CS Form No. 212 Revised 2017	PERSO	NAL DATA	A SH						
WARNING: Any misrepresent concerned.	ation made in the Personal Data Sheet and the	e Work Experience Sheet sha	Il cause the	filing of adn	ninistrative	'criminal case/s a	gainst the pe	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.			The second secon	TENORIE DE PONTENCIO DE LA COMPANSION DE	
I. PERSONAL INFORMATION	es ( ) and use separate sheet if necessary. Indicate N	WA if not applicable. DO NOT ABI	BREVIATE.		1. CS ID No		(Do not fill up.	For CSC use only	
2. SURNAME	PONTILLAS						*	The state of the s	
FIRST NAME	ROSELLE		NAME EXTENSION (JR., SR)						
			arrainon (m., ary						
MIDDLE NAME  3. DATE OF BIRTH	CARZON			1	Part responsible to the	DV4 Callery Control of Callery C			
(mm/dd/yyyy)	5/12/1997	16. CITIZENSHIP	✓ Filipino □ Dual Citizenship □ by birth				by naturalization		
4. PLACE OF BIRTH	JARO, LEYTE	If holder of dual citizenship, Pls. indicate		Incompail	игацоп				
5. SEX	☐ Male	please indicate the det	ails.					•	
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS					ZONE 7		
	Widowed Separated		Ho	use/Block/Lot N	lo.	-	Street SANTA CRUZ		
	Other/s:		Su	ibdivision/Villag	(C)	effect growing copyride to Agric Address And Olympia (Agric)	Barangay		
7. HEIGHT (m)	1.5			JARO City/Municipality	obernoon ook a keel moderne hovedeel was on T	LEYTE  Province			
8. WEIGHT (kg)	45	ZIP CODE		*		6527			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Ho	use/Blook/Lot &	Manage communication on the contraction of the cont	SANTANIAN HIDOMETO JONGSAMSANIA SANTANI	ZONE 7		
10. GSIS ID NO.	N/A			use/Block/Lot No.			Street SANTA CRUZ		
11. PAG-IBIG ID NO.	121212577627		Subdivision/Village  JARO			Barangay  LEYTE			
12. PHILHEALTH NO,	1302-5486-9067	ZIP CODE	City/Municipality 6527		#### UP-0-4-20	Province			
13. SSS NO.	06-4043737-6	19. TELEPHONE NO.		-		N/A			
14. TIN NO.	768-884-407	20. MOBILE NO.	+639954167502						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ebookpontillas@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Write	e full name and	l list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	PONTILLAS						07/2	4/1951	
FIRST NAME	ULDARICO	NAME EXTENSION (JR., SR)					0112	7 1001	
MIDDLE NAME	LIGAYAN				Marie Control				
25. MOTHER'S MAIDEN NAME									
SURNAME	CARZON						DEPOSEDED -		
FIRST NAME	MARISSA				05/20/1968				
MIDDLE NAME	IBAÑEZ								
III. EDUCATIONAL BACKG				(6	onunue on se	parate sheet if neces	sary)		
26.								SCHOLARSHIP/	
LÈVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	SANTA CRUZ CENTRAL SCHOOL	PRIMARY EDUCATION	ON	From 2003	70 2009	N/A	2009	N/A	
SECONDARY	GRANJA KALINAWAN NATIONAL HIGH SCHOOL	SECONDARY EDUCA	TION	2009	2013	N/A	2013	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY-ALANGALANG	BACHELOR OF SECONDARY	EDUCATION	2013	2017	N/A	2017	LGU JARO	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	SCHOLAR N/A	
		Continue on separate sheet if neces	sary)		United States				
SIGNATURE	Puti	lide		DA	TE	MAY	14, 20	21	

IV. CIVIL SE	RVICE ELIGIE	BILITY							
27. CAREE	R SERVICE/ RA 10	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if appli	cable).
SPECIAL LAWS/ CES/ CSEE  BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date of Validity	
LICENSUI	SURE EXAMINATION FOR TEACHERS 75.8 03/25/2018 TACLOBAN CITY			1743496	5/12/2022				
Million (No. of the Control of the C									
***************************************									
			4						
	***************************************		- (0	Continue on separate she	et if necessary)				
	XPERIENCE ate employmen	L. Start from your recent	work) Description	of duties should be	indicated in the attacher	l Work Eyne	rience sheet		
28. INCLU	SIVE DATES						SALARY/ JOB/ PAY		
	n/dd/yyyy) →	POSITION T (Write in full/Do not		DEPARTMENT / AGE (Write in full/	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То		TAR.	PHILIPPINE STA	ISTICS AUTHORITY-		INCREMENT		
1/9/2020	09/24/2020	ENUMERA	IOR		EYTE OWER AND ALLIED	N/A	N/A	CONTRACTUAL	N/A
7/11/2017	12/1/2020	SERVICE C	REW		NCORPORATED	N/A	N/A	CONTRACTUAL	N/A
						<b> </b>			
						1		Annie	
						-			
									۰
						<b>†</b>			
Station of water				Continue on separate she	el I <i>l necessary</i> )				
SIGNA	ATURE	B	ntillar		DATE	m	AY 14,	2021	
e for the second second second	PRINCE SERVICE						-/	CS FORM 212 (Revised 2)	017), Page 2 of 4

II. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS							
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV (mm/do From		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A		
					A PARTY OF THE PAR		
	(Cont	inue on separate s	sheet if necessary			n Sight (Named) (100 h) (An Sight (Nicht Ann goods (138) Nicht Ann goods	
VII. LEARNING AND DEVELOPMENT (L&D)							
30. TITLE OF LEARNING AND DEVELOPMENT INTEL	있다 기사 시장 (1) (이 10) 하시아 있다고 있습니다. (이 10) 시장 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	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)						(Write in full)	
FOURTH LEVEL TRAINING O	F CPH 2020	07/27/2020	07/31/2020	N/A 💸	N/A	PHILIPPINE STATISTICS AUTHORITY-LEYTE	
10 DAYS BASIC COMPUTER	LITERACY	12/31/2019	01/13/2020	NJA	N/A	JE MONDEJAR COMPUTER COLLEGE	
BASIC HEALTH AND SAFETY SEMINAR (AN 8-HOUR	MANDATORY OSH REQUIREMENT)	07/18/2019	07/18/2019	8 HOURS	N/A	WIZARD MANPOWER AND ALLIED SERVICES INCORPORATED	
					-		
	***						
						15%	
	(Cont	linue on separate :	sheet if necessary	<b> </b>			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	OCTIONS / RECOG	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A	N/A				N/A		
				N. Carlotte			
				of the second			
SIGNATURE	Drivil	las		DA	DATE MAY 14, 2021		
	Continue on superate about 11 mosesse  Sorveillas			Processor According		CS FORM 212 (Revised 2017), Page 3 of 4	

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 V	] NO		
	b. within the fourth degree (for Local Government Unit - Care	· · · · · · · · · · · · · · · · · · ·	] NO		
			If YES, give details:	Ø	
35	a. Have you ever been found guilty of any administrative offer	nse?	☐ YES ☑	NO NO	
			If YES, give details:	] NO	
				8	
	b. Have you been criminally charged before any court?		YES [-	√ NO	
	a. Plate year activities and good activities any order to		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?	y law, decree, ordinance or regulation by	YES V NO		
		If YES, give details:			
37.	Have you ever been separated from the service in any of the	following modes: resignation,	☐ YES	V NO	
30 15 N	retirement, dropped from the rolls, dismissal, termination, end		If YES, give details:	110	
	(abolition) in the public or private sector?	£			
38.	<ul> <li>a. Have you ever been a candidate in a national or local election Barangay election)?</li> </ul>	nion neid within the last year (except	YES V NO		
		a three (2) month period before the last	If YES, give details:		
	<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or</li> </ul>		☐ YES ☑ NO If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	YES NO If YES, give details (country):		
			1000/2010/2010/2010/2010/2010/2010/2010		
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?		□ ves	√ NO	
		If YES, please specify:	- NO		
b.	Are you a person with disability?		YES If YES, please specify II	✓ NO	
C.	Are you a solo parent?		YES	7 NO	
			If YES, please specify II	D No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
	NAME	ADDRESS	TEL. NO.		
	DULCE E. CATINDOY	ALANGALANG, LEYTE	9129697093		
	REGINE O. BARRAZA	JARO, LEYTE	9384997812		
	ROXANNE JOY INIEGO	TACLOBAN CITY	9361216296		
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	ue, correct and		
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the	THE THE STATE OF T	
	Philippines. I authorize the agency head/authorized representation made in this document of the properties of the proper			ROSELLE C. PONTILLAS	
	administrative/criminal case/s against me.			ROSELLE C. PONTILLAS	
10	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)				
	Overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	0 " "		Manhier.	
G	overnment Issued ID: PRC LICENSE	Portillar			
ID	/License/Passport No.: 1743496	Signature (Sign inside the b	ox)		
Da	ate/Place of Issuance: 01/21/2019 TACLOBAN CITY	2	Right Thumbmark		
L		Date Accomplished		1-70-1-1-00-11	
	SUBSCRIBED AND SWORN to before me this	AY 1.4 2021 affiant exhibiting	g his/her validly issued gov	vernment ID as indicated above.	
			XB		
		DADADALA			
1	BA.	HILINGINALIN _			
		<b>EVI</b>			
		PURSUANT TO R.	A. 9406	CS FORM 212 (Revised 2017), Page 4 of 4	