PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL I	DATA SHEET	(PDS) BEFOR	E ACCOMPLIS	SHING THE PI	DS FORM.				
	Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)									
I. PERSONAL INFORMATIO										
2. SURNAME	DESADES									
FIRST NAME	AIRA									
MIDDLE NAME 3. DATE OF BIRTH	MAHINLO									
(mm/dd/yyyy)	4/14/1999	999 16. CITIZENSHIP			✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization					
4. PLACE OF BIRTH	Baybay Leyte	If ho	older of dual citizer	nship,			Pls. indicate	country:		
5. SEX	☐ Male ✓ Female	ple	ease indicate the de	etails.	▼					
6 CIVIL STATUS	✓ Single	17. RESIDENT	IAL ADDRESS	Ulavia	e/Block/Lot No.N					
	☐ Widowed ☐ Separated ☐ Other/s:				division/Village N		Sitio Kinuhaan Maitum			
7. HEIGHT (cm)	163			City/N	.eyte					
8. WEIGHT (kg)	69	ZIP	CODE	Oityn						
9. BLOOD TYPE	N/A 18. PERMANENT ADDRESS		NT ADDRESS	House	eo/Plack/Lat Na N	I/A		Sitio Kinu	noon	
10. GSIS ID NO.	N/A	1		House/Block/Lot No.N/A Subdivision/Village N/A				Sitio Kinuhaan		
11. PAG-IBIG ID NO.	121315918130	-					Maitum			
12. PHILHEALTH NO.	N/A ZIP CODE			City/Municipality Baybay Province Leyte 6521						
13. SSS NO.	35-0852204-5 19. TELEPHONE NO.				N/A					
14. TIN NO.	62296325100000 20. MOBILE NO.				09757739078					
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)				airadesades10@gmail.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	N/A			23. NAME of CHILDREN (Write full name and 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	DESADES									
FIRST NAME	HIGENIO									
MIDDLE NAME	DOGUILES									
25. MOTHER'S MAIDEN NAME										
SURNAME	MAHINLO									
FIRST NAME	JOCELYN									
MIDDLE NAME	VALEROSO			(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		EE/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Maitum Elementary School	Primary Education		ion	6/1/2005	3/1/2011		2011	N/A	
SECONDARY	Plaridel National High School	High School			6/6/2011	3/2/2015		2015	N/A	
VOCATIONAL / TRADE COURSE	Palermo Hotel Institute of Tourism and Hospitality Inc.	Bread and Pastry Production NC		uction NC II	1/8/2021	2/3/2021		2021	TWSP	
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION INC.	BACHELOR OF ELEMENTA EDUCATION		ENTARY	10/1/2015	5/17/2021		2021	N/A	
GRADUATE STUDIES	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION INC.	MaEd Management			7/26/2025					
(Continue on separate sheet if necess	sary)									
SIGNATURE			DATE	A	ugust 03, 2025		CS F	ORM 212 (Revised	d 2017), Page 1 of 4	

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL RATING				DATE OF		ATION / CONFERMENT		LICENSE (if applicable)	
			(If Applicable)	CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			NUMBER	Date of Validity
RA 1080 (TEACHER)		79.2	10/2/2022	TACLOBAN CITY			1985551	4/14/2026	
			(1	Continue on separate she	eet if necessary)				
V. WORK EX		nrt from your recent work	Description of de	ution aboutd he indi	nated in the attached Wa	rk Evnoriona	a abaat		
20							SALARY/ JOB/ PAY		
26. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbrevia			DEPARTMENT / AGE (Write in full	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
From	То						INCREMENT		
9/2/2024	12/20/2024	Teacher	1	Baybay City Division Office		28512.00	11-1	Substitute	Yes
6/12/2021	8/30/2024	Market Ven	dor	Rootcrops Sectio	Rootcrops Section Baybay Market Place			N/A	No
3/18/2024	5/31/2024	Teacher	1	Baybay City Division Office		27000.00	11-1	Substitute	Yes
11/6/2023	11/17/2023	Teacher	1	Raybay City Division Office		27000.00	11-1	Substitute	Yes
				Baybay City Division Office					
10/29/2017	12/20/2020	Part-time	•	Rootcrops Section Baybay Market Place		4000.00	N/A	N/A	No
(Continue on separate sheet if necessary)									
SIGNATURE DATE August 03, 2025							CS FORM 212 (Revised 2017),	Page 2 of 4	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIV (mm/di		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A		
	(Co	ntinue on separate	a chaot if necessary	nd.			
VII. LEARNING AND DEVELOPMENT (L&D)				<i>y)</i>			
(Start from the most recent L&D/training program and include	de only the relevant L&D/training taken for	the last five (5) ye	ars for Division Cl	hief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVE full)	NTIONS/TRAINING PROGRAMS (Write in	INCLUSIVE ATTEN (mm/di	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
In-Service Training (INSET) Workshop on "Developing	Authentic Classroom Assessment"	11/25/2024	11/29/2024	40.0	Technical	Ma. Perla G. Lapiceros JD, PhD	
Live-out Seminar-Workshop on Coaching and Officiat	ing	9/13/2024	9/15/2024	24.0	Technical	Jo-Ann Cerna Rapada	
Basic Operations of Microsoft Office 2016 (Word, Exce	el, Powerpoint)	1/6/2023	1/24/2023	120.0	Technical	Engr. Jose M. Mora, Jr.	
Bread and Pastry Production NCII		1/8/2023	2/3/2023	141.0	Technical	Palermo Hotel Institute of Tourism and Hospitality	
"The present normal for student teachers: stories of s	mall wins" (PAFTE)	3/27/2021	3/27/2021	8.0	Technical	Philippine Association for Teachers and Educators	
	(Co.	ntinue on separate	sheet if necessar	ry)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Cooking	N/A					N/A	
Reading Books	N/A					N/A	
SIGNATURE	(Co.	ntinue on separate	sheet if necessar		t 03, 2025	CS FORM 212 (Revised 2017), Page 3 of 4	
SIGNATURE			DATE	Augus	. 00, 2020	Co FORM 212 (Revised 2017), Page 3 of 4	

34	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has imme Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit -	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35	a. Have you ever been found guilty of any administrative	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, terminatio out (abolition) in the public or private sector?	n, end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
38	a. Have you ever been a candidate in a national or loca Barangay election)?		☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during election to promote/actively campaign for a national or I	☐ YES ☑ NO If YES, give details:					
39	Have you acquired the status of an immigrant or perma	☐ YES ☑ NO If YES, give details (country):					
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 85)						
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 app	plicant /appointee)					
	NAME	ADDRESS Brgy. Maitum Baybay City, Leyte	TEL. NO.				
Jo	sette Y. Villamor	Bryy. Maituin Baybay City, Leyte	09161552473				
Cri	santo Escasinas	Brgy. Pomponan Baybay City, Leyte	09066630986	4			
	nniss B. Castillano	Brgy. Maitum Baybay City, Leyte	09639629701				
42	I declare under oath that I have personally accomplished statement pursuant to the provisions of pertinent law authorize the agency head / authorized representative misrepresentation made in this document and its attangainst me.	vs, rules and regulations of the Republic e to verify/validate the contents stated here	of the Philippines. In. I agree that any	DESADES, AIRA M. PHOTO			
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc. PLEASE INDICATE ID Number and Date of Issuance						
(Government Issued ID: PRC ID						
I	D/License/Passport No.: 1985551	Signature (Sign inside the box August 03, 2025	ox)				
[Date/Place of Issuance: ORMOC CITY	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiting , affiant exhibiting Oat		vernment ID as indicated above.			
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