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 ι

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 1 PERSONAL INFORMATION PIDO 2. SURNAME NAME EXTENSION (JR., SR) **MARIA SHERIN** FIRST NAME UTRERA MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) 30/08/1987 ✓ by birth □ by naturaliza 4. PLACE OF BIRTH HINDANG, LEYTE If holder of dual citizenship, Pls. indicate country: ✓ Female 5. SEX ☐ Male ☐ Single 17. RESIDENTIAL ADDRESS M.L QUEZON ✓ Married 6 CIVIL STATUS House/Block/Lot No Street ☐ Widowed □ Separated ZONE 17 Other/s: Subdivision/Village Barangay BAYBAY CITY **LEYTE** 7. HEIGHT (m) 1.55 City/Municipality 56 ZIP CODE 6521 8. WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No Street **UPPER TAGBIBI** 10. GSIS ID NO. n/a Subdivision/Village Barangay HINDANG LFYTF 11. PAG-IBIG ID NO. 121208867028 City/Municipality Province 12. PHILHEALTH NO. 120505634425 ZIP CODE 6523 13. SSS NO 0626420598 19. TELEPHONE NO. N/A 14. TIN NO. 711444792 20. MOBILE NO. 09306340351 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) n/a utreramariasherin@rocketmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME PIDO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRT NAME EXTENSION (JR., SR) **ELROND ELLA ARWEN U. PIDO** FIRST NAME 01/28 MIDDLE NAME **OLMEDO** OCCUPATION **AREA COORDINATOR** DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT EMPLOYER/BUSINESS NAME BUSINESS ADDRESS M.J. CUENCO ST., CEBU CITY TELEPHONE NO n/a FATHER'S SURNAME UTRERA NAME EXTENSION (JR., SR) FIRST NAME **EFREN** MIDDLE NAME MORETE 25. MOTHER'S MAIDEN NAME SURNAME **GERMO** FIRST NAME MINDA MIDDLE NAME BANDALAN (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** HIGHEST LEVEL/ PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YFAR LEVEL UNITS EARNED GRADUATED (Write in full) (Write in full) (if not graduated) From То HINDANG CENTRAL SCHOOL **ELEMENTARY** PRIMARY EDUCATION 2000 1995 2000 **BUANOY NATIONAL HIGH SCHOOL** 2004 SECONDARY HIGH SCHOOL 2000 2004 VOCATIONAL / **TECHNICAL EDUCATION AND SKILLS** TRADE COURSE **DEVELOPMENT AUTHORITY**

COLLEGE	UNIVERSITY OF THE VISAYAS BACHELOR OF SECONDARY EDUCATION		2013	2017		2017
GRADUATE STUDIES	ADUATE STUDIES CEBU TECHNOLOGICAL UNIVERSITY MASTER OF EDUCATION		2019	2021	30	
(Continue on separate sheet if necessary)						
SIGNATURE			DA	TE		

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IV. CIVIL S	ERVICE ELIG	GIBILITY						
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING DATE OF				LICENSE (if ap		
		(If Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT		TION / CONFERMENT		NUMBER	
Licensure Examination for Teacher		77.2	Сери		u City		1652504	
			(0.					
V. WORK	EXPERIENCE		(Coi	ntinue on separate sheet	п necessary)			
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe		
	USIVE DATES nm/dd/yyyy) To	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT
06/10/2009	03/31/2020	Teache	er	Consolatrix College of Toledo City		9500.00		CONTRACT
08/23/18	10/02/2018	SUBSTITUTE T	EACHER	DEPARTMENT OF EDUCATION				
01/09/2017	01/12/2017	COMMUNITY DEVELOPI	MENT ASSISTANT	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT		18000.00		CONTRACT
07/01/2008	09/01/2008	SALES	;	BENS LECHON AND RESTAURANT		4500.00		CONTRACT
08/30/2006	12/0/2007	OFFICE ST	AFF	CLAN ADVANCE GENERAL SERVICES CORPORATION		5060.00		CONTRACT
01011	ATURE	i I	(Col	ntinue on separate sheet				
SIGNATURE					DATE			S FORM 212 (Revised 2)

plicable) Date of Validity 08/30/2024 GOV'T SERVICE (Y/ N) NO YES YES NO NO

VI. VC	DLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / \	VOLUNTARY	ORGANIZATIO	N/S	
29.	NAME & ADDRESS OF ((Write in fu			IVE DATES /dd/yyyy)	NUMBER OF HOURS	POS	
	(write iii iu	II)	From	To			1 001110
	N/A						
		(Co.	ntinue on separate	sheet if necessar	v)		
VII. L	EARNING AND DEVELOPMENT (L&D						
(Start fro	om the most recent L&D/training program and include	de only the relevant L&D/training taken for t	he last five (5) yea	rs for Division Chi	ef/Executive/Manage	erial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INT	EDVENTIONS/TDAINING DDOCDAMS		E DATES OF		Type of LD	
00.	(Write in fu		(mm/dd/yyyy)		NUMBER OF HOURS	Supervisory/	
			From	То		Technical/etc)	
BASIC	COMPUTER LITERACY		05/15/2023	05/25/2023	80.0		ELTECH LE
COVID	19 CHANGING HOW WE EDUCATE FUTURE (GENERATIONS	05/01/2020	05/01/2020	1.0		ABIVA PUE
AFFIRM	MING VICTORY OVER LIFE'S BATTLES		04/29/2020	04/29/2020	1.0		ABIVA PUE
INSTILI	LING GOOD HABITS THROUGH SOCIAL MEDI	Δ	04/28/2020	04/28/2020	1.0		ABIVA PUE
CONVE	RGENCE THEORY OF LEARNING		04/27/2020	04/27/2020	1.0		ABIVA PUE
COMPL	JTER SKILLS		04/06/2019	05/05/2019	80.0		Colegio de Supervised
Housek	ceeping NCII		09/26/2018	11/03/2018	436.0		MGBSDCI
					1		
		(Co.	l ntinue on separate	sheet if necessar	y)		
VIII. (OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON		INCTIONS / RECO	GNITION		33. MEN
01.	or Edine Oriced and Hobbied	JZ.	(Wr	ite in full)			50.
	PLAYING BADMINTON, BAKING		n/	'a			<u></u>
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SIGNATURE	DATE	

N / NATURE OF WORK
CONDUCTED/ SPONSORED BY (Write in full)
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LISHING HOUSE
LISHING HOUSE
LISHING HOUSE
San Antonio De Padua- De La Salle
School
BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
n/a

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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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?			☐ YES ☑ N ☐ YES ☑ N If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	YES V N	IO				
	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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find in the public or private sector?	✓ YES ☐ NO If YES, give details: Finished Contract					
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, 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?	Ü	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No:				
b.	Are you a person with disability?						
C.	Are you a solo parent?			▼ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)	_				
	NAME	ADDRESS	TEL. NO.	ID picture taken within			
SR .	JOSEPHINE D. ATIVO	TOLEDO CITY	4668771	the last 6 months 3.5 cm. X 4.5 cm			
	ARNO MONTEMAYOR	ALOGUINSAN, CEBU	09264617796	(passport size)			
	ALFIE ARDILLO I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the	With full and handwritten name tag and signature over printed name Computer generated			
	Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.			РНОТО			
PL	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC						
H	/License/Passport No.: 1652504						
Н	ate/Place of Issuance: ORMOC CITY	Signature (Sign inside the bo	ox)	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	Γ	·					
Person Administering Oath			h				