

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 DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS 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 INFORMATION

2. SURNAME	DE VEYRA		
FIRST NAME	HONEY FE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	LAMADORA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/19/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details: Philippines	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	N/A Street MABINI House/Block/Lot No. EASTERN N/A Barangay Subdivision/Village LEYTE HILONGOS Province City/Municipality 6524
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	18. PERMANENT ADDRESS	N/A Street MABINI House/Block/Lot No. EASTERN N/A Barangay Subdivision/Village LEYTE HILONGOS Province City/Municipality 6524
7. HEIGHT (m)	1.57	19. TELEPHONE NO.	N/A
8. WEIGHT (kg)	60	20. MOBILE NO.	09159658410
9. BLOOD TYPE	A	21. E-MAIL ADDRESS (if any)	hanifedeveyra19@gmail.com
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	702-570-373		
15. AGENCY EMPLOYEE NO.	N/A		

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	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	DE VEYRA		
FIRST NAME	PERFECTO SALVADOR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ZABALA	N/A	
25. MOTHER'S MAIDEN NAME	SABINA LAUREL LAMADORA		
SURNAME	DE VEYRA		
FIRST NAME	SABINA		
MIDDLE NAME	LAMADORA		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTARY	2017	2013	GRADUATED	2013	N/A
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL	2013	2019	GRADUATED	2019	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2019	2023	GRADUATED	2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE	DATE	MARCH 05, 2025
-----------	------	----------------

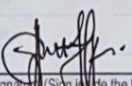

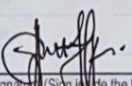

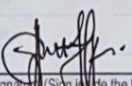

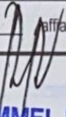
[illegible]

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)				
SIGNATURE		DATE	MARCH 05, 2025	

CS FORM 212 (Revised 2017), Page 2 of 4

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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 out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ANITA L. ALFANTE</td> <td>BRGY. TAGNATE, HILONGOS, LEYTE</td> <td>9606642639</td> </tr> <tr> <td>AURORA N. PARAN</td> <td>BRGY. KANGHAAS, HILONGOS, LEYTE</td> <td>9774072656</td> </tr> <tr> <td>PRECIOLO AMOR D. NOTARTE</td> <td>SAN ROQUE GOV. MARTINEZ STREET, HILONGOS, LEYTE</td> <td>9176571403</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ANITA L. ALFANTE	BRGY. TAGNATE, HILONGOS, LEYTE	9606642639	AURORA N. PARAN	BRGY. KANGHAAS, HILONGOS, LEYTE	9774072656	PRECIOLO AMOR D. NOTARTE	SAN ROQUE GOV. MARTINEZ STREET, HILONGOS, LEYTE	9176571403
NAME	ADDRESS	TEL. NO.											
ANITA L. ALFANTE	BRGY. TAGNATE, HILONGOS, LEYTE	9606642639											
AURORA N. PARAN	BRGY. KANGHAAS, HILONGOS, LEYTE	9774072656											
PRECIOLO AMOR D. NOTARTE	SAN ROQUE GOV. MARTINEZ STREET, HILONGOS, LEYTE	9176571403											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC</p> <p>ID/License/Passport No.: 2201529</p> <p>Date/Place of Issuance: MAASIN CITY, SOUTHERN, LEYTE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) March 05, 2025 Date Accomplished </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) March 05, 2025 Date Accomplished	 Right Thumbmark										
 Signature (Sign inside the box) March 05, 2025 Date Accomplished	 Right Thumbmark												
<p>SUBSCRIBED AND SWORN to before me this <u>6TH</u> day of <u>March</u> 2024</p> <div style="text-align: center;">  ATTY. ROMMEL P. PUSA PUBLIC ATTORNEY II PURSUANT TO RA NO. 9466 </div>													