

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		DONAYRE					
FIRST NAME		MARICEL				NAME EXTENSION (JR., SR)	
MIDDLE NAME		GARSANO					
3. DATE OF BIRTH (mm/dd/yyyy)		02/24/1987		16. CITIZENSHIP		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH		PILAR, CAMOTES, CEBU		If holder of dual citizenship, please indicate the details.			
5. SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
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:		17. RESIDENTIAL ADDRESS			
7. HEIGHT (m)		1.58m		House/Block/Lot No.		Street	
8. WEIGHT (kg)		55kg		Subdivision/Village		LIBERTAD	
9. BLOOD TYPE		B+		ORMOC CITY		LEYTE	
10. GSIS ID NO.				City/Municipality		Province	
11. PAG-IBIG ID NO.		1210-1166-2459		ZIP CODE		6541	
12. PHILHEALTH NO.		080507768346		18. PERMANENT ADDRESS			
13. SSS NO.		34-0541708-8		House/Block/Lot No.		Street	
14. TIN NO.		307-650-379-000		Subdivision/Village		LIBERTAD	
15. AGENCY EMPLOYEE NO.				ORMOC CITY		LEYTE	
				City/Municipality		Province	
				ZIP CODE		6541	
				19. TELEPHONE NO.			
				20. MOBILE NO.		09227840040	
				21. E-MAIL ADDRESS (if any)		iceldonayre@gmail.com	

II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME		NAME EXTENSION (JR., SR)		KEITH JARYLLE D. PAGLINAWAN		05/21/2012	
MIDDLE NAME				XEDRIC JACE D. PAGLINAWAN		08/06/2013	
OCCUPATION				ALYANA D. PAGLINAWAN		12/07/2016	
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME		DONAYRE					
FIRST NAME		ANTONINO		NAME EXTENSION (JR., SR)			
MIDDLE NAME		PAGALAN					
25. MOTHER'S MAIDEN NAME							
SURNAME		GARSANO					
FIRST NAME		CLARITA					
MIDDLE NAME		LAURON					
						(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	PILAR CENTRAL SCHOOL		1993	1999		1999	
SECONDARY	PILAR NATIONAL HIGH SCHOOL		1999	2003		2003	
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2003	2007		2007	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE		DATE		07/29/2025			

[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>M. J. J. J.</i>	DATE	07/29/2025
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>gmg/mase</i>	DATE	07/29/2025
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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,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?  
  
b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

Date Filed:

Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:

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?

☒ YES☐ NO

If YES, give details:

Resignation and End of Contract

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  
  
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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

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:  
a. Are you a member of any indigenous group?  
  
b. Are you a person with disability?  
  
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:

☐ YES☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Wendy Amante	Labogon, Mandaue City	9065291796
Roberto Ricaplaza	Pilar, Camotes, Cebu	9064228145

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:

ID/License/Passport No.:

Date/Place of Issuance:

Signature (Sign inside the box)

07/29/2025

Date Accomplished

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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