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.

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 necessa	ary. Indicate N	I/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only)
I. PERSONAL INFORMATION	V								
2. SURNAME	LANZA								
FIRST NAME	APRIL ANNE						NAME EXTENSION (JR	., SR) <b>N/A</b>	
MIDDLE NAME	SULIMA								
3. DATE OF BIRTH (mm/dd/yyyy)	5/4/1998		16. CITIZENSHIP		✓ Filipir	10	Dual Citizenship  by birth		
4. PLACE OF BIRTH	TACLOBAN CITY		If holder of dual citizen	ıship,			✓ by birth		
5. SEX	☐ Male ✓ F	emale	please indicate the de	tails.					•
6 CIVIL STATUS	✓ Single	Married	17. RESIDENTIAL ADDRESS		1330			MABINI	
	Widowed S Other/s:	Separated			se/Block/Lot No			SAN ROQUE	
7. HEIGHT (m)	1.50 m.				odivision/Village TANAUAN ty/Municipality	<u> </u>		Barangay  LEYTE  Province	
8. WEIGHT (kg)	47 kgs.		ZIP CODE	Oi	ty/iviuriicipality		6502	FIOVINCE	
9. BLOOD TYPE	0+		18. PERMANENT ADDRESS		1330			MABINI	
10. GSIS ID NO.	N/A				se/Block/Lot No			Street SAN ROQUE	
11. PAG-IBIG ID NO.	121253945534				division/Village TANAUAN	!		Barangay LEYTE	
12. PHILHEALTH NO.	13-251009627-8		ZIP CODE	Ci	ty/Municipality		6502	Province	
13. SSS NO.	06-4322116-5		19. TELEPHONE NO.				N/A		
14. TIN NO.	390 209 833 20. MOBILE NO.				09081044375				
15. AGENCY EMPLOYEE NO.	N/A	N/A 21. E-MAIL ADDRESS (if any)			lanzaanneapril@gmail.com				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		N/A		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A		NAME EXTENSION (JR., SR) N/A			N/A		N	N/A
MIDDLE NAME		N/A							<del>,</del>
OCCUPATION		N/A							
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME	!	LANZA							
FIRST NAME	JAVIER		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME		восо							
25. MOTHER'S MAIDEN NAME	JENNIFER	BOTONA S	ULIMA						
SURNAME	1	LANZA							
FIRST NAME	JENNIFER								
MIDDLE NAME	DLE NAME SULIMA				(Co	ntinue on se <sub>l</sub>	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGR	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE PERIOD OF ATTENDANCE		TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	TANAUAN 1 CENTRAL SCHO	OOL	ELEMENTARY GRAD	UATE	From 1/6/2004	To 3/31/2010	N/A	2010	RECEIVED N/A
	<u> </u>		<u> </u>						<u> </u>

SECONDARY	ASSUMPTION ACADEMY	SECONDARY GRADUATE	1/6/2010	8/4/2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A				N/A	
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL	11/16/2015	7/4/2019	N/A	2019	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE				TE		May 21, 2025	

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IV. CIVIL SE	RVICE ELIGI	IBILITY							
	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if ap	plicable)
	SPECIAL LAV	NS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFER	RMENT	NUMBER	Date of Validity
NAP	OLCOM ENTRAN	CE EXAMINATION	75.1	7/31/2021	LEYTE NATIONAL HIGH SCHOOL - TACLOBAN CITY			N/A	N/A
CAREER SERVICE EXAMINATION SUB-PROFESSIONAL			81.28	6/19/2022	LEYTE NORMAL UNIVER	RSITY - TACLO	BAN CITY	N/A	N/A
V. WORK E	KPERIENCE		(Con	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
-	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not a			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From 4/2/2022	To	CLERICAL A		LOUITA	ANAUAN LEYTE	0000 00	INCREMENT	IOD ODDES	
03/15/2021	6/30/2022 1/31/2022	REVIEWE		FREIGHT PROCESS OU	ITSOURCING SOLUTIONS INC.	9000.00	N/A N/A	JOB ORDER REGULAR	Y N
1/9/2020	9/31/2020	CENSUS ENUME		(FPOSI)  PHILIPPINE STATISTICS AUTHORITY - RO 8		10000.00	N/A	CONTRACTUAL	Y
1/3/2023	12/31/2023	FIELD DATA ASS		DEPARTMENT OF AGRICULTURE - RFO 8		22500.00	N/A	JOB ORDER	Y
2/1/2024	5/31/2024	FIELD ASSIST	rant	GENEVA CALL PHILIPPINES		25000.00	N/A	CONTRACTUAL	N
7/1/2024	5/31/2025	TECHNICAL ASS	SISTANT	WORLD VISION PHILIPPINES		30000.00	N/A	REGULAR	N

(Continue on separate sheet if necessary)								
SIGNAT	URE			DATE			05/21/25	

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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	OLUNTARY O	RGANIZATIOI	V/S		
29. NAME & ADDRESS OF C (Write in fu			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A	
		tinue on separate :		)			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu				ief/Executive/Mana	gerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
TECHNICAL TRAINING ON GEOREFERENCING OF FARM PARCELS IN SUPPORT TO THE IMPLEMENTATION OF THE RSBSA		2/23/2023	2/24/2023	16.0	Technical	DEPARTMENT OF AGRICULTURE - RFO 8	
TECHNICAL TRAINING ON NEW RSBSA	VERSION 2 PLATFORM	9/10/2023	10/10/2023	16.0	Technical	DEPARTMENT OF AGRICULTURE - RFO 9	
	(Con	tinue on separate s	sheet if necessary	)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
VERBAL AND NON-VERBAL COMMUNICATION SKILLS		N/A				TACLOBAN CENTENNIAL LEO CLUB	
ACTIVE LISTENING							

CUSTOMER SERVICE					
MANAGEMENT SKILLS					
TRAVELING					
JOGGING AND BIKING					
(Continue on separate sheet if necessary)					
SIGNATURE		DATE	05/21/25		

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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	☐ YES ☑ NO ☐ YES ☑ NO				
			If YES, give details	3:		
35.	a. Have you ever been found guilty of any administrative offer	YES If YES, give details	✓ NO S:			
	b. Have you been criminally charged before any court?		☐ YES If YES, give details Date Filed: Status of Case/s:	✓ NO 3:		
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	y law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:			
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin 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 Barangay election)?	tion held within the last year (except	☐ YES ☑ 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 of	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent r	YES NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	•				
a.	Are you a member of any indigenous group?	•	YES If YES, please specify	√ NO		
b.	Are you a person with disability?		YES If YES, please specify	✓ NO		
C.	Are you a solo parent?		YES YES If YES, please specify	✓ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)				
	NAME	ADDRESS	TEL. NO.			
	LUZ P. VALERIANO	TANAUAN LEYTE	0997 190 3779			
	JOHN MARC H. BROSAS	0917 792 5887	( C)			
	MICHAEL RUDOLPH B. FALLE	0917 106 2588				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this docur administrative/criminal case/s against me.	Republic of the ed herein.	APRIL ANNE S. LANZA PHOTO			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
-	DEASE INDICATE ID Number and Date of Issuance Description:  DRIVER'S LICENSE					
H	/License/Passport No.: H02-19-006038	Signature (Sign inside the b	ov)			
H	ota/Diago of leguance: LTO DOS TACLODAN CITY	٠٨١				

Date/Flace of issualice. LIU-RUO, FACLODAN CITT	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issued o	government ID as indicated above.
	Person Administering Oath	
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