CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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.

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 MACK									
FIRST NAME	GISSANE MAE NAME EXTENSION (JR., SR)								
MIDDLE NAME	GARCIA								
3. DATE OF BIRTH (mm/dd/yyyy)	09/10/1994 16. CITIZENSHIP					FILIPINO			
4. PLACE OF BIRTH	OROQUIETA CITY, MIS.OCC.	If holder of dual citizer	·			Pls. indicate c	ountry: <i>PHILIP</i>	PPINES	
5. SEX	FEMALE	please indicate the de	tails.			N/A			
6 CIVIL STATUS	MARRIED	17. RESIDENTIAL ADDRESS	Hou	e/Block/Lot No. Street					
						PUROK - 3 T ubdivision/Village			
7. HEIGHT (m)	1.6		OROQUIETA	9	Barangay MIS OCCIDENTAL				
8. WEIGHT (kg)	54	ZIP CODE	Ci	ity/Municipality		Province			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS							
10. GSIS ID NO.	N/A			se/Block/Lot No PUROK - 3				Street FABOC NORTE	
			Sub	bdivision/Village OROQUIETA		Barangay MISAMIS OCCIDENTAL			
11. PAG-IBIG ID NO.	121269363243		Ci	ity/Municipality			Province	DENTAL	
13. SSS NO.	34-9318361-2	19. TELEPHONE NO.				7207			
14. TIN NO.	365 256 037 0000	20. MOBILE NO.			090	063556800			
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any) <u>garciagissane@gmail.com</u>								
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	MACK		23. NAME of CHI	ILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	JOFFER LOUIE	NAME EXTENSION (JR., SR)	XTENSION (JR., SR) KODY IO GA			RCIA MACK			
MIDDLE NAME	DORIMON								
OCCUPATION	Teaching Assistant/Laborator								
EMPLOYER/BUSINESS NAME	Mindanao State University Main Ca								
BUSINESS ADDRESS	MSU, Marawi City, Lanao								
TELEPHONE NO.	9106317657								
24. FATHER'S SURNAME	GARCIA								
FIRST NAME	SOFRONIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BANGGAD								
25. MOTHER'S MAIDEN NAME	BAŇEZ								
SURNAME	GARCIA								
FIRST NAME	GINA								
MIDDLE NAME	CLAROS (Continue on separate sheet if necessary)								
III. EDUCATIONAL BACKGR	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Dagat-Dagatan Elementary School			01/06/2001	02/04/2007		2007	N/A	
SECONDARY	Macario B. Asistio Sr. High School			05/06/2007	04/04/2011		2011	N/A	
VOCATIONAL / TRADE COURSE									
COLLEGE	Mindanao State University Main Campus Marawi City	Bachelor of Sciance in Chemistry		06/06/2012	04/07/2019		2019	N/A	
GRADUATE STUDIES	/0	ontinuo on conorato -bt !f	occand)						
CICNATURE	(Co	ontinue on separate sheet if nece	essary)	D.4	TE		July 4, 2022		
SIGNATURE				DA	TE		July 6, 2023		

IV. CIVIL SERVICE ELIGIBILITY									
SPECIAL LAWS/ CES/ CSEE (If Ann			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAM	INATION / CON	FERMENT	LICENSE (if applicable) Date of
DARANGAT ELIGIDILITY / DRIVER S LICENSE			80.9	12/08/2018	Iligan City Nation		ool, Roxas	567573	Validity 09/10/2018
			76.0	10/10/2019	East Gusa, Nation		ool, Cagayan	001698	10/21/2019
	One media recimical reconsule Examination				De	Oro City			
			(Co	ontinue on separate s	heet if necessary)				
	XPERIENCE ate employme	nt. Start from your re	ecent work) [Description of du	ties should be indic	ated in the a	ttached Work	: Experience s	:heet.
28. INCLU	JSIVE DATES	POSITION TIT			AGENCY / OFFICE /		SALARY/ JOB/ PAY GRADE (if		
From	m/dd/yyyy) To	(Write in full/Do not al			MPANY o not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
06/06/2016	07/15/2016	On the Job Trainee	(Analyst)	Mabuhay Vir	nyl Corporation				
03/10/2020	12/10/2020	Laboratory An	alyst	_	d Corporation Mindanao State	14000.00	05-2	permanent	
10/18/2022	present	Instructor	r		ce and Technology	12960.00		contractual	
			(Co	ontinue on separate s	heet if necessary)				
SIGNATURE					DATE		July	6, 2023	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29.	NAME & ADDRESS OF OF (Write in full)			VE DATES ld/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
Chemistry Society			12/08/2017	06/ 30/2019		Property Custo	dian	
		(Continue	on separate sheet	if necessary)				
		INTERVENTIONS/TRAINING P. de only the relevant L&D/training taken fo			Chief/Execu	tive/Managerial pos	itions)	
	F LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc) Type of LD CONDUCTED/ SPONSORED BY Write in full)		
Science Sen	ninar: CNSM, Engaging Developmer	nt Role in Providing Sustainable	From 01/03/2017	To 01/03/2017	8.0	, , , , , , , , , , , , , , , , , , , ,	College of Natural Sciences and Mathematics,	
Symposi	Livelihood through Green um on Humanitarian Rights and Inte	-	05/04/2017	05/05/2017	16.0		Mindanao State University, Main Department of Political Studies, Mindanao	
	dergraduate Seminar: The Current 1		12/12/2017	12/12/2017	8.0		State University, Main Department of Chemistry, Mindanao State	
	Undergraduate Sem		07/23/2018	07/23/2018	8.0		University, Main Department of Chemistry, Mindanao State	
	Kairos Course		08/20/2016	10/29/2016	432.0		University, Main The Flocks of Jesus, The Great Shepherd Fellowship Incorporated in cooperation with Salam Ministry	
arate sheet if necess	ary)							
VIII								
31. SF	PECIAL SKILLS and HOBBIES	32. NON-AC	ADEMIC DISTINCT (Write in	FIONS / RECOGNI full)	ΓΙΟΝ		MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
arate sheet if necess	ary)							
	SIGNATURE					DATE	July 6, 2023	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?							
	b. within the fourth degree (for Local Government Unit - Care	NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe	No If YES, give details:						
	b. Have you been criminally charged before any court?	No If YES, give details: Date Filed: Status of Case/s:						
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	ly law, decree, ordinance or regulation by	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, en (abolition) in the public or private sector?		No If YES, give details:					
38.	a. Have you ever been a candidate in a national or local election.	tion held within the last year (except	No If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		No If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	No If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous group?							
b.	Are you a person with disability?	If YES, please specify: No Subanen						
C.	Are you a solo parent?	If YES, please specify ID No: No If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	Prof. Lorelei G. Calibo	Del Carmen, Iligan City, Lanao Del Norte	9338254058					
	Rodel E. Quero	MSU Main, Marawi City, Lanao Del Sur	9308634863					
Reobebs A. MuaŇa Panabo City, Davao Del Nor			9091940040					
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. Right Thumb							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			Print				
	Vernment Issued ID: NPC ID No.:TRAYT920221220002700	3						
ID	o/License/Passport No.: PRC ID: 0003977	ox)						
D	ate/Place of Issuance: 10/21/2019							
	SUBSCRIBED AND SWORN to before me this	ing his/her validly issued go	overnment ID as indicated above.					
		h						
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