Form No. 212 evised 2017	PERSO	NAL DAT	A SHE	EI		anainst t	he person	
W. C	PERSO	Janea Sheet sh	all cause the filing o	of administrativ	/e/criminal	case/s agamet		
Oncerned.	ation made in the Personal Data Sheet and the	he Work Experience of COM	PLISHING THE PDS	FORM.		(Do not fil	l up. For CSC us	se only)
EAD THE ATTACHED GUIDE rint legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SH  ( and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT Al	BBREVIATE.	1. CS ID No	).			
PERSONAL INFORMATION		Marking care			THE PARTY OF THE P			_
2. SURNAME	росо				1			
FIRST NAME	ROSELYN				12.83			20
MIDDLE NAME	ZETA							
3. DATE OF BIRTH (mm/dd/yyyy)	27/02/2000	16. CITIZENSHIP		Filipino Dual Citizenship  J by birth by naturalization				
4. PLACE OF BIRTH	ASTORGA DARAM, SAMAR	If holder of dual citize	enship,		Pis. inc	ficate country:		_
5. SEX	☐ Male ✓ Female	please indicate the d	letails. PHI	LIPPINES				-
	✓ Single	17. RESIDENTIAL ADDRESS	N/			N/A Street		
6 CIVIL STATUS	☐ Widowed ☐ Separated ☐ Other/s:	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	House/Block/Lot No. 0012 Subdivision/Village KANANGA			SAN VICENTE  Barangay  LEYTE		
7. HEIGHT (m)	1.52		City/Mur			Province	TO SECURITY	
8. WEIGHT (kg)	52	ZIP CODE	6531	H . J . J . J . J . J . J . J . J . J .	311	PUROK S	5	-
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS		)12 ock/Lot No.		Street		
the state of the s	N/A	- postario	N	l/A ion∕Village		ASTORG Baranga	у	
IO. GSIS ID NO.	SWEET COMMENTS OF SWEET	kes that I YO The	DA	RAM		SAMAR Province		
I1. PAG-IBIG ID NO.	121297060604		6722	unicipality				
2. PHILHEALTH NO.	012553222840	ZIP CODE						$\neg$
3. SSS NO.	3506399490	19. TELEPHONE NO.	N/A					$\neg$
4. TIN NO.	667475504	20. MOBILE NO.	09519024072					
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rosselynzeta	@gmail.cor	n			
5. AGENCT LIMIT EOTEE NO.						L DATE	OF BIRTH (mm/	(dd/yyyy)
2. SPOUSE'S SURNAME	N/A		23. NAME of CHILD		me and list all		N/A	(40,))))
	N/A	NAME EXTENSION (JR., SR) N/A		N/A			NIA	
FIRST NAME	N/A	IN/A						
MIDDLE NAME							14-11	
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
4. FATHER'S SURNAME	DOCO	NAME EXTENSION (JR., SR)						
FIRST NAME	ARSENIO	N/A						
MIDDLE NAME	OMAWAS							
MOTHER'S MAIDEN NAME	ROWENA BULAN ZETA							
SURNAME	DOCO							
FIRST NAME	ROWENA				linua	arate sheet if necess.	ary)	
MIDDLE NAME	ZETA			(Cont	inue on sep	nate anest a meet a	and which the second	-
EDUCATIONAL BACKGROUND			APPRICATE OF THE PERSON OF THE			HIGHEST		SCHOL
EDUCATIONAL EXCHANGE		PAGIC EDUCATION	DEGREE/COURSE	PERIOD ATTENDA		LEVEL/ UNITS EARNED	YEAR GRADUATED	ACAI HON
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		From	То	(if not graduated)		REC
	ASTORGA ELEMENTARY SCHOOL	PRIMARY E		2006	2012	GRADUATED	2012	-
ELEMENTARY		JUNIOR HIGH SCHOOL AND SENIOR HIGH SCOOL		2012	2018	GRADUATED	2018	+
ELEMENTARY	DARAM NATIONAL HIGH SCHOOL	sco				- NUA		
	DARAM NATIONAL HIGH SCHOOL	SCC N	/A	N/A	N/A	N/A	N/A 2022	cu
SECONDARY  VOCATIONAL /		N DACHELOR OF SEC	ONDARY EDUCATION		N/A 2022 N/A	GRADUATED	2022 N/A	CU

SIGNATURE

CAPEED OF		OARD/ BAR) UNDER		DATE OF	e-good survivor a selection			LICENSE (if	applicat
	ERVICE/ RA 1080 (BO SPECIAL LAWS/ CE SAY ELIGIBILITY / DE	S/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFER	MENT	NUMBER	V 0
NSURE EXAM	INATION FOR PROF	ESSIONAL TEACHERS	83.8	24/09/2023	TACLOB	AN CITY		2145235	27/
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			(0	Continue on separate she	et if necessary)		Maria Carlo		_
WORK EXPER	RIENCE				-ub-d Wark Experience cheef				
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION (Write in full/Do n	TITLE	DEPARTMENT / A	attached Work Experience sheet GENCY / OFFICE / COMPANY full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format	STATUS OF APPOINTMENT	G SE
From	То			331633333	100 M		*00-0*)/		+
02/03/2024	PRESENT	TEAM LE	ADER		GOLDILOCKS	12000.00	BASIC RATE	Regular	$\vdash$
08/02/2023	12/02/2024	SUPER	NSOR		DUNKIN	12000.00	BASIC RATE	Regular	
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1,54	2.4	1		the kind of my later	DATE March U	1 66			

NAME & ADDRESS OF ORGANIZATION (Write in full)				All the second		
237 [1]	INCLUSIV (mm/d-	E DATES	ar a franchis	many and	and the second second second	
NA	(mm/dx	(1777)	NUMBER OF HOURS		2007	
5517 Tal (37)	N/A	To	HOURS		POSITION / NATURE OF WORK	
		N/A	NA		N/A	
CW C	***NOTHING FO	LLOWS***				
2 YES 2000 C-12					The second state appropriate to the	
	The second					
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137 July 1020				Parties and The Control		
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NEW TOTAL						
	-					
RNING AND DEVELOPMENT (L&B. ANTER ST.	ontinue on separate si	eet if necessary)			The state of the s	
CO.  RNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING the most recent L&D training program and include only the relevant L&D training program.  TITLE OF LEADURED AND ASSETS.	PROGRAMS AT	TENDED		NEWSTON, N. P.	The second secon	
and the second	or the last five (5) year	s for Division Chi	ef/Executive/Manag	erial positions)		
S. EDAGNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROCESSION	INCLUSIVE ATTENI	DATES OF		Type of LD	- 1 TO SERVICE - 1	
(Write in full)	(mm/de	(איייייייייייייייייייייייייייייייייייי	NUMBER OF HOURS	( Managorial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
10 DAYS BASIC COMPUTER LITERACY TRAINING	From	То		Technical/etc)		
The second secon	15/01/2023	1/26/2024	80HOURS	TECHINICAL	JE MONDEJAR COMPUTER COLLEGE	
INTERACTIVE ONLINE ASSESTMENT TOOL WORKSHOP	11/03/2022	3/11/2022	8HOURS	TECHINICAL	COLLEGE OF EDUCATION TEACHER INTERN ASSOCIATION	
CHILD PROTECTION POLICY ORIENTATION	18/02/2022	2/18/2022	10HOURS	SUPERVISORY	COLLEGE OF EDUCATION TEACHER INTERN	
on El sex El Loss	***NOTHING FO		Sept militari	C FILE-QUITER	ASSOCIATION	
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station and case of	AID IS IS DOM		DIRECTOR INC.			
				7	The second between the best of the second	
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		er.				
(Continue on separate sheet if necessary	y)				33. MEMBERSHIP IN ASSOCIATION/OR/	
					33. (Write in full)	
	NON-ACADEMIC DIS	TINCTIONS / RE	COGNITION			
SPECIAL SKILLS and HOBBIES 32.	(4	Vrite in full)	Dindry		PHILIPPINE ASSOCIATION FOR TEA	
	m In a	WA			EDUCATORS	
LEADERSHIP SKILLS	N/A EDUCATION ***NOTHING FOLLON					
FINANCIAL LITERATE		14.75				
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4. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed,	ate supervision over you in the Office,	
a. within the third degree?		☐ YES ☑ NO
b. within the fourth degree (for Local Government Unit - C	YES NO	
	If YES, give details:	
5 2 House years beautiful in the second	AUTIOR SYSTEM	
5. a. Have you ever been found guilty of any administrative of	offense?	☐ YES ☑ NO
		If YES, give details:
h Hara was been selected at the selected at th		
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 by any court or tribunal?	☐ YES ☑ NO	
		If YES, give details:
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	☐ YES ☑ NO 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 e Barangay election)?	lection held within the last year (except	☐ YES ☑ NO
b. Have you resigned from the government service during	the three (2) month resided before it is	If YES, give details:
election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:	
39. Have you acquired the status of an immigrant or permane	nt resident of another country?	☐ YES ☑ NO
		If YES, give details (country):
0. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	anna Carta for Disabled Pomons (PA	
(C) Solo Parents Welfare Act of 2000 (RA 8972	2), please answer the following items:	
Are you a member of any indigenous group?		YES VO
Are you a person with disability?		If YES, please specify:
Are you a solo parent?		If YES, please specify ID No:
Ale you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:
REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)	
NAME	ADDRESS	TEL. NO.
LEONIE M. PARROCHO	TUNGA, LEYTE	09272738771
SALLY MAE P. LAUSE	STA. RITA SAMAR	09264573449
THYLMA B. SAYACO		The state of the s
2. I declare under oath that I have personally accomplished th	TACLOBAN, LEYTE	09928250075
statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attachn against me.	rules and regulations of the Republic overify/validate the contents stated here	of the Philippines. I
Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		
Sovernment Issued ID: PRC	1	
D/License/Passport No.: 2145235	\(\sum_{\chi}\)	
Date/Place of Issuance: TACLOBAN, CITY	Signature (Sign inside the t	oox)
	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	5 MAR 2025 , affiant exhit	oiting his/her validly issued government ID as indicated above.
TRY GOTOMOGO	ATTY JOSEPH KIRRY CALIDAVAN	STAL LITTLE LITT. JAYES
	ATTY JOSEPH KIRDY L. CAUPAYAN Public Attorney III Pursuant to RA 9406	
	Person Administering Oat	