CS Form No. 212 Revised 2017	PERSO	NAL DAT	ΓA SI	HEET			
WARNING: Any misrepresen	tation made in the Personal Data Sheet and the	please indicate the details.    Female					
READ THE ATTACHED GUID	DE TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	PLISHING THE				
Print legibly. Tick appropriate box  I. PERSONAL INFORMATION  I. PERSONAL INFORMATION  II. PERSONAL INFORMATION  II. PERSONAL INFORMATION  III. PERSONAL INF		N/A if not applicable. DO NOT	ABBREVIATE.	1. CS ID No.		(Do not fill t	up. For CSC use only
2. SURNAME	ENOPIA						
FIRST NAME	JEZZA MAE				N/A		
MIDDLE NAME	BAHINTING						
3. DATE OF BIRTH		10 OITITENOUID		_			
(mm/dd/yyyy)	05/13/2001	16. CITIZENSHIP		✓ Filipino □			zation
4. PLACE OF BIRTH	MATI CITY, DAVAO ORIENTAL	If holder of dual citize	nship,				Eduon
5. SEX	☐ Male ☑ Female	please indicate the d	etails.				•
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS					
	☐ Widowed ☐ Separated ☐ Other/s:		Ног	use/Block/Lot No.			
7. HEIGHT (m)	1.55						
8. WEIGHT (kg)	74				6512		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	Нои	use/Block/Lot No.		Street	
10. GSIS ID NO.	N/A		Su	ıbdivision/Village			
11. PAG-IBIG ID NO.	121354266029			MAHAPLAG		LEYTE	
12. PHILHEALTH NO.	1302-5650-2179	ZIP CODE					
13. SSS NO.	06-4963951-5	19. TELEPHONE NO.	N/A				
14. TIN NO.	658-980-639-00000	20. MOBILE NO.	09317300032				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		iezzamaebahin	tingenopia@	gmail com	
II. FAMILY BACKGROUN		()		, oznama ozami	<u>goop.a.(o</u>	9	
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Write full name and lis	st all)	DATE OF BIR	RTH (mm/dd/yyyy)
FIRST NAME	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	ENOPIA						
FIRST NAME	FELIPE	JR.					
MIDDLE NAME	BASILISCO						
25. MOTHER'S MAIDEN NAME							
SURNAME	BAHINTING						
FIRST NAME	GINA						
MIDDLE NAME	SOLIS			(Continue on s	eparate sheet if nec	essary)	
III. EDUCATIONAL BACK	GROUND						
26. LEVEL	NAME OF SCHOOL (Write in full	BASIC EDUCATION/DEGREE/CC	OURSE Vrite in full)	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

ELEMENTARY HILUSIG ELEMENTARY SCHOOL PRIMARY 2008 2014 N/A 2014 VALEDICTORIAN WITH HIGH MAHAPLAG NATIONAL HIGH SCHOOL SECONDARY K-12/STEM 2014 2020 N/A 2020 HONOR VOCATIONAL / N/A N/A N/A N/A N/A BACHELOR OF BIOTECHNOLOGY MAJOR IN PLANT BIOTECHNOLOGY SaveCoconut VISAYAS STATE UNIVERSITY 2020 2024 COLLEGE N/A 2024 Foundation, Inc. GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A Sengen

DATE

SIGNATURE

July 21, 2025

IV. CIVII	L SERVICE ELIG	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF		LICENSE (if ap	oplicable)		
SPEC	PECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT CONFERMENT		RMENT	NUMBER	Date of Validity				
	N/A	N/A N/A N/A N/A			N/A	N/A			
			(Co.	atinuo on congrato choot	if necessary)				
V. WOR	RK EXPERIENCE		(00)	ntinue on separate sheet	ii iitelesselly)				
			nt work) Descriptio	n of duties should l	be indicated in the attach	ed Work Exp		t.	9071
28. IN	NCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE	(Write in full/Do not	DEPARTMENT / AGENC	Y / OFFICE / COMPANY (Write in	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	SERVICE
From	То	abbreviat			not abbreviate)	SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	
9/9/2024	01/31/2025	/31/2025 SALES ADMIN ASSISTANT		AIMS AGRI	VENTURES, INC.	10,530.00	N/A	PROBATIONARY	N
		<u> </u>	(Cor	ntinue on separate sheet	if necessary)				
SIC	GNATURE	Cengera			DATE		July	21, 2025	
							00	FORM 212 (Revised 20	47\ Dana 0 af

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A			N/A	N/A		N/A
		inue on separate		y)		
VII. LEARNING AND DEVELOPMENT (L&D	) INTERVENTIONS/TRAINING		ATTENDED DATES OF			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVE		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY
(Write	in full)					(Write in full)
Transplanter's Operators	Training	11/20/2024	11/21/2024	16	Technical	Kubota Philippines
EARTH BIOGENOME PROJECT:		4/10/2024	4/10/2024	2	Technical	Philippine Society of Biochemistry and Molecular Biology - Central Luzon Chapter
Getting into the ROOT of it: Physiological and Ge Formation for Drought Resil	ience of Rice	07/30/2024	07/30/2024	2	Technical	Philippine Society of Biochemistry and Molecular Biology - Central Luzon Chapter
Seminar 3: Enabling Biotechnological Innovation Promoting Food Availability	ons and Policies in Agriculture - and Security	11/13/2023	11/13/2023	2	Technical	Agriculture & Food Systems Institute
Intensive Training on Mushroom an	d Spawn Cultivation	07/28/2023	07/30/2023	24	Technical	Center for Tropical Mushroom Research and Development - Central Luzon State University Center for Tropical Mushroom Research and
Mushroom Clinic: Troubleshooting on The Technic	al Aspects of Mushroom Pharming	07/29/2023	07/29/2023	2	Technical	Development - Central Luzon State University  National Abaca Research Center - Visayas State
Plant Tissue Culture T	raining	09/23/2022	09/23/2022	4	Technical	University
	(Cont	inue on separate	sheet if necessary	( <sub>y</sub> )		
VIII. OTHER INFORMATION						MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES  Laboratory Techniques: Gel electrophoresis,	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. (Write in full)
UV-Vis spectrophotometry, DNA extraction (human & plant), Tissue Culture, and colorimetric tests.	N/A					N/A
Proficient in data entry and record keeping						
Proficient in Microsoft Office Suite, Rstudio, and ImageJ software.						
Programming: C and C++						
Detail-oriented	-	-				
Strong Work Ethics						
Good communication skills						
SIGNATURE	(Continue on separate sheet if necessa				ATE	July 21, 2025

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,	, superior						
	a. within the third degree?			☑ NO				
	b. within the fourth degree (for Local Government Unit - Car		✓ NO					
		If YES, give detail	S.					
35.	a. Have you ever been found guilty of any administrative offer		✓ NO					
		If YES, give detail	S:					
	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 an	ny 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, en		✓ YES If YES, give detail	NO S.				
	out (abolition) in the public or private sector?			Resignation, due to personal reasons.				
38.	a. Have you ever been a candidate in a national or local electron and a second electron	ction held within the last year (except	YES If YES, give deta	✓ NO				
	b. Have you resigned from the government service during the 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 permanent	resident of another country?	☐ YES	✓ NO				
		If YES, give detail						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),		<u> </u>					
a.	Are you a member of any indigenous group?		YES	✓ NO				
b.	Are you a person with disability?		If YES, please specify:					
J.	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)						
	NAME	ADDRESS	TEL. NO.					
	Engr. Remelyn R. Recoter	lloilo City	(02)89298541					
	Eduardo M. Villamor	Cavite City	9209171327					
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tru	ue. correct and					
	complete statement pursuant to the provisions of pertine	nt laws, rules and regulations of the R	tepublic 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.							
0	OVERHITTEHI 1550EU ID (I.E.Passport, GSIS, SSS, PRG, DIIVEFS LICERISE, EIC.)							
Je.	PLEASE INDICATE ID Number and Date of	_						
G	overnment Issued ID: PhilHealth							
ID	/License/Passport No.: 13-025650217-9	ox)						
Da	ate/Place of Issuance: Ormoc City		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.								
	Г							
1		Person Administering Oat	h					

## WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment
- Duration: September 9, 2024 January 31, 2025
- Position: Sales Admin Assistant
- Name of Office/Unit: Sales Department
- Immediate Supervisor: Mary Rosena Capon Catindoy
- Name of Agency/Organization and Location: AIMS Agri Ventures, Inc., Libertad, Palo, Leyte
  - Summary of Actual Duties
    - o I am responsible for processing sales orders and invoices and ensuring accurate documentation to support smooth transactions. I assist with inventory and stock management by monitoring product availability and coordinating with the warehouse team. My role also involves handling customer inquiries, providing quotations, and facilitating order processing to maintain client satisfaction. Additionally, I maintain sales records, contracts, and reports while supporting the sales team with presentations and client communications. I assist in payment and billing processes by preparing billing statements and ensuring timely follow-ups for collections. Furthermore, I coordinate with suppliers and partners for order fulfillment and delivery while handling administrative tasks such as managing calls, emails, and other sales-related documentation.

(Signature over Printed Name of Employee/Applicant)

Date: July 21, 2025

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Bicol Branches: Tabuco, Naga City - 0907-0468313 | Pili, Camarines Sur - 0963-4508077 Daet, Camarines Norte - 054-721-1581 | Sorsogon City - 056-211-1192 Region 8 Branches: Palo, Leyte - 0948-3595665 Abuyog, Leyte - 0919-2203930

## CERTIFICATE OF EMPLOYMENT

This is to certify that <u>JEZZA MAE ENOPIA</u> has been employed with AIMS Agri Ventures, Inc. — Palo Office as Sales Admin Assistant from September 09, 2024 up to January 31, 2025.

This certificate is issued upon request of the above employee for whatever purpose it may serve her.

Given this 5th day of June, 2025 at Zone 1, Brgy. Libertad, Palo, Leyte.

EDUARDO M. VILLAMOR President