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 p concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate b es () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT A 1. CS ID No (Do not fill up. For PERSONAL INFORMATION 2. SURNAME **TABING** NAME EXTENSION (JR., SR) HOPE MADELANE FIRST NAME MIDDLE NAME NUNEZ 3. DATE OF BIRTH 02/27/1995 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐ by birth by naturaliza 4. PLACE OF BIRTH WLPH, BAYBAY, LEYTE Pls. indicate country: If holder of dual citizenship. please indicate the details. ✓ Female ☐ Male 5. SEX ✓ Single 17. RESIDENTIAL ADDRES 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed Separated ☐ Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 1.524 City/Municipality Province 8. WEIGHT (kg) 44 ZIP CODE 17-30 DE DECIEMBRE 18. PERMANENT ADDRES 9. BLOOD TYPE House/Block/Lot No. Street 10. GSIS ID NO. Barangay Subdivision/Village PUROK 5 11. PAG-IBIG ID NO. 1211-6355-1354 City/Municipality Province 12. PHILHEALTH NO. 13-250344725-1 ZIP CODE BAYBAY **LEYTE** 13 SSS NO 06-37023094 19 TELEPHONE NO 14. TIN NO. 470-569-478-000 20. MOBILE NO. 0966-350-9109 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if ar II. FAMILY BACKGROUND DATE O 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) (mm/d NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAT **BUSINESS ADDRESS** TELEPHONE NO. 24. ATHER'S SURNAME **TABING** SR FIRST NAME **FIDEL** MIDDLE NAME **IBANEZ NUNEZ** 25. MOTHER'S MAIDEN NAME **SURNAME TABING** FIRST NAME JEROMIA GEMMA MIDDLE NAME **BORBAJO** (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND PERIOD OF HIGHEST LEVEL 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL ATTENDANCE UNITS FARNED GRADUATED (Write in full) (Write in full) (if not graduated) From

ELEMENTARY	GRACE CHRISTIAN SCHOOL				2001	2007		2007
SECONDARY	VISAYAS STATE UNIVERSITY- LABORATORY HIGH SCHOOL				2007	2011		2011
VOCATIONAL / TRADE COURSE								
COLLEGE	UNIVERSITY OF SAN CARLOS	BS PSYCHOLOGY		2011	2015		2015	
GRADUATE STUDIES								
(Continue on separate sheet if necessary)								
SIGNATURE	Home			03/14/2022		CS FORM 212	(Revised 2017	

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IV. CIVIL	SERVICE I	ELIGIBILITY								
		RA 1080 (BOARD/ BAR) LAWS/ CES/ CSEE	RATING	DATE (PLACE OF EXAMINAT	TION / CONF	ERMENT	LICENSE (if a	
		TY / DRIVER'S LICENSE	(If Applicable)	CONFERM					NUMBER	Date of Validity
	EXPERIE					et if necessary)				
		vment. Start from vo	our recent work	() Descript	tion of	duties should be ind	icated in	SALARY/ JOB/	d Work Exper	ience s
(mm	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not			CC	/ AGENCY / OFFICE / DMPANY /Do not abbreviate)	MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То					OURCE/ INTISARI		INCREMENT		
2/04/2016	04/15/2017	HUMAN RESOURCE		MULIA	A INTE	RNATIONAL INC.	10,600		REGULAR	NO
5/02/2017	08/20/2021	HUMAN RESOURCE ADMIN ASSI		HUMAN CAPITA		EMENT DEPARTMENT/ AVENTUS CAL CARE INC.	13,500		REGULAR	NO
)2/15/2022	06/18/2022	PART-TIME INS				ERAL ARTS AND BEHAVIORAL /AS STATE UNIVERSITY	20,000		PART-TIME	YES
		0	(Contin	ue on separa	ate shee	et if necessary)				
SIGNA	TURE	Hamt.		L	DATE	03/14/2022		CS FORM 21	2 (Revised 2017),	Page 2 c

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF O (Write in full			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
GRACE DRIVE MINISTRIES/ LUBBOCK, TX					TRANSPARE	NCY PERSONNEL	
	(Continu	e on separate s	sheet if necess	ary)			
VII. LEARNING AND DEVELOPMENT (Start from the most recent L&D/training program						recutive/Managerial positions)	
30. TITLE OF LEARNING AND DEVELOPMEN		ATTEN		NUMBER OF	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
PROGRAMS	(Write in full)	From	d/yyyy) To	HOURS		(Write in full)	
EMOTIONAL INTELLIGENCE		08/12/2019	08/14/2019	18.0		AVENTUS MEDICAL CARE INC.	
CUSTOMER SERVICE SEMINAR		10/09/2018	10/11/2018	18.0		AVENTUS MEDICAL CARE INC.	
FORENSICS: STRESS MANAGEMENT SEMIN	NAR	02/15/2015	02/15/2015	8.0		USC	
LEARN THE LAAWS, KNOW YOUR RIGHTS		02/05/2013	02/05/2013	6.0		USC	
	(Continu	e on separate s	sheet if necess	ary)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-AC	ADEMIC DISTIN (Write	ICTIONS / REC e in full)	OGNITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)		
						JPMAP	

				GF	ACE DRIVE MINISTRIES
	(Continue on separate	sheet if necess	ary)	·	
SIGNATURE	Hamel +	DATE	03/14/2022	•	CS FORM 212 (Revised 2017), Page

34.	Are you related by consanguinity or affinity to the app	pointing or recommending			
	chief of bureau or office or to the person who has im	mediate supervision over you in			
	Bureau or Department where you will be apppointed				
	a. within the third degree?		☐ YES ☑ NC)	
	b. within the fourth degree (for Local Government Ur	nit - Career Employees)?	☐ YES ☑ NC		
	b. Within the real throughout the Local Cotton	iit - Odroor Employees,			
			If YES, give deta	alis:	
35.	a. Have you ever been found guilty of any administra	tive offense?	☐ YES ☑ N	0	
			If YES, give deta	ails:	
			_		
	b. Have you been criminally charged before any coul	rt?	☐ YES ☑ N	NO	
			If YES, give details:		
			Da	ate Filed:	
			Status of Case/s:		
36.	Have you ever been convicted of any crime or violati	on of any law, decree, ordinance	D VEC D	NO	
00.	or regulation by any court or tribunal?	,,,	☐ YES ☑		
	, ,		If YES, give details:		
37.	Have you ever been separated from the service in a	ny of the following modes:	✓ YES	NO	
	resignation, retirement, dropped from the rolls, dismi	issal, termination, end of term,	If YES, give deta		
	finished contract or phased out (abolition) in the publ	lic or private sector?	RESIGNATION		
00	a. Have you ever been a candidate in a national or lo	ocal election hold within the last			
38.	year (except Barangay election)?	ocal election field within the last		☑ NO	
	year (except barangay election):		YES, give details:		
	b. Have you resigned from the government service d	luring the three (3)-month period	☐ YES ☑ NO		
	before the last election to promote/actively campaigr	n for a national or local	YES, give details:		
	candidate?		_		
39.	Have you acquired the status of an immigrant or	permanent resident of another	☐ YES [v	▼ NO	
	country?		If YES, give deta		
			11 120, give dete	ano (ocarniy).	
40.	Durayant to: (a) Indigenous Decole's Act (DA 9271):	(b) Magna Carta for Dinabled			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); Persons (RA 7277); and (c) Solo Parents Welfare Ac				
	answer the following items:	ct of 2000 (104 0372), picase			
a.	Are you a member of any indigenous group?			-	
	740 you a member of any margenous group.		☐ YES [If YES, please spec	☑ NO cifv:	
b.	Are you a person with disability?				
	740 you a porcon with aloubility.		If YES, please spec		
C.	Are you a solo parent?		•	✓ NO	
	7 no you a colo parone.		If YES, please spec	cify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to	o applicant /appointee)			
	NAME	ADDRESS	TEL. NO.		
	MAUREEN M. LICYAYO	CEBU CITY	09171395154		
	MAGREEN W. LIGITATO	0250 0111	03171033104		
	FEY JOHLEN LESLIE	MAKATI CITY	09457688450		
42.	I declare under oath that I have personally accomp				
	correct and complete statement pursuant to the prov				
	the Republic of the Philippines. I authorize the			PHOTO	
	verify/validate the contents stated herein. I agree the			PHOTO	
	and its attachments shall cause the filing of administ	rative/criminal case/s against me.			
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's cense, etc.) PLEASE INDICATE ID Number				
	cense, etc.) PLEASE INDICATE ID Number and Date of Issuance	James .			
	Sovernment Issued ID:	77			
H					
II	D/License/Passport No.:	Signature (Sign inside the	oox)		
07/19/2022					

Date/Place of Issuance:	Date Accomplished	Right Thumbmark
BSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly	y issued government ID as indicated abo
	Person Administering Oath	
		CS FORM 212 (Revised 2017). Page 4 of 4