SIGNATURE

## **PERSONAL DATA SHEET**

WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and th	e Work Experience Sheet s	shall cause the	filing of ac	dministrativ	e/criminal case/s	against the	person	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH			HE PDS FO			(De not fill up	For CSC use only)	
I. PERSONAL INFORMATIO	) 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)	
2. SURNAME		COGENER	A						
FIRST NAME	JAY ANNE					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	ESPADERA								
DATE OF BIRTH		16. CITIZENSHIP	-	l		_			
(mm/dd/yyyy)	JUNE 17, 1999	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ✓ by birth ☐ by naturalizati			ization			
4. PLACE OF BIRTH	BISLIG, SURIGAO DEL SUR	If holder of dual citize				Pls. indicate country:			
5. SEX	☐ Male ✓ Female	please indicate the d	Jetails.					•	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		lo				
	Widowed Separated Other/s:						Street GUADALUPE		
7. HEIGHT (m)	1.47	-	Subdivision/Village BAYBAY		Barangay LEYTE				
8. WEIGHT (kg)	55	ZIP CODE	City/Municipality		Province				
9. BLOOD TYPE	0	18. PERMANENT ADDRESS							
10. GSIS ID NO.	N/A	-	House/Block/Lot No. PUROK-4		o. Street COMAWAS				
		-	Subdivision/Village BISLIG CITY			Barangay SURIGAO DEL		SUR	
11. PAG-IBIG ID NO.	121267390254		С		ity/Municipality			Province	
12. PHILHEALTH NO.	18-2509787620	ZIP CODE				8311			
13. SSS NO.	08-3021448-0	19. TELEPHONE NO.	N/A			N/A			
14. TIN NO.	762-958-214	20. MOBILE NO. <b>0912201</b> :			122015976	.2015976			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		ja	ayanne.co	genera@gmail.	com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	N/A		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	AME EXTENSION (JR., SR)		N/A				
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
	USINESS ADDRESS								
TELEPHONE NO.	COCENEDA								
24. FATHER'S SURNAME	COGENERA EDGARDO	NAME EXTENSION (JR., SR)							
FIRST NAME MIDDLE NAME	PIA								
25. MOTHER'S MAIDEN NAME	VASQUEZ								
SURNAME	COGENERA								
FIRST NAME	ROSINA								
MIDDLE NAME	ESPADERA		(Continue on seg			eparate sheet if necessary)			
III. EDUCATIONAL BACKGI									
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGRI	EE/COLIBSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/	
LEVEL	(Write in full)	(Write in full)	ELIOCONOL	From	То	UNITS EARNED (if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	DON GONZALO PUYAT MEM. ELEM. SCHOOL	ELEMENTARY GRA	DUATE	2005	2011	ELEM. DIPLOMA	2011	9TH HONOR	
SECONDARY	SAINT MICHAEL'S SCHOOL	HIGH SCHOOL GRA	ADUATE	2011	2015	HS DIPLOMA	2015	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRIBUSI	NESS	2015	2019	COLLEGE DIPLOMA	2019	N/A	
GRADUATE STUDIES	N/A	N/A							
		Continue on separate sheet if ned	essarv)				•		

DATE

	RVICE ELIG								
	SPECIAL LAV	080 (BOARD/ BAR) UNDER WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION /	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			LICENSE (	Date of
BAR	ANGAY ELIGIBILI		,	CONFERMENT	MA			NOMBER	Validity
	19/2-	`			N/A				
V. WORK F	XPERIENCE		(1	Continue on separate sh	eet if necessary)				
(Include priva	ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attache	d Work Expe			
(mr	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not		DEPARTMENT / AGE (Write in full	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То						INCREMENT		
March 2020	October 2020	Cashie	r	Mayon Shop	per Lifestyle Corp.	₱ 8,500		N/A	N/A
-									
<b>—</b>									
<b>—</b>									
				Continue on separate sh	eet if necessary)	<u> </u>	l	l	
SIGNATURE					DATE	<u> </u>	June 28, 20		
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIV (mm/d	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A					N/A		
THE LEADING AND DELICATION OF THE PARTY (LODGE	100	ntinue on separat		ry)			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu				Chief/Executive/I	Managerial positions	s)	
30. TITLE OF LEARNING AND DEVELOPMENT INTEL (Write in full)		INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerall Supervisor) (Write in full) Technical(etc)		
DBM AND SABS ORIENTATION SEMINAR WITH T	THE THEME "HOW TO BE YOU	09/03/2016		8	PARTICIPANT DEPT OF BUSINESS AND MGMT, VSU		
INVESTMENT LITERARY SEMINAR		09/06	6/2017	8	PARTICIPANT	DEPT. OF BUSINESS AND MGMT, VSU	
INNOVATIVE MARKETERS FOR THE VALENTINE'S SPECIAL MGMT 134: MARKETING MANAGEMENT IN PARTNERSHIP WITH SOCIETY OF AGRIBUSINESS STUDENTS DEPARTMENT OF BUSINESS AND MANAGEMENT			02/14/18	24	PARTICIPANT	DEPT. OF BUSINESS AND MGMT, VSU	
MARKETING MANAGEMENT SEMINAR THEME: "STRATEGIC MARKETING FOR INCLUSIVE AND SUSTAINABLE AGRIBUSINESS"			25/18	4	PARTICIPANT	DEPT. OF BUSINESS AND MGMT, VSU	
2-DAY EDUCATIONAL TOUR IN CEBU COMPANY VISITED ARE LIWAYWAY MARKETING CORPORATION, NEGOSYO CENTER CEBU, AJINOMOTO PHILIPPINES FLAVOR FOOD INC., ALEGRE GUITAR FACTORY, CEBU FEDERATION OF DAIRY COOPERATIVES AND PROFOODS INTERNATIONAL CORPORATION.			05/05/2018	16	PARTICIPANT	DEPT. OF BUSINESS AND MGMT, VSU	
ULTRA LOW COST AGRICULTURAL TECHNOLOGY PLANNER, KOREA ORGANIZED BY JADAM  CEBU ORGANIC AGRICULTURE COOPERATIVE: JADAM ULTRA LOW COST			02/19/19	16	PARTICIPANT	CEBU ORGANIC AGRICULTURAL COOPERATIVE	
AGRICULTURAL TECHNOLOGY ON T							
ON THE JOB TRAINING AT HAT LADY FARM, CE	BU CITY	01/28/2019	03/11/2029	300	TRAINEE	N/A	
Completed Non-Credit Course Certificate: Covid-19 Contact Tracing, Johns Hopkins University, Coursera,			10/15/21	8	STUDENT	DOST	
Completed Non-Credit Course Certificate: Introduction to Project Management and Investment Risk Management, Coursera			12/04/2020		STUDENT	DOST	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER SKILLS	N/A				N/A		
DATA ANALYTICAL SKILLS							
CASE STUDY (AN ORGANIC EGG MARKETING							
CASE STUDY) CUSTOMER SERVICE SKILLS							
COMMUNICATION SKILLS							
SINGING AND PHOTOGRAPHY							
GINGING AND PROTOGRAPHT							
	(Ca	ntinue on separat	e sheet if necessa	ry)			
SIGNATURE	Glorges				ATE	June 28, 2021  CS FORM 212 (Revised 2017), Page 3 of 4	
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34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	YES	✓ NO						
	b. within the fourth degree (for Local Government Unit - Ca	YES If YES, give detai	☑ NO ls:						
35.	a. Have you ever been found guilty of any administrative of	YES NO If YES, give details:							
	b. Have you been criminally charged before any court?	YES V NO If YES, give details: Date Filed: Status of Case/s:							
36.	Have you ever been convicted of any crime or violation of a by 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, e out (abolition) in the public or private sector?		YES If YES, give detai	✓ NO ls:					
38.	a. Have you ever been a candidate in a national or local elemangay election)?	YES NO If YES, give details:							
	b. Have you resigned from the government service during telection 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 permaner	YES NO If YES, give details (country):							
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)								
a.	Are you a member of any indigenous group?	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	nt /appointee)							
	NAME	ADDRESS	TEL. NO.						
	MRS. CHERY P. REQUIRME	Cagayan De Oro	+63 926 025 7487	7.5					
	JEDESS MILADEL N. SALOMON  PROF. FELICIANO G. SINON	Bislig City  Baybay City, Leyte	+63 919 976 7828 +63 919 949 4971						
42.	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.								
G ID	overnment Issued ID (ie.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: Phil-Health  VLicense/Passport No.: 182509787620  ate/Place of Issuance: FEB. 2020, BUTUAN CITY	Signature (Sign inside the b June 28, 2021 Date Accomplished	) (x)	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi		d government ID as indicated above.					
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