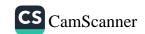
CS Form No. 212 Revised 2017	PERSON	NAL DAT	A SH	IEET	Γ			
VARNING: Any misrepresentati	ion made in the Personal Data Sheet and the W	Vork Experience Sheet sha	II cause the fil	ing of admir	istrative/cr	iminal case/s aga	ainst the pers	on concerne
	TO FILLING OUT THE PERSONAL DATA SHEE							
	() and 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 on
PERSONAL NEORI, A 101 2. SURNAME								
	BIGCAL				-	NAME EXTENSION (J	R. SR)	
FIRST NAME	MARINELYN							
MIDDLE NAME	VALENZONA							
3. DATE OF BIRTH (mm/dd/yyyy)	DU-BO-1993	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:					
4. PLACE OF BIRTH	MAYDAY LITY	If holder of dual citizenship, please Indicate the details						
5. SEX	☐ Male ☐ Female							
6 CIVIL STATUS	☐ Single ☐ Married	17 RESIDENTIAL ADDRESS	Π				st- 50s	EPH
	☐ Widowed ☐ Separated ☐ Other/s: COMOMON AW	Sc		use/Block/Lot No. ubdivision/Village			Street MAYPATAG Barangay	
7 HEIGHT (m)	153			BAYBA		LETTE Province		
8. WEIGHT (kg)	75	(JT2) ZIP CODE	City/Municipality				FIOVINCE	
9 BLOOD TYPE	/ 3	18. PERMANENT ADDRESS					ST. JU	UFPH
			Нои	se/Block/Lot No	, — , — ,		Street MAYP4T	and the same
10. GSIS ID NO.				bdivision/Village		Barangay		
11 PAG-IBIG ID NO.		4521		b470A ity/Municipality	/	Province		
12. PHILHEALTH NO.	13-2029577-08-21	ZIP CODE						
13. SSS NO.		19. TELEPHONE NO.						
14. TIN NO.	677-581-402-00000	20. MOBILE NO.	09485889443 mavindbiacal 920m c					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	maxin	elbiaca	1930M	ail-com	JANE	
II. FAMILY BAOKGROUND				.Qir oje				
22. SPOUSE'S SURNAME			23. NAME of CHI	LDREN (Write	full name and li	st all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR, SR)		LANN B. DELA CERNA			11-21-2010	
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	BIGGL							
FIRST NAME	VALENTH	NAME EXTENSION (JR., SR)						
MIDDLE NAME	PASOHIL							
25. MOTHER'S MAIDEN NAME								
SURNAME	ANOSHENA							
FIRST NAME	THELMA							
MIDDLE NAME	MENOEZ				(Continue on separate sheet if necessary)			
III. (EDUCATIONAL BACKE								
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	MATPHAG FLEM. SCHOOL	ElBM- GRADUATE		2000	20004		2006	30d lton
SECONDARY	BATBAY NATIONAL HIGHSCH			2004	2001D		2.10	HOHE
VOCATIONAL /							2010	
TRADE COURSE COLLEGE	NONE	HOHE		None	NOHE		Hena	HOHE
GRADUATE STUDIES	VISAMAS STATE WHIVETED			2010	2023		2023	HONE
		MSA - MATOR ontinue on separate sheet if nece	THE REAL PROPERTY.	<u> </u>				
SIGNATURE	×11020			DA	TE	10-6	4-25	-



27 CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF		TION (CO. T.	MATAIT	LICENSE (if ap	plicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION / CONFERMENT	ITION / CONFER	RMENT	NUMBER	Date of Validity			
HOHE MOHE		NOHE	Nohe			HONE	HOHE		
								1.0=14=	
		Market Art St.							
V. WORK E	XPERIENCE		(Cor	tinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Description	of duties should be	indicated in the attache	d Work Expe	rience sheet.		
	SIVE DATES n/dd/yyyy)	POSITION 1		DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	То	(Write in full/Do not	abbreviate)	(Write in full	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
4/20124	4 40/24	FIEDD ENUN	NEDRATETZ	KEA Mana	17,010.00		Contraction	NO	
		Cogarterino do	ita of		cy Services				MO
		coconut farmirs Deni.)							
uleler	8/13/25			Departm	nt of Soual	11,000.01)	Contractul	TES
		C printing, encoding,		worlur and Develop		- Albays			
		geotagging, evaluating		nent.					
		10	,		1000000				
	i en	Proce farmers beneficial		And regarded with your in him has also have been a regarded.					
		of PSMSA							
		1 15.75							
		Times .							
						ATT			
									Losson
						9-10-1			
			(Co)	ntinue on separate sheet	if necessary)				
SIGNA	TURE		>me		DATE	10	-04-7	5	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
Notife	VAUR	hohs	HONE		John T.		
		Hiterapped and					
(Con II. LEARNING AND DEVELORMENT (LSD) INTERVENTIONS TRAINING PR		l shoot if necessary) [기자]					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
REPRESHETC. COURSE ON BUFFALO	8/19/25		ll hrs.		PHILIPPINE CARABAO		
PRODUCTION MANAGEMENT NRBAN AGRICULTURAL TRAINING ON	8/20/25	x120k5	e hors.		CINTER CITY OF A GIZIULTING		
VEGETABLE PRODUCTION	e, hala.	& lister	W herros.		ANTH of MOVE THE		
VEGETABLE PRODUCTION MANAGEMENT A RUCE BASED INTERPRATED FRAMING	8110105	9 113/25	ity pears.		CITY OF ABARICAIDARE		
AGRICULTURAL INTERVENTION PROFRAM							
PULE MACHINEIS OPERATION NCIL	4)1/25	519ks	232hrs		TESDA		
AGRICULTURAL CPPOP PRODUCTION WICH					TESDA		
ORGANIC AGRICULTURAL PRODUCTION HUM	2/19/25	4///125	252 hrs		Tos Pot		
(Cor	tinue on separate	sheet if necessary					
VII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES 32. NON		NCTIONS / RECOG	GNITION		33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
				V. 1.			
SIGNATURE (Con	tinue on separate	sheet if necessary		ATE	10-24-25		



34 Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Called Covernment)	☐ 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?	☐ YES NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of any court or tribunal?	☐ YES ☑NO If YES, give details:				
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	☐ YES ☐ NO If YES, give details:				
a. Have you ever been a candidate in a national or local e Barangay election)? b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☐ NO If YES, give details: ☐ YES ☐ YO				
39. Have you acquired the status of an immigrant or permane	If YES, give details: NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897); a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES ☐ NO If YES, please specify: ☐ YES ☐ NO If YES, please specify ID No: ☐ YES ☐ NO ☐ YES ☐ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)	II 1 LO, picase specify ID No.			
NAME	ADDRESS	TEL. NO.			
MYRNA M. AUDUFSLA	MRGY. MASUCUL	09619611 12			
ENG. PAY S. CLAZO	MOY - BUDON	09122005578			
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized repre agree that any misrepresentation made in this do administrative/criminal case/s against me.	inent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the od herein.			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: POSTAL ID	The state of the s				
ID/License/Passport No.: I 0 5 Z 5 U 0 2 1 (13 P) Date/Place of Issuance: KM 24-2024 / brond City	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above			
	h				

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

