

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.

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

I. PERSONAL INFORMATION

2. SURNAME	POSAS		
FIRST NAME	JUBEMARIE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ESPERANZA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/17/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	SITIO CAABING House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.62 m	18. PERMANENT ADDRESS	SITIO CAABING House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	55 kg	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A	20. MOBILE NO.	09056568926
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	mariejubz@gmail.com
11. PAG-IBIG ID NO.	121201349538		
12. PHILHEALTH NO.	13-025339539-8		
13. SSS NO.	0636774098		
14. TIN NO.	474-954-315		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	POSAS			
FIRST NAME	RENARIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PENETRADO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESPERANZA			
FIRST NAME	JULIETA			
MIDDLE NAME	LLONES			

(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		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Baybay North Central School	ELEMENTARY	2001	2006	Graduated	2006	None
SECONDARY	Franciscan College of the Immaculate Conception	SECONDARY	2006	2010	Graduated	2010	None
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Bachelor of Science in Agribusiness	2010	2015	Graduated	2015	None
GRADUATE STUDIES	Visayas State University	Master of Management - Agribusiness Management	2016	2018	40 units earned		None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/13/2021
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<b><i>IV. CIVIL SERVICE ELIGIBILITY</i></b>					
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
	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.

DATE	DESCRIPTION	SALARY / JOB PAY

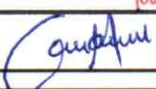
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(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/13/2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Webinar RA 11313 Safe Spaces Act	12/10/2020	12/10/2020	3		Visayas State Univerity
	Webinar " Seminar on Financial Management"	12/2/2020	12/3/2020	16		VICARP-DOST-PCAARRD Los Baños Laguna
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	4		Visayas State Univerity
	Orientation Workshop Among JO Clerks & Laboratory Technicians	1/15/2019	1/15/2019	8		Visayas State Univerity
	Target Setting Workshop	8/20/2018	8/21/2018	16		Visayas State Univerity
	"ISO 9001-2008 Orientation & Writeshop Among Clerk & Secretaries"	1/15/2018	1/15/2018	8		Visayas State Univerity
	Marketing Management Seminar	03/19/2017	03/19/2017	8		Department of Business and Management
	Leadership Seminar & Team Building	2/21/2016	2/21/2016	8		Immaculate Conception Parish- Gym Baybay
	Pre-employment Seminar and Labor Education	4/17/2015	4/17/2015	8		Organized by Department of Labor and Employment
	Innovation and Entrepreneurship Forum	3/6/2015	3/6/2015	8		Sponsored and organized by the Department of Business Management
	On the Job Training as Marketing staff	11/11/2014	1/14/2015	300		Salinas Foods Inc. Mandaue City, Cebu
(Continue on separate 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)	
	Computer Skills (MS Word, Excel & Power point)		N/A		N/A	
	Planting/Gardening		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	4/13/2021	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

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?

b. Have you been criminally charged before any court?

☐ YES

☒ NO

If YES, give details:

☐ 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 items:

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.
ERLINDA S. ESGUERRA	Zone 23, Baybay City	9176341538
SANDRA C. TIU	Baybay City	9275331914
WILMA V. NAPIERE	Zone 2 Brgy. Guadalupe, Baybay City	9359633220

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: Philhealth

ID/License/Passport No.: 13-025339539-8

Date/Place of Issuance: Baybay City

Signature (Sign inside the box)

4/13/2021

Date Accomplished

Right Thumbmark

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

Person Administering Oath

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