CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the	Work Experience Sheet shall	I cause the fill	ing of admin	nistrative/crir	ninal case/s again	nst the person	n concerned.	
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEET) and use separate sheet if necessary. Indicate			PDS FORM.	1. CS ID No.		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	PUEBLA				NAME EXTENSION (JR.	CE)			
FIRST NAME	MELYN		AMBLE EASTERDATE (AT.)						
MIDDLE NAME	CANDINATO								
DATE OF BIRTH (mm/dd/yyyy)	5/28/2000	16. CITIZENSHIP		The second secon		Dual Citizenship			
4. PLACE OF BIRTH	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.				Pls. indicate of	country:		
5. SEX	☐ Male	please indicate the details.		1				_	
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s: ☐ Other /s:			House/Block/Lot No. Subdhrision/Village			PUROK 3 Street SAN AGUSTIN Berangay		
7. HEIGHT (m)	1.57			BAYBAY			LEYTE		
8. WEIGHT (kg)	40 Kg.	ZIP CODE		City/Municipality			Province		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No.		PUROK 3 Street				
10. GSIS ID NO.	N/A						SAN AGUSTIN		
11. PAG-IBIG ID NO.	121332115366				YBAY		Barangay LEYTE Province		
12. PHILHEALTH NO.	132503782204	ZIP CODE		City/Municipality 6521			· · · · · · · · · · · · · · · · · · ·		
13. SSS NO.	06-4659849-7	19. TELEPHONE NO.		N/A					
14. TIN NO.	632-989-557	20. MOBILE NO.		09072920084					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (If any)	melynpuebla			a0528@gmail.com			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write		st all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	-		1914				
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	PUEBLA								
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)	W-1						
MIDDLE NAME	PEPITO								
25. MOTHER'S MAIDEN NAME									
SURNAME	SURNAME CANDINATO								
FIRST NAME	JOCELYN		4						
MIDDLE NAME	PANTOÑAL			(Continue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BUNGA ELEMENTARY SCHOOL	GRADE 5-GRADE 6		6/1/2011	3/1/2013		2013	WITH	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL (JUNIOR HIGH SCHOOL) FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION (SENIOR HIGH SCHOOL	SCHOOL (GRADE 11-12)		JHS 6/1/2013, SHS	JHS 3/1/2017, SHS		2019	HIGH	
VOCATIONAL / TRADE COURSE	SERVE SONGE SON (SENIOR THAN SONOOL				303			SCHOOL	
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH		8/1/2019	8/3/2023		2023	CUM LAUDE	
GRADUATE STUDIES									
SIGNATURE	fry.	(Confinue on separate sheet if nec	essary)	Di	ATE		August 31, 2024		
	- 1/ ()					CS	FORM 212 (Revise	nd 2017), Page 1 of 4	

CARE	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if applicable)	
	SPECIAL LA	WS/ CES/ CSEE LITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
PD 907	(HONOR GRA	DUATE ELIGIBILITY)							
BARANG	SAT ELIGIBILI	TY (SK TREASURER)							
			120						
			(Cont	inue on separate sheet it	necessary)				
WORK E clude priv	EXPERIENCE	= nt. Start from your recent	work) Description o	f duties should be in	dicated in the attached	Work Experi	ence sheet.		
INCL	USIVE DATES				NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
	nm/dd/yyyy)	POSITION T (Write in ful/Do not			Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
From	То	ADMIN COORDINATES	CUM DECIOTATE	AMA COMPUTE	R COLLEGE - CEBU	40000 00		RENDERING (1	sanfor to
24/2023	9/30/2024	ADMIN COORDINATOR	CUM REGISTRAR		MPUS	16900.00		MONTH	
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	ATURE	1	(Con	tinue on separate sheet				MINISTER SERVICE	
	ATHOR				DATE	08/31/2024			

NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES (mm/dd/yyyy) From To			NUMBER OF HOURS	POSITION / NATURE OF WORK		
ARANGAY SANGGUNIANG KABATAAN- SK TREASURER	5/1/2018	8/30/2023		SK TREASURER	1	
(Co LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P			n)			
	INCLUS	VE DATES OF	T	Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) 	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
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III. OTHER INFORMATION	entinue on separa	te sheet if necessi	iry)			
		STINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
	ontinue on separa	te sheet if necess	ary)			

34	chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,	•					
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 arby any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	☑ YES ☐ NO If YES, give details: RESIGN					
38.	a. Have you ever been a candidate in a national or local election and election?	ction held within the last year (except	YES If YES, give details:	☑ NO			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
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?	☐ YES ☑ NO If YES, please specify:					
b.	Are you a person with disability?	☐ YES ☑ NO 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 applicant /	(appointee)					
	NAME	ADDRESS	TEL NO.	ID picture taken within			
	NOVE ANN DIZON	CEBU CITY	9367250672	the last 6 months 4.5 cm. X 3.5 cm (passport size)			
	LORANIE ABLEN	TUGAS, BAYBAY CITY, LEYTE	9979239945	Computer generated			
	CATHERINE VILLAMOR	BAYBAY CITY, LEYTE	9606558789 or photocopied picture is not acceptable				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the stated herein.	РНОТО			
	Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	0					
ı٠	Sovernment Issued ID: PASSPORT	Jup.	- 11				
10	D/License/Passport No.: P7536664C	Signature (Sign inside the b	ox)				
0	late/Place of Issuance: 07/25/2024 - DFA CEBU	Date Accomplished		Right Thumbhalk			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi		vernment ID as indicated above.			
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