inventory of office materials and equipment
 - Respond queries to medical students enrolled.
 - Process admission to student’s reviewee
 - Performing other related functions.

- Duration: Jul 11, 2017 – Mar. 30, 2018
- Position: Training Head
- Name of Office/Unit: Philippine Oppo Mobile Technology Inc.
- Immediate Supervisor: Mr. Dong Mao
- Name of Agency/Organization and Location: Tacloban City

- Summary of Actual Duties
 - Conducting trainings to promoters
 - Making daily and monthly sales report
 - Attending trainings in the head office
 - Selling oppo products
 - Traveling to various oppo stores for shop visit and inspection
 - Conducting monthly meetings to executive personnel


CEL-ANN JOY V. IMPAS
(Signature over Printed Name
of Employee/Applicant)

Date: December 14, 2023