CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SF	IEET*			
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and the	Work Experience Sheet shall	I cause the fili	ng of administrative/crim	inal case/s agair	nst the person o	oncerned.
	TO FILLING OUT THE PERSONAL DATA SHE			PDS FORM.		(Do not fill up. Fo	or CSC use on
I. PERSONAL INFORMATION							
2. SURNAME	DAJAO						
FIRST NAME	FRANCES LOUISE	-	NAME EXTENSION (JR., SR)				
MIDDLE NAME	BASALO						
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	16. CITIZENSHIP		Filipino	Dual Citizenship ☐ by birth	□ by naturalizat	ion
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize	enship,	country:			
5. SEX	☐ Male	please indicate the c	tetails.				~
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Н	S86 use/Block/Lot No.	30 DE POBLAC	DECTEM! Street	
7. HEIGHT (m)	1.62			ubdivision/Village SAYBAY CITY		Barangay LEYTE	
8. WEIGHT (kg)	77	ZIP CODE		City/Municipality		Province	*
9. BLOOD TYPE		18. PERMANENT ADDRESS		586	20 OF	DECTEMB	0F
	0+			use/Block/Lot No.		Street	
10. GSIS ID NO.	NA			ubdivision/Village	POBLAC	Barangay	> N
11. PAG-IBIG ID NO.	1212-5977-5485		В	WBAY CITY City/Municipality	Lt.	Province	
12. PHILHEALTH NO.	13-250338479-9	ZIP CODE		G\$21			
13. SSS NO.	34-9022724-1	19. TELEPHONE NO.	NA				
14. TIN NO.	366-880-076	20. MOBILE NO.	0933-	524-0629			(4)
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	dajao. franceslouise @yahoo.com				
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	NA		23. NAME of Ch	HILDREN (Write full name and I	ist all)	DATE OF BIRTH	H (mm/dd/yyyy
FIRST NAME	NA	NAME EXTENSION (JR., SR)	N.	4		NA	
MIDDLE NAME	NA				3		
OCCUPATION	NX						
EMPLOYER/BUSINESS NAME	NA						
BUSINESS ADDRESS	NA						
TELEPHONE NO.	NA	1					
24. FATHER'S SURNAME	DAJAO				**************************************		
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)					
MIDDLE NAME	POLO		1				
25. MOTHER'S MAIDEN NAME							
SURNAME	BASALO		1				
FIRST NAME	MARIA LUISA		 	and the second s			
MIDDLE NAME	IELIS		(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKO							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR	REE/COURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL UNITS EARNED	YEAR	SCHOLARSH ACADEMIC

(if not graduated) HONORS RECEIVED From To FRANCISCAN COLLEGE OF THE ELEMENTARY ELEMENTARY 2005 GRADUATED IMMACULATE CONCENTION FRANCISCAN COLLEGE OF THE 2011 2011 NA SECONDARY HIGH SCHOOL 2011 2015 GRAPHATED IMMACHLATE CONCEPTION 2015 NA VOCATIONAL / TRADE COURSE NA NĂ NA DA NA NA NA BACHELOR OF SCIENCE IN UNIVERSITY OF SAN CARLOS COLLEGE ACCOUNTING TECHNOLOGY 2015 2019 GRADUATED 2019 NA GRADUATE STUDIES NA NA NA NA Å.U AK NA Compedaydo SIGNATURE DATE February 01, 2022

CAREER SER	VICE/ RA 1080 (BOA	ARD/BAR) UNDER SPECIAL BARANGAY	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINAT	ON / CONFERME	NT	NUMBER	Date of Validity
	ELIGIBILITY / DRIVI	ER'S LICENSE		CONFERMENT	CERL CITY	CEAU		NA	N4
REER SE	RVICE - PRO	PESS) ONAL	80.21	03/17/2019	CEBU CITY	, ceby			
	0								
	- 3								
					1	H			
. WORK E	XPERIENCE		(0	Continue on separate sheet	if necessary)				
THE COURSE OF THE PARTY OF THE	ite employment. USIVE DATES	Start from your recent	work) Description	n of duties should be	indicated in the attached	Work Experie	SALARY/ JOB/ PAY		
(m	nm/dd/yyyy)	POSITION (Write in full/Do no			GENCY / OFFICE / COMPANY Juli/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	GOV* SERVI (Y/ N
From	09/20/2019	· Olemb		CASIL OFF	fice (vsu)	9,500.00	INCREMENT	٥٥	N
	05/31/2020	PAYROU CL	Fnb		oncepts, inc	11,000.00	N/A	PROBITIONARY	2 2
Live The second	04/30/2022	CLERK	CKK	CAS (5053.4/day	N/A	Jo	N
	PRESENT	CLERK			Ace (vsu)	603.4 /day		JO	N
01/2020	PRESENT	ASSISTANT FREELA		_		8,500.00	N/A	PART-TIME	N
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	1 1 17 17	V				+			
			(6	Continue on separate sheet	If necessary)				
SIGN	ATURE	Now Lagar			DATE	February	01,2022		

29. NAME & ADDRESS OF ORG (Write in full)	SANIZATION	(mm/d	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
UNIVERSITY OF SAN CARLOS -TALA	MBAN CAHINIS	65/02/2018	To 08/04/2018	450.0		B- TRAINGE OF THE ASSESS MENT IN-CAARCE
II. LEARNING AND DEVELOPMENT (L&D) I					Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS		DANCE kl/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/SPONSORED BY (Write in full)
SAP BASIC (WGISTICS AND FINA	ncials)	07/05/2018	10/20/208	600.0	TECHNICAL	UNIVERSITY OF SAN CARLOS
3						3
	A 22 22 22					
						(A)
					170	
- 1364		-				
101						
A STATE OF THE STA						
	- Ve		- 120			
VIII. OTHER INFORMATION	(Continue on separate	sheet if necessar	y)		
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTI	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in fulf)
ACCOUNTING CLERICAL	NA	***				SOCIETY OF YOUNG BUSINESS EXECUTIVES AND ENTREPRENEU JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTAINS
COOKING COIMPUTER LITERATE						33 = 13 T
READING	0 *					Carlotte Maller
GOOD COMMUNICATION SKILUS		12			*	
CIONATURE		Continue on separate	sheet if necessary			- Avenue
SIGNATURE	doukdaysho			l D	ATE	February 01, 2022 CS FORM 212 (Revised 2017), Page 3

chief of bureau or office or to the person who has im	pointing or recommending authority, or to the mediate supervision over you in the Office,	- di	
Bureau or Department where you will be apppointed	I,		
a. within the third degree?		☐ YES ☑ NO	
b. within the fourth degree (for Local Government U	nit - Career Employees)?	☐ YES ☐ NO If YES, give details:	
		If YES, give details.	
5. a. Have you ever been found guilty of any administr	ative offense?	☐ YES 🖺 NO	
		If YES, give details:	
I II was been similarly aborated before any so	net)	☐ YES ☑ NO	
b. Have you been criminally charged before any con	ut:	If YES, give details:	
		Date Filed:	
	The same of the sa	Status of Case/s:	The state of the s
86. Have you ever been convicted of any crime or viola	ation of any law, decree, ordinance or regulation by	☐ YES	
any court or tribunal?		If YES, give details:	
 Have you ever been separated from the service in dropped from the rolls, dismissal, termination, end 	any of the following modes: resignation, retirement	✓ YES □ NO If YES, give details:	2
in the public or private sector?	or term, missied contract or phased out (abouton)	END OF CONTRACT - PANS	DEMIC
a. Have you ever been a candidate in a national or	local election held within the last year (except	☐ YES	
Barangay election)?		If YES, give details:	
b. Have you resigned from the government service	☐ YES ☐ NO		
election to promote/actively campaign for a national	al or local candidate?	If YES, give details:	
39. Have you acquired the status of an immigrant or pe	ermanent resident of another country?	☐ YES ☑ NO	
		If YES, give details (country):	
40 P	(); (h) Magna Carta for Disabled Parsons (PA		
 Pursuant to: (a) Indigenous People's Act (RA 8371 7277); and (c) Solo Parents Welfare Act of 2000 (F 	RA 8972), please answer the following items:		
a. Are you a member of any indigenous group?		☐ YES ☑ NO	
Are you a member of any margorious group.		If YES, please specify:	
b. Are you a person with disability?		☐ YES ☐ NO	
		If YES, please specify ID No:	-
c. Are you a solo parent?		☐ YES ☐ NO If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity	to applicant /appointee)		-
41. REFERENCES (Person not related by consanguinity or affinity NAME	to applicant /appointee) ADDRESS	TEL. NO.	
NAME			
MA. THERESA P. WRETO	ADDRESS WILLIAM DEAN, ARIC DIRECTOR	0919-419-1915	
NAME MA. THERESA P. WRETO QUEEN-EVER Y. STUPAN	ADDRESS WISH CAS DEAN, ARIC DIRECTOR VSW CASH OFFICE	0919-419-1915	
NAME MA. THERESA P. WRETO QUEEN-EVER Y. ATUPAN LOVELLA C. AMPAC	ADDRESS VSU CAS DEAN, ARIC DIRECTOR VSU CASH OFFICE VSU FINANCE	0919-419-1915 0995-518-1566 0919-542-3297	
NAME MA. THERESA P. WRETO QUEEN-EVER Y. STUPAN LOVELLA C. AMPAC 42. I declare under oath that I have personally acc	ADDRESS VSU CAS DEAN, ARIC DIRECTOR VSU CASH OFFICE VSU FINANCE complished this Personal Data Sheet which is a	0919 - 419 • 1915 09 95 • 518 • 1 566 09 19 • 542 • 2297 true, correct and	
NAME MA. THERESA P. WRETO QUEEN - EVER Y. ATUPAN LOUELLA C. AMPA C 42. I declare under oath that I have personally accomplete statement pursuant to the provisions	ADDRESS VSU CAS DEAN, ARIC DIRECTOR VSU CASH OFFICE VSU FINANCE	0919 - 419 • 1915 09 95 • 518 • 1 566 09 19 • 542 • 2097 true, correct and Republic of the	
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