

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. 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ADVINCULA			
FIRST NAME	JENNILLE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANILAG			
3. DATE OF BIRTH (mm/dd/yyyy)	10-14-2000	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	ORMOC CITY HOSPITAL	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	House/Block/Lot No. Street Subdivision/Village Barangay DULAG LEYTE City/Municipality Province 6505	
7. HEIGHT (m)	1.50	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay DULAG LEYTE City/Municipality Province 6505	
8. WEIGHT (kg)	53		ZIP CODE	6505
9. BLOOD TYPE				
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	N/A			
12. PHILHEALTH NO.	N/A			
13. SSS NO.	N/A	19. TELEPHONE NO.	NONE	
14. TIN NO.	658-834-698	20. MOBILE NO.	09103952829	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jennilleadvi@gmail.com	

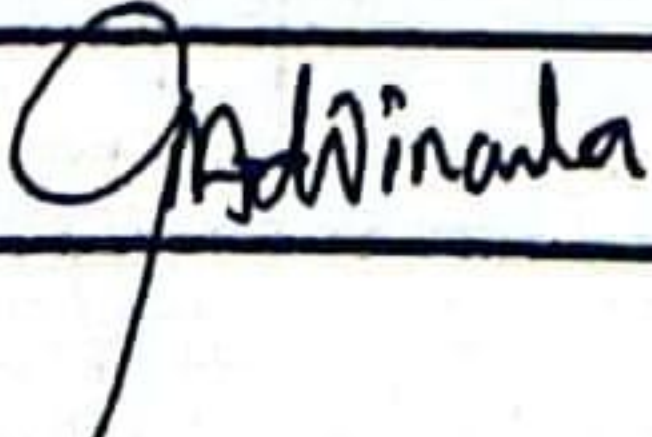
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ADVINCULA		N/A	N/A
FIRST NAME	TOMAS	JR	N/A	N/A
MIDDLE NAME	RIVAS		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	MANILAG		N/A	N/A
FIRST NAME	VICTORINA		N/A	N/A
MIDDLE NAME	CAINDOY		(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	CABACUNGAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013	GRADUATED	2013	WITH HONOR
SECONDARY	CABACUNGAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2013	2017	GRADUATED	2017	WITH HONOR
SENIOR HIGH SCHOOL	CABACUNGAN SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL GRADE	2017	2019	GRADUATED	2019	WITH HONOR
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY- TANAUAN CAMPUS	BACHELOR OF SECONDARY EDUCATION (SCIENCE)	2019	2023	GRADUATED	2023	ACHIEVER
GRADUATE STUDIES	N/A	N/A			N/A	N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10-17-2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Q. Adhinarayana</i>	DATE	10-17-2024
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29.

(Continue on separate sheet if necessary)

Start from the most recent 44 training program and include only the relevant 44 training then for 07/2014 (p. 21)

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

CS FORM 212 (Revised 2017), Page 3 of 4

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. REX C. BRIONES	BRGY. SERRANO DULAG, LEYTE	N/A
JAMES R. PEDRERA, MAIS	ALANG-ALANG, LEYTE	N/A
DR. EGBERT G. DEL PILAR	BURAUEN, LEYTE	N/A
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: PASSPORT
ID/License/Passport No.: P1974075C
Date/Place of Issuance: 10/10/2022 TACLOBAN CITY

Signature (Sign inside the box)
10-17-2024
Date Accomplished



SUBSCRIBED AND SWORN to before me this **OCT 17 2024**, affiant exhibiting his/her validly issued government ID as indicated above.

