CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE.	Т				
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the W	Vork Experience Sheet shall	cause the filin	g of admini	strative/crim	inal case/s again:	st the person o	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE			PDS FORM.	1. CS ID No.	1	(Do not fill up. I	For CSC use only	
I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate N/	A II not applicable. DO NOT AB	DREVIATE.		T. CS ID NO.		(Do not niii up. 1	or coc use only	
2. SURNAME	AQUINO								
FIRST NAME	ANA MAE						N/A		
MIDDLE NAME	WALES								
3. DATE OF BIRTH		16. CITIZENSHIP							
(mm/dd/yyyy)	20/11/1994					☑ by birth ☐ by naturalization			
4. PLACE OF BIRTH	MERCEDES, SILAGO, SOUTHERN LEYTE	If holder of dual citizer			Pls. indicate of	indicate country:			
5. SEX	☐ Male ☑ Female	please maleate the de	Philippine					•	
6 CIVIL STATUS	✓ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	LIBATON COLLEGE HOME House/Block/Lot No. Subdivision/Village		Street GUADALUPE Barangay				
7. HEIGHT (m)	1.52		BAYBAY		YBAY CITY		LEYTE		
8. WEIGHT (kg)	45	ZIP CODE		City/Municipality 6521			Province		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS				PUROK IV			
			Ног	House/Block/Lot No.			Street MERCEDES		
10. GSIS ID NO.	N/A		Su	bdivision/Villag			Barangay DUTHERN LEYTE		
11. PAG-IBIG ID NO.	N/A		С	ity/Municipality			Province		
12. PHILHEALTH NO.	N/A	ZIP CODE	6607						
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A				
14. TIN NO.	713-540-843	20. MOBILE NO.		09510348046					
15. AGENCY EMPLOYEE NO.	DYEE NO. N/A 21. E-MAIL ADDRESS (if any) meiwaquino@gmail.com								
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	e full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	N/A	N/A N/A		N/A			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A	N/A							
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ER'S SURNAME AQUINO								
FIRST NAME	ANTONIO	N/A							
MIDDLE NAME	RUIZ								
25. MOTHER'S MAIDEN NAME	25. MOTHER'S MAIDEN NAME								
SURNAME	WALES								
FIRST NAME	YONE								
MIDDLE NAME	MAKILING		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND	1							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	AWAYON ELEMENTARY SCHOOL	PRIMARY EDUCAT	ION	2001	2007	N/A	2007	VALEDICTORIAN	
SECONDARY	MERCEDES NATIONAL HIGH SCHOOL	TIONAL HIGH SCHOOL HIGH SCHO		2007	2011	N/A	2011	VALEDICTORIAN	
VOCATIONAL / TRADE COURSE	ARTECHE NATIONAL AGRICULTURAL SCHOOL	ORGANIC AGRICULTURE PRO	DUCTION NC II	03/06/17	03/10/17	N/A	2017	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL ENG	GINEERING	2011	2016	N/A	2016	CHED FULL MERIT	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS SOIL SCIENC		2019	PRESENT (for residency)	N/A	N/A	DOST- ASTHRDP	
SIGNATURE	(0	Continue on separate sheet if nec	essary)	0.	4 <i>TE</i>	Δι	gust 27, 202	1	
GIGNATURE					-11-	Au	yusi 21, 202	ı	

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF	DLACE OF EVAMINATION / CONFEDMENT			LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICENSURE EXAMINATION FOR PROFESSIONAL AGRICULTURAL ENGINEER			N/A	08/16-17/2016	HOLY SPIRIT CO	HOLY SPIRIT COLLEGE - MANILA			20/11/2024
ACTION LENGINEER									
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employmen	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TI			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not		(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
01/09/2017	09/12/2018	ADMINISTRATIV	VE AIDE I	LGU	I - SILAGO	6,748.50	N/A	CASUAL	YES
09/17/2018	08/31/2019	AGRICULTURAL TEC	CHNOLOGIST I	LGU	I - SILAGO	13,119.50	SG 10	PERMANENT	YES
			(Cor	ntinue on separate sheet					
SIGNA	ATURE				DATE		August 27, 2	021	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIV (mm/de		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
(Continue on separate sheet if necessary) II. 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 th			Executive/Manager			
30. TITLE OF LEARNING AND DEVELOPMENT INTEF (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/do	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical/etc)		
ISLAND-WIDE TECHNICAL BRIEFING AND CON	ISULTATION FOR THE LOCAL	From	To	0.4	T501111041	PUREAU OF COULS AND WATER MANAGENERIT	
GOVERNMENT UNITS (LGUs) ON BSWM P CAPABILITY DEVELOPMENT: A WORKSHOP ON MOD	ROGRAMS & PROJECTS	21/09/2017	23/09/2017	24	TECHNICAL	BUREAU OF SOILS AND WATER MANAGEMENT	
REHABILITATION & RECONSTRUC		29/08/2017	31/08/2017	24	TECHNICAL	DEPARTMENT OF AGRICULTURE VIII DEPARTMENT OF AGRICULTURE VIII &	
RICE CROP MANAGER (REFRES		20/07/2017	21/07/2017	16	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE	
IN-HOUSE BRIEFING/ORIENTATION OF		08/06/2017	09/06/2017	16	TECHNICAL	DEPARTMENT OF AGRICULTURE VIII	
ROLL OUT TRAINING FOR RICE C	ROP MANAGER	21/03/2017	23/03/2017	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE	
	(Con	tinue on separate s	heet 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)	
COMPUTER SKILLS	N/A					PHILIPPINE SOCIETY OF AGRICULTURAL AND BIOSYSTEMS ENGINEERS	
	(Continue on separate sheet if necessary)						
SIGNATURE	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE August 27, 2021 CS FORM 212 (Revised 2017), Page 3			

34.	Are you related by consanguinity or affinity to the appointin 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 - Ca	reer Employees\2	☐ YES ☑	
	5. Within the load to degree (for Load) Government of the Go	iloor Employoco):	If YES, give details:	NO
				N/A
35.	a. Have you ever been found guilty of any administrative of	fense?	☐ YES ☑	NO
			If YES, give details:	N/A
				IV/A
	b. Have you been criminally charged before any court?		☐ YES ☑ If YES, give details:	NO
			Date Filed:	N/A
			Status of Case/s:	N/A
36.	Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation by	☐ YES ✓] NO
	any court or tribunal?	If YES, give details:		
				N/A
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term,		☐ YES ☑ If YES, give details:] NO
	in the public or private sector?	milioned contract of phased out (asomion)	——————————————————————————————————————	
38.	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	YES [✓ NO
	Barangay election)?		If YES, give details: _	N/A
	b. Have you resigned from the government service during t	· · ·		✓ NO
	election to promote/actively campaign for a national or loca		If YES, give details: _	N/A
39.	Have you acquired the status of an immigrant or permanen	it resident of another country?	☐ YES [If YES, give details (co	✓ NO
			II TES, give details (co	N/A
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas	•		
a.	Are you a member of any indigenous group?		□ vcc	
	The year a member of any margenede group.		YES If YES, please specify:	☑ NO N/A
b.	Are you a person with disability?		NO NI/A	
C.	Are you a solo parent?	If YES, please specify ID	No: N/A NO	
			If YES, please specify ID	
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)		
	NAME	ADDRESS	TEL. NO.	
	DR. ROBERTO C. GUARTE	VISCA, BAYBAY CITY, LEYTE	0917 310 8078	
	DR. DANIEL LESLIE S. TAN	VISCA, BAYBAY CITY, LEYTE	0919 593 4633	
	DR. BEATRIZ C. JADINA	VISCA, BAYBAY CITY, LEYTE	0917 420 4416	
42.	I declare under oath that I have personally accomplish-		rue, correct and	
	complete statement pursuant to the provisions of perti		-	
	Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this doc	•		
	administrative/criminal case/s against me.		-	
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	<u></u>		
	LEASE INDICATE ID Number and Date of Issuance			
Go	overnment Issued ID: PRC			
ID	/License/Passport No.: 0008610	Signature (Sign inside the b	ox)	
Da	ate/Place of Issuance: 09/29/2016/ MANILA	08/27/2021 Date Accomplished		Right Thumbmark
	OUROCOURTS AND OWERSALL I.	"		
	SUBSCRIBED AND SWORN to before me this	, attiant exhibi	ung nis/ner validly issued gove	ernment ID as indicated above.
		Person Administering Oat	h	
	L	reison Administering Oat	11	