| CS Form No. 212 Revised 2017 | PERS | 301 | NAL DAT | A SH | EET | | | |
|---|---|-----------|--------------------------------|---|--|---------------------------|--|-----------------------------|
| concerned. READ THE ATTACHED GUIDS | tation made in the Personal Data She TO FILLING OUT THE PERSONAL D S] and use separate sheet if necessary. | DATA SH | EET (PDS) BEFORE ACCO | MPLISHING TI | | | | e person or CSC use only |
| I. PERSONAL INFORMATIO | | | | 100 100 100 | | | 15 100000 | |
| 2. SURNAME | SATUITA | | | | | | | |
| FIRST NAME | JERIMI ANN | | | | | NAME EXTENSION (JR. | , SR) | |
| MIDDLE NAME | BANTASAN | | | | 197-45-4 | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | MARCH 31,2001 | | 16. CITIZENSHIP | ▼ Filipino | | Dual Citizenship | _ | |
| 4. PLACE OF BIRTH | BAYBAY CITY LEYTE | | If holder of dual citizenship, | | | Dby birth Pls. indicate o | by naturalization country: | |
| 5. SEX | ☐ Male | male | please indicate the de | taits. | | | | - |
| 6 CIVIL STATUS | ✓ Single Mar Widowed Sep Other/s: | | 17. RESIDENTIAL ADDRESS | Hous | OCK 7 LOT 10 2495c6/Lof No. LA SOLIDAD division/Villago | | Street PUNTA Barangay | |
| 7. HEIGHT (m) | 5'0 | | | Ci | BAYBAY | | Province | |
| 8. WEIGHT (lg) | 52 | | ZIP CODE | | | | | |
| 9. BLOOD TYPE | 0 | | 18. PERMANENT ADDRESS | | OCK 7 LOT 10 e/Block/Lot No. | | Street | |
| 10. GSIS ID NO. | N/A | | | ML | LA SOLIDAD | | PUNTA | |
| 11. PAG-IBIG ID NO. | | | | | divisionWillage BAYBAY | | Barangay LEYTE | |
| | 121327255190 | | - | Cit | y/Municipality | | Province | |
| 12. PHILHEALTH NO. | 12-250364272-0 | | ZIP CODE | | 6521 | | | |
| 13. SSS NO. | 06-4659242-2 | | 19. TELEPHONE NO. | N/A | | | | |
| 14. TIN NO. | 632-959-216-00000 | | 20. MOBILE NO. | 0961 057 0771 | | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | | 21. E-MAIL ADDRESS (if any) | annjerimisatuita@gmail.com | | | | |
| I. FAMILY BACKGROUND | | PARTY OF | | THE REAL PROPERTY. | | Carrent and Company | | THE OWNER OF |
| 2. SPOUSE'S SURNAME | N | l/A | | 23. NAME of CHI | LDREN (Write full name and | i list all) | DATE OF BIRT | H (mm/dd/yyyy) |
| FIRST NAME | N/A | | NAME EXTENSION (JR., SR) | | N/A | | | VA. |
| MIDDLE NAME | N | l/A | | | | | | |
| OCCUPATION | N | l/A | | | | | | |
| EMPLOYER/BUSINESS NAME | N. | I/A | | | | | | |
| BUSINESS ADDRESS | N. | I/A | | | | | | |
| TELEPHONE NO. | N. | VΑ | | | | | | |
| 4. FATHER'S SURNAME | SATUITA | | | | | | | |
| FIRST NAME | RICKY | | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | DIGA | MON | | | | | | |
| 5. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | BANTA | ASAN | | | | | | |
| FIRST NAME | MILD | RED | | | | | | |
| MIDDLE NAME | OPI/ | OPIALA | | (Continue on separate sheet if necessary) | | | | |
| II. EDUCATIONAL BACKG | ROUND | MANAGE AN | e e e | | | | THE STATE OF THE S | ACR IN COLUMN |
| an and an | | | PAGE FRUGATION PECCH | COOLIDEE | PERIOD OF ATTENDANCE | HIGHEST LEVEL/ | VEAD | SCHOLARSHP |

| MILDRED | | | | | | | |
|---|--|---|--|--|--|--|---|
| OPIALA | | | (Continue on separate sheet if necessary) | | | | |
| ROUND | AND THE PERSON OF THE PERSON O | | | DESCRIPTION OF THE PERSON OF T | Service of the | A STATE OF THE PARTY OF THE PAR | Charles of |
| NAME OF SCHOOL | | BASIC EDUCATION/DEGREE/COURSE | | ATTENDANCE | HIGHEST LEVEL/ UNITS EARNED (f not graduated) | YEAR GRADUATED | SCHOLARSHP, ACADEMIC HONORS RECEIVED |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | From | То | | | |
| JAENA ELEMENTARY SCHOOL | ELEMENTARY EDUCATION | | 2007 | 2013 | N/A | 2013 | 3RD HONOR |
| BAYBAY NATIONAL HIGH SCHOOL | SOLDICE TECHNOLOGY ENGINEERING AND MATHEMATICS (STEM) JUNIOR HIGH SCHOOL COMPLETERS | | 2013 | 2017 | N/A | 2017 | WITH HONORS |
| BAYBAY CITY SENIOR HIGH SCHOOL | HUMANITIES AND SOCIAL SCIENCES (HUMSS) ACADEMIC TRACK | | 2017 | 2019 | N/A | 2019 | WITH HONORS |
| VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION | | 2019 | 2023 | N/A | 2023 | CUM LAUD |
| N/A | N/A | | | | | | |
| | (Continue on separate sheet if nece | ssary) | | | A CONTRACTOR OF THE PARTY OF TH | | |
| (G | | | DATE MARCH 7,2024 | | | | |
| | OPIALA NAME OF SCHOOL (Write in full) JAENA ELEMENTARY SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY CITY SENIOR HIGH SCHOOL VISAYAS STATE UNIVERSITY N/A | OPIALA NAME OF SCHOOL (Write in full) JAENA ELEMENTARY SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY CITY SENIOR HIGH SCHOOL VISAYAS STATE UNIVERSITY NIA BASIC EDUCATION/DEGREE (Write in full) BASIC EDUCATION/DEGREE (Write in full) BASIC EDUCATION/DEGREE (Write in full) SCHOOL ELEMENTARY EDUCAT (STEM) JUNGRINGH SCHOOL OF SCHOOL | OPIALA NAME OF SCHOOL (Write in full) JAENA ELEMENTARY SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY CITY SENIOR HIGH SCHOOL VISAYAS STATE UNIVERSITY DESCRIPTION BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) SOBICE TECHNOLOGY BIOMETRING WID MATMEMATICS (STEM) JUNIOR HIGH SCHOOL HUMANITIES AND SOCIAL SCIENCES (HUMSS) ACADEMIC TRACK VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION | OPIALA OPIALA OPIALA NAME OF SCHOOL (Write in full) DASIC EDUCATION/DEGREE/COURSE (Write in full) From JAENA ELEMENTARY SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY CITY SENIOR HIGH SCHOOL VISAYAS STATE UNIVERSITY NIA NIA (Continue on separate sheet if necessary) | OPIALA (Continue on sep ROUND) NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) PERSO OF ATTENDANCE From To JAENA ELEMENTARY SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY NATIONAL HIGH SCHOOL BAYBAY CITY SENIOR HIGH SCHOOL VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION N/A (Continue on separate sheet if necessary) | OPIALA Continue on separate sheet if necessary) | OPIALA OPIALA (Continue on separate sheet if necessary) NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) From To JAENA ELEMENTARY SCHOOL BELEMENTARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL SOBKE TECHNOLOGY PROMEERING AND MATHEMATICS (STEM) JUNIOR INGRI SCHOOL COMPLETERS PEROO OF ATTENDANCE (If not graduated) From To N/A 2013 N/A 2013 N/A 2013 N/A 2017 N/A 2017 BAYBAY CITY SENIOR HIGH SCHOOL WISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION N/A N/A N/A (Continue on separate sheet if necessary) |

| CAREF | R SERVICE/ RA 1 | 080 (BOARD/ BAR) UNDER | | DATE OF | | - | | LICENSE (if a | applicable |
|-----------|--------------------------|--|-----------------|-----------------------------|---|-------------------|---|--------------------------|------------|
| | SPECIAL LA | RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT | | | | NUMBER | Date | | |
| | 12.15 | | NUA | FEBRUARY 28,2024 | CIVIL SERVICE COM | MISSION R | EGIONAL | | Val |
| PRE | SIDENTIALD | ECREE NO. 907 | N/A | FEBRUARY 26,2024 | | CE VIII | | N/A | N/ |
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| | XPERIENGE | nt. Start from your rece | | tlinue on separate sheet i | | on Verk by | mariatico si n | | |
| INCLUS | SIVE DATES n/dd/yyyy) | POSITION T (Write in ful/Do not | ITLE | DEPARTMENT / AGE | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY SALARY | SALARYI JOBI PAY GRADE (II applicable)& STEP (Format 100-07) | STATUS OF APPOINTMENT | GO |
| From | То | | | - | LLECTION DIRECT | | NCREMENT | EIYED TEDM | 0 |
| 09/11/23 | 02/11/24 | CREDITS AND COLLEC | TION SPECIALIST | SELLING INC. | BAYBAY BRANCH | 14,500-18,000 | N/A | FIXED TERM EMPLOYEE | |
| 01/06/23 | 12-28-23 | EMERGENCY | STAFF | | OFFICE (LAW AND AL OFFICE) TRAINING INSTITURE | 14000 | N/A | PART TIME JOB | |
| 10/10/2 2 | 02-14-23 | STUDENT IN | ITERN | | TRAINING INSTITURE JINING CENTER VIII | N/A | N/A | ON THE JOB TRAINING | |
| 04/06/17 | 05-28-18 | FRONT DESK S | PECIALIST | | CYCLE SPARE PARTS | 9356 | N/A | PART TIME JOB | - |
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| SIGNA | ATURE | 1 | <i>K</i> | ntinue on separate sheet if | DATE | | MARCH 7,2024 | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT | IN CIVIC / NON-GOVERNMENT | PEOPLE / VO | DLUNTARY O | RGANIZATION | WS . | | | |
|--|--|----------------------------|--------------------|------------------------|--|--|--|--|
| 29. NAME & ADDRESS OF 0 (With in M | | (mm/dd/yyyy) From To | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | | |
| N/A | | N/A | N/A | N/A | - | N/A | | |
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| VII. LEARNING AND DEVELOPMENT (L&D, | (Con UNITERVENTION STEELINING PE | tinue on separate s | heet if necessary, | | | | | |
| | AND THE PARTY OF T | INCLUSIVE | DATES OF | | Type of LD | | | |
| TITLE OF LEARNING AND DEVELOPMENT INT (Write in for | | ATTENDANCE (mm/dd/yyyy) | | MUNDER OF HOURS | (Managerial/ Supervisory/ Technicalists) | CONDUCTED/ SPONSORED BY (White in full) | | |
| | | From | То | | | | | |
| AGRICULTURAL TRAINING INSTITUTE REG | SIONAL TRAINING CENTER VIII | 10/10/22 | 02-14-23 | 200.0 | INTERNSHIP | VISAYAS STATE UNIVERSITY MAIN CAMPUS | | |
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| VIII. OTHER INFORMATION | (Con | tinue on separate | sheet if necessary | NAME OF TAXABLE PARTY. | | | | |
| | 100 | ACADEMIC DISTR | ACTIVINS / RECOG | NITION | A CONTRACTOR | MEMBERSHIP IN ASSOCIATION/ORGANIZATION | | |
| 31. SPECWL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Witto In full) | | | | | 33. (White in full) | | |
| READING | | N/A | | | | | | |
| COLLEGING BOOKS | | | | | | | | |
| | | | | | | | | |
| | | | | | | Mary Company | | |
| | - 713 | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SIGNATURE | | tinue on separate | sheet if necessary | | ATE | MARCH 7,2024 | | |
| SIGNATURE | (5) | | | | | MARCH 7,2024 | | |

| 34. | Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Ca | ☐ YES ☑ NO☐ YES ☑ NO If YES, give details: | | | | | |
|----------|---|--|---|---|--|--|--|
| 35. | a. Have you ever been found guilty of any administrative of | ☐ 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 a by any court or tribunal? | ☐ YES ☑ 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, e out (abolition) in the public or private sector? | | ☐ YES ☑ NO If YES, give details: | | | | |
| 38. | Have you ever been a candidate in a national or local ele Barangay election)? | ☐ YES ☑ NO If YES, give details: | | | | | |
| | b. Have you resigned from the government service during to election to promote/actively campaign for a national or local | ☐ YES ☑ NO If YES, give details: | | | | | |
| 39. | Have you acquired the status of an immigrant or permanen | ☐ YES ☑ NO If YES, give details (country): | | | | | |
| a. b. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability? 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.) | /appcintee) | | | | | |
| | NAME | ADDRESS | TEL NO. | | | | |
| | MELINDA P. PETALCORIN | BAYBAY CITY LEYTE | mppetalcorin@ati. gov.ph | | | | |
| | LITO GIL | BAYBAY CITY LEYTE | (053) 563-9846 rtdelapena@pcdsi | | | | |
| 42. | RODOLFO T. DELA PEÑA I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me. | ent laws, rules and regulations of the esentative to verify/validate the content | Republic of the s stated herein. | 7 | | | |
| P | iovernment Issued ID (La Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: TIN | (ii | | l | | | |
| H | Mijcense/Passport No.: 632-959-216-00000 | | | | | | |
| ۱ŀ | aterPlace of Issuance: ORMOC CITY | cox) Right Thumbmark | - | | | | |
| 片 | SUBSCRIBED AND SWORN to before me this | Date Accomplished, affiant exhibit | ting his/her validly issued government ID as indicated above. | _ | | | |
| | | Person Administering Oat | th | | | | |