S Form No. 212 Levised 2017						
evisea 2017	PERSO	NAL DATA	A SH	EET		
	tion made in the Personal Data Sheet and th	e Work Experience Sheet sh	all cause the	filing of administrativ	e/criminal case/s a	gainst the person
oncerned. NEAD THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH	EET (PDS) BEFORE ACCOM	PLISHING TI	IE PDS FORM.		(Do not fill up. For CSC use on
rint legibly. Tick appropriate boxes	s ) and use separate sheet if necessary, indicate  N	N/A if not applicable. DO NOT i	ABBREVIATE			(DO NO. HT LIP. PG CSC Use Of
<del></del>	LUCAÑAS	SOURCE SELECTION OF THE SERVICE OF T				a new Silamon State of State of
z. Surname					NAME EXTENSION (JR.	. SR)
FIRST NAME	RISELLE MAE					<u></u>
MIDDLE NAME	BITANCOR			1		
3. DATE OF BUTTH (mm/dd/yyyy)	JUNE 23, 1999	16. CITIZENSHIP		☑ Filipino	Dual Otizenship	by naturalization
4. PLACE OF BIRTH	SABANG BAO, ORMOC CITY, LEYTE	If holder of dual citizen	ship,	1	Pls. indicate country:	
5 SEX	Male Female	please indicate the del	eils.			· · · · · · · · · · · · · · · · · · ·
	Single Married	17. RESIDENTIAL ADDRESS	Р	I JROK SANTOL		
6 CIVIL STATUS	☐ Widowed ☐ Separated		Ho	se/Block/Lot No.	e or annual consistence of the second and analysis of the second control of the second c	Street SABANG BAO
	Other/s:		So	bdivision/Vilage	Section and comments comments comments in the comments of the	Barangay
7. HEIGHT (m)	1.41 m			ORMOC CITY	manner of Cally and the resonant 1965 of	LEYTE Province
B. WEICHT (kg)	52 kg	Z#P CODE		Myrministratory	6541	, 1001100
9. BLOOD TYPE		18. PERMANENT ADDRESS		UROK SANTOL	errodans de Sicologo (negos e le rai o o de deseñ este esta e	Street
	<u> </u>		Ho	use/Block/Lat No.		SABANG BAO
10. GSIS ID NO.			Šį	ormoc city	AMERICAN SECTION AND AND AND AND AND AND AND AND AND AN	Barangay LEYTE
11. PAG BIG ID NO.				ity/A/unicipality	The state of the s	Province
12 PHILHEALTH NO.	13-250797779-4	ZIP CODE		6541		
13. 555 NO.		19. TELEPHONE NO.				
14, TIN NO.		20. MOBILE NO.			09668331899	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if eny)		rlucana	s23@qmail.co	<u>m</u>
U, FAMILY BACKGROUNI						
22. SPOUSE'S SURNAME			23. NAME of C	HILDREN (Write full name a	nd list all)	DATE OF BIRTH (mm/dd/yy)
FIRST NAME		NAME EXTENSION (JR., SR)				
MIDDLE NAME						
OCCUPATION			<u> </u>			
EMPLOYER/BUSINESS NAME				•		
BUSINESS ADDRESS			-			
TELEPHONE NO.						
24. FATHER'S SURMANE	LUCAÑAS					
FIRST NAME	RONNE	NAME EXTENSION (JR., SR)				
MIDDLE NAME	LEONOR	<u> </u>				
25, MOTHER'S MAICEN NAME					,	
SURNAME	BITANCOR		<del>                                     </del>	:		
OCI-SASING.			<del>                                     </del>			
FIRST NAME	MAYRA		1			j

MIDDLE NAME	RAGUDO	eparate sheet if necessary)				
IL EDUCATIONAL BACKGR	ROUND					
	NAME OF SCHOOL (Write in Nail).	BASIC EDUCATION/DEGREE/COURSE (WHILE IN 1UI)	PERIOD OF ATTENDANCE From To	MIGHEST LEVEL/ UNIT'S EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADENIC HONORS RECEIVED
ELEMENTARY	SABANG BAO ELEMENTARY SCHOOL	ELEMENTARY EDUCATION GRADUATE			2012	3RD HONOI
SECONDARY	RUSTICO CAPANI SR. MEMORIAL NATIONAL HIGH SCHOOL	HIGHSCHOOL GRADUATE			2018	WITH HONORS
VOCATIONAL/ TRADE COURSE						
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY ORMOC	BACHELOR OF OHYSICAL EDUCATION			2022	CUMLAUD
GRADUATE STUDIES	WESTERN LEYTE COLLEGE OF ORMOC	MAED MAJOR IN SCHOOL ADMINISTRATION AND SUPERVISION		9 UNITS		ļ
		ontinue on separate sheet if necessary)				
SIGNATURE	Unicarias		DATE	Januar		)24
	Val.			CS	FORM 212 Revise	d 2017), Page 1 of

		(BOARD/BAR) UNDER	RATING	DATE OF				LICENSE (if ap	pilcabia)
	SPECIAL LAWS/ NGAY ELIGIBILITY /	CES/ CSEE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RIMENT	NUMBER	Date o Validit
LICENS	IRE TEACHERS	EXAMINATION	78.0	MARCH 19, 2023	TACLOE	AN CITY			
CIVIL	SERVICE ELIG	SIBILITY		SEPTEMBER 19 2022	TACLOB	AN CITY			
	····								
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						,			
						*			
wane e	PERIENCE			antinue on separate sheet	lf necessary)				(#4050)
dude priva	e employment.	Start from your recer	l work) Descripi	ion of duties should l	pe indicated in the attact	ed Work E		et.	
(mm)	NE DATES dd/yyyy)	POSITION TO	sbbreviate)		ENCY / OFFICE / COMPANY (De not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (II applicable) & STEP (Format 106-07)	STATUS OF APPOINTMENT	GOV SERVI
From	To	TUTOR				1500.00	SHCREMENT		
15/2020	9/22/2022	וטוטא				1500.00	<u> </u>		
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	THE T	al Inelli	)	ontinue on saparate sheet		<u> </u>			
SIGNA	IUKE	Chicana	ĺ.		DATE	<u>Ja</u>	Muary	5 2024 FORM 212 (Provised 2	2 1 W E

LUNTARY WORK OR INVOLVEMENT IN SIVIC / NON-GOVERNMENT.	MCLUSIV (mm/dd	FUNIES	NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in tul)	From	То		<u> </u>	
	<del></del>		<del> </del>		<u> </u>
	<u></u>				
			<del> </del>		
(Con	tinue on separate	sheet if necessar			
LEARNING AND DEVELOPMENT (L&O) INTERVENTIONS/TRAINING P	ALCU IED	E DATES OF		Type of LD	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		MANDER OF HOURS	(Managerali Supervisory)	CONDUCTED/ SPONSORED BY (Write in full)
(Write in full)	From	To		Technicalistic)	
	05/30/2022	05/30/2022	3 HOURS		EASTERN VISAYAS STATE UNIVERSITY
E WORLD OF WORK		03/28/2022	6 HOURS	<u> </u>	EASTERN VISAYAS STATE UNIVERSITY
CAREER PREPARATION	03/28/2022	<del>-</del>	-	<del></del>	
OC CITY TRAINING WORKSHOP AND DANCE EXCHANGE OF THE DRIMOC CITY ALIZED FOLK DANCES	05/23/2022	05/29/2022	7 DAYS		ORMOC CITY LGU AND DEPED
SEXUAL HARASSMENT ACT WEBINAR	3/31/2022	03/31/2022	8 HOURS		EASTERN VISAYAS STATE UNIVERSITY
	-				
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	(Continue on sep-	wate sheel if nece	ssary)		
III. OTHER INFORMATION					
		DISTINCTIONS / R	ECOGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZAT (With In 101)
31. SPECIAL SKILLS and HOEBIES 32.	ga wang sa	(White in full)	a jaran sagar		
			<u> </u>		
				<u> </u>	
	(Continue on se	perate sheet if ne	essary)		January 5,2024
				DATE	

34.	Are you related by consanguinity or affinity to the appointing	ig or recommending authority, or to the		
	chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,	e supervision over you in the Office,		
	a. within the third degree?		YES	☑ NO
	b. within the fourth degree (for Local Government Unit - Car	areer Employees)?	☐ YES	☑ NO
			If YES, give detail	
35.	a. Have you ever been found guilty of any administrative of	fense?	- Core	☑ NO
			If YES, give detail	ls:
			-	
	b. Have you been criminally charged before any court?		YES	□ NO
			If YES, give detail Date Filed:	
			Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation	☐ YES	☑ NO
	by any court or tribunal?		If YES, give details	
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er	e following modes: resignation,	☐ YES	✓ NO
	out (abolition) in the public or private sector?	id of term, finished contract or priaseu	If YES, give details	S:
38,	a. Have you ever been a candidate in a national or local ele	action held within the last year (except	☐ YES	П но
	Barangay election)?		If YES, give detail	
	b. Have you resigned from the government service during the	ne three (3)-month period before the last	☐ YES	□ NO
	election to promote/actively campaign for a national or local		If YES, give detail	ils:
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	YES	☑ NO
			If YES, give details	s (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ona Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	, please answer the following items:		
а.	Are you a member of any indigenous group?		☐ YES	✓ NO
b.	Are you a person with disability?		If YES, please specify	·
			☐ YES If YES, please specify	✓ NO fy 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 in			
	NAME	ADDRESS	TEL. NO.	
	FERNANDO BORNASAL	STO. NIÑO, ORMOC CITY	9480491685	
	EDELYN P. NUÑEZ	SAN JOSE, ORMOC CITY	09210580715	6
	GINA MARIQUIT	SABANG BAO, ORMOC CITY	9088731988	
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a true	ue, correct and	
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the Ri	Republic of the	
	Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu	sentative to verify/validate the contents	stated herein.	DIOTILE MAE D LUCAÑAS
	administrative/criminal case/s against me.		uic iiiig .	RISELLE MAE B. LUCAÑAS
Go	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		As Vantagaron as	
	LEASE INDICATE ID Number and Date of Issuance	h		
Gov	overnment issued ID: PHILHEALTH	() Atruly		
ID/L	License/Passport No.: 13-250797779-4	(Signature (Sign inside the box	A Company	
Dat	te/Place of Issuance: ORMOC CITY	AWAGY 1 202  Date Accomplished	THE RESIDENCE OF THE PARTY OF T	
_		Patt Avaniparity		Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued	government ID as indicated above.
	AND THE PARTY OF T			
		Person Administering Oath		