CS Form No. 212
Revised 2017

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.

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

I. PERSONAL INFORMATION

2. SURNAME	REDUBLA
FIRST NAME	CATHY
NAME EXTENSION (JR., III)	N/A
MIDDLE NAME	PERA
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 23, 1998
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE
5. SEX	☐ Male ☑ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	5'2
8. WEIGHT (kg)	52 kg
9. BLOOD TYPE	N/A
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	121266556863
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A
16. CITIZENSHIP (If holder of dual citizenship, please indicate the details)	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization. Pls. indicate country:
17. RESIDENTIAL ADDRESS	N/A (House/Block/Lot No.) PATISOY (Street); N/A (Subdivision/Village) DAMULA-AN (Barangay); ALBUERA (City/Municipality) LEYTE (Province); ZIP CODE 6542
18. PERMANENT ADDRESS	N/A (House/Block/Lot No.) PATISOY (Street); N/A (Subdivision/Village) DAMULA-AN (Barangay); ALBUERA (City/Municipality) LEYTE (Province); ZIP CODE 6542
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09124683412
21. E-MAIL ADDRESS (If any)	marycelestein@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	REDUBLA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEROMIE (NAME EXTENSION (JR., III))	SAMANTHA PERA REDUBLA	AUGUST 15, 2015
MIDDLE NAME	PARTEA	N/A	N/A
OCCUPATION	NURSE	N/A	N/A
EMPLOYER/BUSINESS NAME	DEPARTMENT OF HEALTH (RHU)	N/A	N/A
BUSINESS ADDRESS	ALBUERA, LEYTE	N/A	N/A
TELEPHONE NO.	09107620404	N/A	N/A
24. FATHER'S SURNAME	N/A	N/A	N/A
FIRST NAME	N/A (NAME EXTENSION (JR., III))	N/A	N/A
MIDDLE NAME	N/A	N/A	N/A
25. MOTHER'S MAIDEN NAME	PERA	N/A	N/A
SURNAME	LAZARO	N/A	N/A
FIRST NAME	EMELICA	N/A	N/A
MIDDLE NAME	WENCESLAO	(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 From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ALBUERA SOUTH CENTRAL SCHOOL	ELEMENTARY GRADUATE	2005	2010	N/A	2010	N/A
SECONDARY	DAMULA-AN NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	2010	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2014	2014	29 units	2014	CAPD
	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2014	2018	N/A	2018	PRESIDENT'S LIST
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 15, 2020

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
LICENSURE EXAMINATION FOR AGRICULTURE	75.60	NOVEMBER 6-7 2019	TACLOBAN CITY	191546844	7-23-22
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01-1-20	PRESENT	DOCUMENTARY LIVESTOCK DIVISION ASSISTANT, SUPPORT STAFF	CITY AGRICULTURE OFFICE LGU-ORMOC CITY	6,270	N/A	JOB ORDER	YES
10-01-17	5-29-18	RESEARCH ASSISTANT	VISAYAS STATE UNIVERSITY	5,000	N/A	INTERNSHIP	YES

(Continue on separate sheet if necessary)

SIGNATURE	[signature]	DATE	MAY 15, 2020

29 NAME & 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	N/A

(Continue on separate sheet if necessary)

30 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical)	CONDUCTED/ SPONSORED BY (Write in full)
TRAINING OF TRAINERS FOR SUSTAINABLE AGRICULTURE	OCT 2	6, 2017	120 HOURS	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
SKILLS AND DEVELOPMENT FOR AGRICULTURE	MAY 1	30, 2015		TECHNICAL	VISAYAS STATE UNIVERSITY

(Continue on separate sheet if necessary)

31 SPECIAL SKILLS and HOBBIES	32 NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33 MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	CERTIFICATE OF RECOGNITION FOR PASSING THE LICENSURE	PHILIPPINE ASSOCIATION FOR
RESEARCH	EXAMINATION FOR AGRICULTURIST.	AGRICULTURIST
DANCING		PHILIPPINE ASSOCIATION FOR
		ENTOMOLOGIST

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 15, 2020

34 Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be apppointed, 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?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ 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:
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 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.
MARIA ELENA A. MENDOZA, MMBM	CITY AGRICULTURE OFFICE	09476292723
ELSIE E. SALAMAT, PLANT PATHOLOGIST VSU	VISAYAS STATE UNIVERSITY	09282563474
Fr. JESUS ITO LIM. DEPARTMENT HEAD, DPM VSU	VISAYAS STATE UNIVERSITY	

PHOTO

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: PRC
ID/License/Passport No.: 18-1546844
Date/Place of Issuance: PRC ROBINSON ORMOC

Signature (Sign inside the box)

05-14-20

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 15 MAY 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. OLIVER NORMAN Y.
PUBLIC ATTORNEY I
(Pursuant to RA 9406)
Person Administering Oath