CS Form No. 212						-			
Revised 2017		PERS	ONAL DAT	A SH	HEE"	REGINLIPAN BRIESON			
WARNING: Any misrepresent	tation made in t	he Personal Data Sheet and	the Work Experience Sheet sh	all cause the	filing of adn	ninistrative/	criminal case/s a	gainst the per	rson
concerned. READ THE ATTACHED GUID!	E TO FILLING O	UT THE PERSONAL DATA	SHEET (PDS) BEFORE ACCOM	PLISHING TH	E PDS FORM	1			
Print legibly. Tick appropriate box I. PERSONAL INFORMATION I. PERSONAL INFORMATION I. PERSONAL INFORMATION II. PERSONAL INFORMATION II. PERSONAL INFORMATION III. PERSONAL INFOR		separate sheet if necessary. In	dicate N/A if not applicable. DO No	OT ABBREVIA	ATE.	1. CS ID No.		(Do not fill up.	For CSC use or
2. SURNAME	CAJA								
FIRST NAME	ANTHEA			NAME EXTENSION (JR., SR)					
MIDDLE NAME	AMAGA								
3. DATE OF BIRTH		4/18/1992	16. CITIZENSHIP				FILIPINO		
(mm/dd/yyyy)		20 00 00					1 1211 1110		
4. PLACE OF BIRTH		MERIDA, LEYTE	If holder of dual citize	If holder of dual citizenship,					
5. SEX		FEMALE	please indicate the o	letails.					
6 CIVIL STATUS		MARRIED	17. RESIDENTIAL ADDRESS		N/A			N/A	
	al ment				ouse/Block/Lot N SITIO ISABE	L		Street PLARIDEL	
7. HEIGHT (m)		1.6002	The second of the second	_	Subdivision/Villag		SOL	Barangay JTHERN LEY	TE
8. WEIGHT (kg)	September 1	72 Jajoos ja	ZIP CODE	LUKSAS	City/Municipality 6609		MATRIE	Province	min 2
9. BLOOD TYPE	TANK T	B+	THE PERSON NAMED IN COLUMN	MACHOO	N/A	FOCAL P	MINTOUS	ACHEMPUSA	E\$80183151
10. GSIS ID NO.		N/A			ouse/Block/Lot N			Street PLARIDEL	
				-	Subdivision/Villag	THE RESERVE THE PERSON NAMED IN	SOLI	Berengay THERN LE	VTF
11. PAG-IBIG ID NO.		N/A		The same of the sa	City/Municipality		300	Province	
12. PHILHEALTH NO.		N/A	ZIP CODE	6609					
13. SSS NO.		06~4682420-0	19. TELEPHONE NO.	N/A		N/A			
14. TIN NO.		N/A	20. MOBILE NO.	09474839		474839370	839370		
15. AGENCY EMPLOYEE NO.		N/A	21. E-MAIL ADDRESS (if any)	a.caja100714@gmail.com		0714@gmail.com			
II. FAMILY BACKGROUNI	0								
22. SPOUSE'S SURNAME	CAJA			23. NAME of C	HILDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy
FIRST NAME	CARLO		NAME EXTENSION (JR., SR)		KHARLA ELI	ZABETH A.	CAJA	3/16/2016	
MIDDLE NAME	PETAGARA			ELLIANA GRACE A. CAJA			1/27/2022		
OCCUPATION	ASSISTANT		÷	JANE ELOUISE A. CAJA		JA	11/24/20		
EMPLOYER/BUSINESS NAME		Y AND LIVESTOCK SUPPLY	INC.						
BUSINESS ADDRESS TELEPHONE NO.	032-423-5545	ONSULACION, CEBU							
24. FATHER'S SURNAME	032-423-334	N/A							
FIRST NAME		N/A	NAME EXTENSION (JR., SR)						
MIDDLE NAME		N/A							
25. MOTHER'S MAIDEN NAME		DECEASE	D						
SURNAME		AMAGA							
FIRST NAME		RUFILLA							
MIDDLE NAME		MAHAYAG	3		(C	ontinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND								
26. LEVEL		NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
		S ELEMENTARY SCHOOL		T	From	То			

WIDDLE NAIVIE	MATATAG	1	(Conunue on separate sneet if necessary)					
II. EDUCATIONAL BACI	KGROUND							
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIE ACADEMIC HONORS	
			From	To	(if not graduated)		RECEIVED	
ELEMENTARY	LIBAS ELEMENTARY SCHOOL					2004		
SECONDARY	MERIDA VOCATIONAL SCHOOL					2008		
VOCATIONAL / TRADE COURSE	N/A					6.2		
COLLEGE	EASTERN SAMAR STATE UNIVERSITY	BS BIOLOGY MAJOR IN CONSERVATION BIOLOGY				2022		
GRADUATE STUDIES								
		(Continue on separate sheet if necessary)						
SIGNATURE	Cganago	· ·	DATE 03/17/2025		03/17/2025	1015		

	SERVICE ELIC								
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA		MENT	LICENSE (if ap	Date o	
N/A N/A			N/A	atom county to the Prorse AVA win Ethout and the Work II			N/A	N/A	
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	20% DELL	ENGLISTIKE SMAH		-			ALAC		SLEGAL
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		NIGUIA			TO BE TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PE	91151V4	ADAMA	errus.	h TAT
					. +			(99)	
			(Con	tinue on separate sheet		J. AGIRBM		arms 4	BUAR
	EXPERIENCE vate employm	ent. Start from your recei	nt work) Descriptio	n of duties should l	be indicated in the attac	hed Work Ex	perience she	eť.	
(n	USIVE DATES mm/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV" SERVIO
From //10/2023	06/30/2024	SUSTAINABLE LIVELIH			MUNICIPAL SOCIAL	7500.00	INCREMENT NI/A	IOR OPPER	1102507
, 10/2020	100/30/2024	FOCAL PER	RSON	WELFARE AN	D DEVELOPMENT	/500.00	N/A	JOB ORDER	202
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						NIA .		s shirt	macy
	5 Page 19		SERVATION	IDO VII ROLAM YOUJO	I SI VIORANI II	O STANAS INC	ELDAN		
				Y80.1018					
								0.000719:211	

VOLUNTARY WORK OR INVOLV		JUNE ON WILLIAM			I SAMEATION			
	E & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	N/A		N/A	N/A	n a nva o -	inu rasamevo	b. within the fourth der AV (is Local C	
	IF FES, give cerem							
					Ceanatio evi	my administrat	a. Here you ever been found guilty of a	
3	If YES, give details						5 - S	
			* * * *			Mucayaa amb	d hamada albaininin agada an mail. A	
	F YES, give details						And the state of t	
	Osta Fied Status of Case/s	· ·						
I. LEARNING AND DEVELOPMEN	T (L&D) INTERVENTION	AND RESIDENCE OF THE PARTY OF T	t <mark>inue on separate s</mark> OGRAMS ATT	THE RESERVE OF THE PERSON NAMED IN	y)			
). TITLE OF LEARNING AND DEVELOP	MENT INTERVENTIONS/TRAININ (Write in full)	IG PROGRAMS	INCLUSIVE ATTENI (mm/di	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
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	N/A BOOK SERVICE		N/A	N/A	N/A		N/A	
·ofini	If YES, give det	vancaseS los	ixe) resy leal	act nidle b	ad noitoele les	ol to lengten r	a. Have you ever been a candidate in election)?	
Jakas		r notigels fasi er	Lengted brins	s rilgings (F)	ring the time	b solvise men	b. Have you resigned from the govern	
'ala	If YES, give del			(0)			promplatectively eampaign lot a nation	
	Salah and Parasas		1-y B/ West	MINISTER	SOIGE), HUNET	mag art of pain	Playe you acquired the skiller of an im	
(country)	# 1 E O GOOD GOOD GOOD GOOD GOOD GOOD GOOD							
	10	A 7277), and (o	id Persona (8	AdealO tot a			Pursuant bs: (a) Indigenous People's A soin Perens Wellste Act of 2000 (FA	
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	II YES, pluser specif						Pydilidealb illije reareg a ugy anA	
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ioN OI y	If YES, please specif						- 1189189 Diga & Judy Sh/1	
					Date he man	I III K VIIII	PER ERENCES Personal material concern	
400	DA 181 .		ABORESS				314A14	
	ESESPESPONO 1	YAN, SOUTHERN	IEL, HANDRONDA LEYTE	PIALTI YEN			MS. RUBIE P. OUSNOO	
	Septementabo ,	YAN, SOUTHERN	EL_HINUNDA LEYTE	RGY PLAPE			MS. MICHELE SEQUIN	
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			tinue on separate s			45,800,000	mission on the Profession of the cody	
II. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32.	NON	-ACADEMIC DISTIN	CTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
CROCHET		700	N/A				N/A	
READING NON-FICTION BOOK	S		acdettHro			2000AZ 89-11-2	of the plant of the promote the sounds	
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34	the year related by comeaning and it among the area appearanced as		Martin Control of the		
	chief of bureau or office or to the person who has immediate su Bureau or Department where you will be apppointed,	upervision over you in the Office,	MOTAL MALENO NO EXCINCIA A TIME!		
	a. within the third degree?		(kit et alrea)		
	b. within the fourth degree (for Local Government Unit - Career	Employees)?			
	b. Within the fourth degree (for Eood) Soveriment one Sales	Employees):	If YES, give details:		
35	a. Have you ever been found guilty of any administrative offens	se?			
. 0			If YES, give details:		
		• 12			
	b. Have you been criminally charged before any court?		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?	Marion and The	If YES, give details:		
		TOWN STREET, DESIGN PLANS	AND SHORE OF ESPANDED IN THE PROPERTY OF THE SHORE OF THE		
37	Have you ever been separated from the service in any of the fo	ollowing modes: resignation, retirement,			
	dropped from the rolls, dismissal, termination, end of term, finis	shed contract or phased out (abolition) in the	If YES, give details:		
	public or private sector?				
38	a. Have you ever been a candidate in a national or local election election?	on held within the last year (except Barangay	1000		
			If YES, give details:		
	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?		If YES, give details:		
39	Have you acquired the status of an immigrant or permanent re				
			If YES, give details (country):		
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna	Costs for Disabled Persons (PA 7277); and (c)			
70	Solo Parents Welfare Act of 2000 (RA 8972), please answer the				
	Are you a member of any indigenous group?				
			If YES, please specify:		
).	Are you a person with disability?		If YES, please specify ID No:		
	Are you a solo parent?		The field of the f		
			If YES, please specify ID No:		
4	REFERENCES (Person not related by consanguinity or affinity to applicant /	(appointed)			
	NAME	ADDRESS	TEL NO.		
	MS. RUBIE P. CUENCO	LEYTE	09692385357		
	MS. MICHELE SEQUINA	BRGY. PLARIDEL, HINUNDAYAN, SOUTHERN LEYTE	09776427635		
	DOC, SYRENE P. NAYRE	BRGY, LIBAS, MERIDA, LEYTE	09554932026		
A ^c	2. I declare under oath that I have personally accomplished				
7	statement pursuant to the provisions of pertinent laws, rules				
	agency head/authorized representative to verify/validate the	contents stated herein. I agree that any	Illistebiesetiration		
	made in this document and its attachments shall cause the filing	ng or administrative/criminal case/s against me.	РНОТО		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	OT MODORAL SEARCH THE DESIGN OF THE SEARCH THE	Control of the Contro		
- 1	PLEASE INDICATE ID Number and Date of Issuance	Compagn			
	Government Issued ID: DRIVER'S LICENSE	Gunda			
	ID/License/Passport No.: H04-22-301743	Signature (Sign inside the box			
	Date/Place of Issuance: BORONGAN CITY, EASTERN SAMAR	01/17/2025 Date/Accomplished	Right Thumbmark		
-	· MA				
	SUBSCRIBED AND SWORN to before me this	allian exhibiting hish	ner validly issued government ID as indicated above.		
	Doc No. 34212:	ESTERLITA D. CUPAT-	DEMIAO		
	Page No 22	Notary Public	E1E(200E		
	Page No. 28 Book No. 14 Vill ;	ATTY'S ROLL NO. 51175,	5/5/2003 5/MD2025		
	Series of 70%.	Person Administering Oath	intil 41141):		
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CS FORM 212 (Revised 2017), Page 4 of 4