CS Form No. 212 Revised 2017									
	PERSO	NAL DAT	A SH	HEET					
WARNING: Any misrenness.	ation made in the Personal Data Sheet and the	MAL DAI	70.		-Intention/r	riminal case/s aga	inst the pers	an	
concerned.	ation made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the	filing of admi	nistrative				
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHI	NA if not applicable DO NOT A	PLISHING TH	E PDS FORM	t. CS ID No.		(Do not fill up. Fo	r CSC use only)	
THE STRING THE)N	TEN II NOT application. But West							
2. SURNAME	DE VEYRA					The second of th	ept N/A	A	
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		✓ Filipino □ Dual Otizenship ✓ by birth			by naturalization		
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.		PIs. indicate country:			-		
5 SEX	☐ Male ✓ Female			Philippines					
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS		N/A			MABINI Street		
	☐ Widowed ☐ Separated		Ho	use/Block/Lat No N/A			EASTERN Barangay		
	Other/s:	No. of the last of	S	ubdivision/Village HILONGOS			LEYTE		
7. HEIGHT (m)	1.57			City/Municipality			Province		
8. WEIGHT (kg)	60	ZIP CODE	TITT	6524	1 pr		MABINI	THE PERSON NAMED IN	
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Ho	N/A use/Block/Lat No	1917		Street		
10. GSIS ID NO.	N/A	ARSED LASTILISE	The same	N/A ubdivision/Village			Barangay		
11. PAG-IBIG ID NO.				HILONGOS			Province		
	N/A			6524					
12. PHILHEALTH NO.	N/A	ZIP CODE		6524		N/A			
13. SSS NO.	N/A	19. TELEPHONE NO.	-						
14. TIN NO.	702-570-373	20. MOBILE NO.		09159658410					
15. AGENCY EMPLOYEE NO.	N/A	21 E-MAIL ADDRESS (if any)		har	nifedevey	ra19@gmail.c	COIII		
II. FAMILY BACKGROUND						id all)	DATE OF BIRTI	H (mm/dd/yyyy)	
22. SPOUSE'S SURNAME	N/A			HILDREN (Write	full name and i	ist all)	N/A		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A				IVA		
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								
25. MOTHER'S MAIDEN NAME	SABINA LAUREL LAMADORA								
SURNAME	DE VEYRA								
FIRST NAME	SABINA								
MIDDLE NAME	LAMADORA		-	(Co	ontinue on sej	parate sheet if necess	sary)		
III. EDUCATIONAL BACKG									
	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/ ACADEMIC	
26. LEVEL	(Write in full)	(Write in full)		From To UNITS EARNED (if not graduated)		GRADUATED	HONORS RECEIVED		
	The second secon	EL EMENTA BY		2017	2013	GRADUATED	2013	N/A	
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTARY		2017	2013	GRADUATED	2013		
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL		2013	2019	GRADUATED	2019	HONOR	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SEC		2019	2023	GRADUATED	2023	CUM LAUD	
GRADUATE STUDIES	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	
	(0	Continue on separate sheet if nece	essary)						
SIGNATURE	thust.			DA	TE	MAI	RCH 05, 20	25	
						CS	FORM 212 (Revise	d 2017), Page 1 of	

CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		CES/CSEE	RATING	DATE OF EXAMINATION /			RMENT	LICENSE (# a	Date of Validity
	ANGAY ELIGIBILITY	DRIVER'S LICENSE	(If Applicable)	(If Applicable) CONFERMENT		BAN, CITY		2201529	11/19/20
LICENSUF	RE EXAMINATION	N FOR TEACHERS	82.20%	03/17/2024	TACLOE	AN, CITT	THE PROPERTY.	annia spirati	1, 35
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nclude priv	ate employment.	Start from your recent	work) Description		indicated in the attached		SALARY/ JOB/ PAY GRADE (#	STATUS OF	GOVT
	JSIVE DATES m/dd/yyyy)	POSITION TO		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVIC (Y/ N)
From	То	(Write in Idio Do not	ood crisis)	LEVTE IV ELECTRI	VE COOPERATIVE INC.	8900.00	00-0	JOB ORDER	N
05/20/2024	PRESENT	TELLER	1	(LE)	ECO IV)	5520.00	00-0	PART-TIME	N
1/09/2023	12/22/2023	TUTOR	- 10	1	MENA TUTORIAL	3320.00	000		
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	TURE	9100	(Con	tinue on separate sheet if	DATE		MARCH 05,	0005	1/2

VI. VOLUNTARY WORK OR INVOLVEM 29. NAME A ADDRESS	OF ORGANIZATION		SIVE DATES				
(Mile	OF ORGANIZATION I IN ILII)		widdlyyyy)	MANUEL OF HOUSE	100	POSITION / NATURE OF WORK	
N/A		From N/A	N/A	N/A		N/A	
		N/A	167				
	(Co	ntinue on separat	e sheet if necessar	y)			
I. LEARNING AND DEVELOPMENT (L	.&D) INTERVENTIONS/TRAINING P				Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	To		Technical/etc)		
UPSKILLING AND RESKILLING TEACHING AN	D INSTRUCTIONAL SUPERVISION SKILLS	12/15/2024	12/24/2024	80	TECHNICAL	CPDCFT TRAINING CENTER	
SEMINAR ON EDUCATION INNOVATION AND F	EDAGOGIES FOR TEACHERS OF SOCIAL	11/15/2024	11/24/2024	80	TECHNICAL	CPDCFT TRAINING CENTER	
STUDIES N COMPUTER SKILLS DEVELOPMENT TRAININ	G: IMPROVING CLASSROOM LEARNING	01/12/2024	10/12/2024	80	TECHNICAL	CPDCFT TRAINING CENTER	
PRE-DEPLOYMENT ORIE		02/22/2023	02/24/2023	24	TECHNICAL	VISAYAS STATE UNIVERSITY	
MPOSIUM ON "MAGNA CARTA OF WOMEN (F		03/29/203	03/29/2023	2	TECHNICAL	GABAS INTEGRATED SCHOOL	
CHOOL LEARNING ACTION CELL® ON CYBERS		03/17/2023	03/27/2023	2	TECHNICAL	GABAS INTEGRATED SCHOOL	
	Market Market 1		***NOTHING FOLLOWS***				
			-		TOTAL ASSES		
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AND DESCRIPTION OF THE PARTY OF							
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	(Con	tinue on separate	sheet if necessary				
. OTHER INFORMATION	STATE OF THE PARTY OF					-	
	32 NON-		NCTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SPECIAL SKILLS and HOBBIES		32. (Write in full) N/A					
COMPUTER SKILLS		VISAYAS STATE UNIVERSITY INTER-DORMITO STUDENT BODY (COUNCIL/ACADEMIC COMMIT MEMBER) 2022-2023					
ORGANIZATIONAL SKILLS							
DANCING		*** NOTHING FOLLOWS****					
DRAWING		17			-		
*** NOTHING FOLLOWS****				2000		Towns of the second	
						2 2 4 7	
	. P. PUSA	OMMEL	ATTY. R			2	
	II (Conti	nue on separate :	sheet if necessary	100		NADOULAE AAAF	
SIGNATURE	I all our	NT TO BY	PURSUA	DA	TE	MARCH 05, 2025	

_				-			
34	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed,	r recommending authority, or to the upervision over you in the Office,					
	a. within the third degree?	YES	☑ NO				
	b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	YES	☑ NO			
		If YES, give detail	s:				
35	a. Have you ever been found guilty of any administrative offer	2002					
33,	a. Have you ever been found guilty of any aunimistrative oner	ser	YES	☑ NO			
			If YES, give detail	S;			
	h University						
	b. Have you been criminally charged before any court?		YES NO				
			If YES, give detail: Date Filed:	5.			
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any	law, decree, ordinance or regulation by		✓ NO			
	any court or tribunal?		☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the relie discount of the service in any of the	following modes: resignation, retirement,	☐ YES	✓ NO			
	dropped from the rolls, dismissal, termination, end of term, fin the public or private sector?	ished contract or phased out (abolition) in	If YES, give details	s:			
38.	a. Have you ever been a candidate in a national or local elect	ion hold within the last was (event					
	Barangay election)?	ion held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the	three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local of	andidate?	If YES, give deta	ils:			
39.	Have you acquired the status of an immigrant or permanent r	esident of another country?	☐ YES	✓ NO			
		Property of the Control of the Contr	If YES, give details (country):				
40.	D						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magrand (c) Solo Parents Welfare Act of 2000 (RA 8972), please a	na Carta for Disabled Persons (RA 7277);					
a.	Are you a member of any indigenous group?	answer the following items.	☐ YES	✓ NO			
-	, and the state of		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				
	The parties of the pa		If YES, please specify				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL NO.				
	ANITA L. ALFANTE	BRGY. TAGNATE, HILONGOS, LEYTE	9606642639				
	AURORA N. PARAN	BRGY. KANGHAAS, HILONGOS, LEYTE	9774072656	100			
	PRECIELO AMOR D. NOTARTE	SAN ROQUE GOV. MARTINEZ STREET, HILONGOS, LEYTE	9176571403				
42.	I declare under oath that I have personally accomplished		rue, correct and				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized represent	ntative to verify/validate the contents state	ed herein.				
	agree that any misrepresentation made in this docur	nent and its attachments shall caus	e the filing of	GX SS SO ST SS			
	administrative/criminal case/s against me.						
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
P	LEASE INDICATE ID Number and Date of Issuance	• ON					
G	overnment Issued ID: PRC	Swift.					
10	//License/Passport No.: 2201529	ox)	STER TOTAL PARTIES				
D	ate/Place of Issuance: MAASIN CITY, SOUTHERN, LEYTE	March 05,2025 Date Accomplished		Right Thumbmark			
F		wof March 2024 A /					
	SUBSCRIBED AND SWORN to before me this 6TH da	y of March 2024 Affant exhibit	ting his/her validly issue	d government ID as indicated above.			
		IMV					
	1 12 (100 1 10)	ATTY. ROMMEL P. PL	ICA				
	4	PUBLIC ATTORNEY	SA				
-	has a very control of the	PUBLIC ATTORNEY I	h _c				
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