CS Form No. 212										
Revised 2017		PERSON	NAL DAT	A SH	IEET	Γ				
NARNING: Any misrepresentat concerned. READ THE ATTACHED GUIDE							/criminal case/s	against the p	person	
Print legibly. Tick appropriate boxes	_					1. CS ID No.		(Do not fill up. F	or CSC use only)	
. PERSONAL INFORMATIO	N									
2. SURNAME	AÑANO									
FIRST NAME	ROWELLA						NAME EXTENSION (JR	t., SR)		
MIDDLE NAME	RABE									
3. DATE OF BIRTH (mm/dd/yyyy)	26/05/1999		16. CITIZENSHIP	☐ Filipino ☐ Dual Citizenship				zation		
4. PLACE OF BIRTH	PHASE II MATINA DAVAO CITY		If holder of dual citizenship,		_by birth _by naturalization Pls. indicate country:					
5. SEX	Male	Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	Married	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot No	1		Street		
	☐ Widowed ☐ Other/s:	Separated								
7. HEIGHT (m)		1.53			odivision/Village	9		Barangay		
8. WEIGHT (kg)		53	ZIP CODE	Ci	ty/Municipality			Province		
9. BLOOD TYPE			18. PERMANENT ADDRESS				С	V ALCUINO ST		
IO. GSIS ID NO.				House/Block/Lot No. CENTRA			TRAL POBLACIO	Street RAL POBLACION		
11. PAG-IBIG ID NO.					HILONG			Barangay LEYTE		
2. PHILHEALTH NO.			ZIP CODE	Ci	ty/Municipality 6524			Province		
3. SSS NO.			19. TELEPHONE NO.							
4. TIN NO.			20. MOBILE NO.			09	067556794			
5. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		ro	<u>wellaana</u>	no5@gmail.d	<u>com</u>		
I. FAMILY BACKGROUND										
2. SPOUSE'S SURNAME				23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION (JR., SR)							
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME		AÑANO								
FIRST NAME	F	ROEL	NAME EXTENSION (JR., SR)							
MIDDLE NAME		BALTAZAR								
5. MOTHER'S MAIDEN NAME		MONALIZA RABE								
SURNAME		RABE								
FIRST NAME		MONALIZA								
MIDDLE NAME		FLORES			(Co	ontinue on ser	parate sheet if neces	sarv)		
II. EDUCATIONAL BACKGI	ROUND	120120			(,,	_	
26. LEVEL	NAME (OF SCHOOL ite in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF F	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	MATAPAY FI F	MENTARY SCHOOL			From 6/2007	To 01/03/2012	,		3RD HONOR	
SECONDARY		ONAL HIGHSCHOOL	HUMANITIES AND SOCIAL S	SCIENCES	01/06/2016	01/04/2018			WITH	
VOCATIONAL /	AMERICAN IN		AITHEO AIRD GOOIAL S		31/30/2010	3 1/V4/2U 10			HONORS	
TRADE COURSE	VICAVAC OT	ATE UNIVERSITY	DOED COCIAL CTU	nies	04/09/2042	42/00/2000				
COLLEGE	VISATASSI	ATE UNIVERSITY	BSED SOCIAL STUI	JIEO .	01/08/2018	12/08/2022				
GRADUATE STUDIES		(C)	ontinue on separate sheet if nece	essarv)						
CICNATURE	Jan.	wella	and on Jopanico Sheet ii Hect		54	TE		A 07 0000		

.7. CAREE	ERVICE ELIGIBILITY ER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			DATE OF	ATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	TION / CONFE	RMENT	NUMBER	Date of		
DAN	KANGAT ELIGIBILI	11 / DRIVER'S LICENSE		CONFERMENT					Validit	
			(Co.	ntinue on separate sheet	if necessary)					
/. WORK E	XPERIENCE									
		nt. Start from your rece	nt work) Description	on of duties should l	be indicated in the attach	ned Work Ex		et.		
	SIVE DATES n/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV" SERVIO	
From	То	(Write in full/Do not	abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)	
28/09/2022	01/02/2023	PART TIME INS	TRUCTOR		F LIBERAL ARTS AND	13000.00	02-6	CONTRACTUAL	Υ	
				BEHAVIO	RAL SCIENCES F LIBERAL ARTS AND					
2/15/2023	6/25/2023	PART TIME INS	TRUCTOR		RAL SCIENCES	13000.00	02-6	CONTRACTUAL	Υ	
							-			
							ļ			
							<u> </u>		L	
							1			
				ntinue on separate sheet	if necessary)		•			
SIGNA	TURE	Zo	mella		DATE			MARCH 27. 2023		

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	То	NOMEDIA OF THOSE	POSITION / NATURE OF WORK		
N/A							
	(Continue o	n separate sheet if	necessary)				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu	INTERVENTIONS/TRAINING PR	ROGRAMS AT	TENDED	Chief/Executive/Ma	anagerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	NI CONTRACTION	From	То			PHILIPPINE ASSOCIATION FOR	
ANNUAL STUDENT TEACHERS		26/03/2022	26/03/2022	8.0	TECHNICAL	TEACHERS AND EDUCATORS	
INSTRUCTIONAL RESOURCES IN F	REMOTE LEARNING	19/11/2021	19/11/2021	3.0	TECHNICAL	VSU- DTE	
ASSESSMENT STRATEGIES IN FL	EXIBLE LEARNING	14/10/2021	14/10/2021	3.0	TECHNICAL	VSU- DTE	
TEACHING IN THE NEW	NORMAL	24/09/2021	24/09/2021	3.0	TECHNICAL	VSU- DTE	
	(Continue o	n separate sheet if	necessary)				
VIII. OTHER INFORMATION			,,				
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION ASSOCIATION/ORGANIZATION (Write in full) (Write in full)						
READING	INTERACT SOCIETY MEMBER						
	(Continue on separate sheet if necessary)						
SIGNATURE					MARCH 27, 2023		
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34. Are you related by consanguinity or affinity to the appointing 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?	☐ YES					
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO				
	If YES, give details:					
35. a. Have you ever been found guilty of any administrative o	ffense?	YES V NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		☐ YES ☑ NO				
D. Have you been chiminally charged before any court:		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation	☐ YES ✓ NO				
by any court or tribunal?		If YES, give details:				
	-					
37. Have you ever been separated from the service in any of t	he following modes: resignation	YES 7 NO				
retirement, dropped from the rolls, dismissal, termination, e		If YES, give details:				
out (abolition) in the public or private sector?	·					
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except	☐ YES ✓ NO				
Barangay election)?		If YES, give details:				
b. Have you resigned from the government service during	the three (3)-month period before the last	☐ YES ☑ NO				
election to promote/actively campaign for a national or local	al candidate?	If YES, give details:				
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES ✓ NO				
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma						
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?		YES				
b. Are you a person with disability?						
Are you a person with disability!		If YES, please specify ID No:				
c. Are you a solo parent?		YES NO				
		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
NAME	ADDRESS	TEL. NO.				
JAY C. BANSALE	MC. ARTHUR, LEYTE					
JAT C. BANGALL	WC. ARTHUR, LETTE	66				
42. I declare under oath that I have personally accomplishe	d this Personal Nata Sheet which is a tr	Tipe correct and				
complete statement pursuant to the provisions of pertin						
Philippines. I authorize the agency head/authorized rep	resentative to verify/validate the contents	s stated herein.				
I agree that any misrepresentation made in this do	se the filing of PHOTO					
administrative/criminal case/s against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance	Lowella	2				
Government Issued ID: PHIL. HEALTH						
ID/License/Passport No.: 01-2555546098-6	Signature (Sign inside the be	ov)				
Date/Place of Issuance:	UA)					
Dater race of issuance.	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	. affiant exhibi	ting his/her validly issued government ID as indicated above.				
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