CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FO<u>RM.</u> 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 . PERSONAL INFORMATION 2. SURNAME QUIJANO FIRST NAME ANNA LIZA NAME EXTENSION (JR., SR) N/A MIDDLE NAME CAMPO 3. DATE OF BIRTH 1/25/1979 16. CITIZENSHIP (mm/dd/yyyy) Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH TACLOBAN CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ☐ Male ✓ Female Please indicate country: V Single ✓ Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS 267 KALIPAYAN ST House/Block/Lot No. Widowed □ Separated Other/s: 62 B Subdivision/Village Barangay TACLOBAN CITY 7. HEIGHT (m) 1.602 LEYTE City/Municipality Province 8. WEIGHT (kg) 67 KILOS ZIP CODE 6500 18. PERMANENT ADDRESS 267 9. BLOOD TYPE KALIPAYAN ST В Block/Lot No Street 10. GSIS ID NO TACLOBAN CITY 2003475205 Subdivision/Village 11. PAG-IBIG ID NO. 170000236805 TACLOBAN CITY LEYTE City/Municipality Province 12. PHILHEALTH NO. 130250151951 ZIP CODE 6500 N/A 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 923-062-816 20. MOBILE NO. 09273729945 15. AGENCY EMPLOYEE NO. 20299301 21. E-MAIL ADDRESS (if any) annalizaquijano@yahoo.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME QUIJANO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) TITUS GENE C. QUIJANO GENE JOSE FIRST NAME 9/15/2003 ELENA FRAULINE C. QUIJANO MIDDLE NAME MACAYAN 10/8/2004 ALIYAH THERESE C. QUIJANO OCCUPATION SELF EMPLOYED 3/25/2006 EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO N/A 24. FATHER'S SURNAME CAMPO NAME EXTENSION (JR., SR) FIRST NAME JOSE MIDDLE NAME **ESPINOSA** 25. MOTHER'S MAIDEN NAME SURNAME **DELA SIERRA** FIRST NAME **ALICIA** MIDDLE NAME SALES (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP 26. HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC HONORS RECEIVED LEVEL YEAR UNITS EARNED (if not graduated) (Write in full) GRADUATED From To WITH FLEMENTARY SAN JOSE ELEMENTARY SCHOOL PRIMARY 6/1/1986 3/30/1992 N/A 1992 HONORS **SALUTATO** SECONDARY SAN JOSE NATIONAL HIGH SCHOOL HIGH SCHOOL 6/1/1992 3/30/1996 1996 RIAN VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE ST PAUL BUSINESS SCHOOL BS ACCOUNTANCY 6/1/1996 3/30/2000 N/A 2000 N/A

SIGNATURE Of ME

LEYTE NORMAL UNIVERSITY

GRADUATE STUDIES

(Continue on separate sheet if necessary)

DATE

| DATE | 4|2(||1|)

6/1/2002

3/30/2002

12 UNITS

MASTERS IN MANAGEMENT

CS FORM 212 (Revised 2017), Page 1 of 4

N/A

N/A

		GIBILITY							
		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if a	applicable) Date of Validity	
		81.9	11/11/2000	TACLO	TACLOBAN CITY		N/A N/A	N/A N/A	
	CS SUBPROFESSIONAL 81.1 N/A N/A			7/7/1998 N/A	TACLOBAN CITY N/A				
			(Co	ontinue on separate sheet if	necessary)				
	EXPERIENCE								
28. INC	LUSIVE DATES (mm/dd/yyyy)	nt. Start from your recen POSITION TI (Write in full/Do not a	TLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	HUMAN RESOURCE N			o not abbreviate)	SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	(Y/N)
1/2/2016	PRESENT	ASSISTAI HUMAN RESOURCE II	VT.		HEALTH INSURANCE FICE	19990.00	08-0	PERMANENT	Υ
4/23/2008	12/31/2015	ASSISTAI	T		SOURCE UNIT	15867.00	08-0	PERMANENT	Υ
7/1/2003 8/30/2001	4/22/2008	MARKET SPEC			ERVICE OFFICE	14696.00	N/A	JOB ORDER	N
0/30/2001 N/A	6/30/2003	ACCOUNTS EXA	MINER II		ON SECTION	9922.00	N/A	JOB ORDER	N
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
									-
									The software and
			Maria de la companya						
			(Con	tinue on separate sheet if n	ecessary)			The same that the same	
SIGNA	ATURE	Mijo		DATE	4/25/2017		CS FORM 21	2 (Revised 2017), Pa	nge 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN	T / PEOPLE /	VOLUNTARY	ORGANIZATIO	DN/S		
	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		8	POSITION / NATURE OF WORK	
N/A		From	То				
			+				
					-		
	(Cc	ontinue on separa	ate sheet if necessa	nry)			
II. LEARNING AND DEVELOPMENT (L&I tart from the most recent L&D/training program and inc							
t from the most recent L&D/training program and include only the relevant L&D/training taken. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
		(mm/dd/yyyy) From To			Supervisory/ Technical/etc)	(Write in full)	
TERPERSONAL SKILLS TRAINING		3/27/2017	3/28/2017	16.0	GENERAL	PHILHEALTH RO8	
FORMATION CARAVAN		4/19/2016	4/21/2016	24.0	GENERAL	PHILHEALTH RO8	
ID LEVEL TRAINING ON GENDER AND DEVELOP		4/19/2016	4/21/2016	32.0	GENERAL	PHILHEALTH RO8	
ATIONAL CONFERENCE ON PUBLIC PERSONNEI ADERSHIP	ADMINISTRATION ON ETHICAL	12/8/2015	12/11/2015	32.0	TECHNICAL	PMAC	
AINORS TRAINING ON GENDER AND DEVELOP	MENT	9/8/2015	9/11/2015	32.0	GENERAL	PHILHEALTH GAD	
FORMATION CARAVAN		8/17/2015	8/17/2015	8.0	GENERAL	PHILHEALTH RO8	
9001:2008 QMS TRAINING		4/16/2015	4/17/2015	16.0	GENERAL	PHILHEALTH RO8	
AINING ON DECENTRALIZATION OF PS WE CAR	E	6/4/2013	6/6/2013	24.0	GENERAL	PHILHEALTH HRD	
AINORS TRAINING ON PHILHEALTH ACCOUNTS	MANAGEMENT SYSTEM	9/3/2012	9/6/2012	32.0	GENERAL	PHILHEALTH RO8	
ERSONAL MASTERY:ROAD TO COMMITMENT,INTEGRITY AND ACCOUNTABILITY			1/26/2012	16.0	GENERAL	PHILHEALTH RO8	
RE-RETIREMENT COUNSELIING			8/11/2011	16.0	TECHNICAL	CSC RO8	
XIMIZE EMPLOYEE ENGAGEMENTTO ACHIEVE	ORGANIZATIONAL PERFORMANCE	5/20/2011	5/20/2011	8.0	GENERAL	PHILHEALTH RO8	
T PAMO SUMMIT "TIGHTEN UP THE BOLTS"		1/26/2011	1/28/2011	8.0	GENERAL	PHILHEALTH RO8	
SEMINARS ON LEAVE ADMINISTRATION (SEAL BOAT)			2/26/2009	16.0	TECHNICAL	CSC RO8	
IRD COMPONENT 1 TRAINING			3/3/2009	16.0	GENERAL		
REINVENTED PAMS TRAINING			2/11/2009	24.0	GENERAL	PHILHEALTH ROS	
FFECTIVE INTERPERSONAL RELATIONS & TEAM DEVELOPMENT			2/1//2003			PHILHEALTH RO8	
DRIENTAION ON COMMUNITY BASED MONITORING SYSTEM (CBMS)			4/20/2007	40.0	TECHNICAL	PHILHEALTH RO8	
SENDER AND DEVELOPMENT ISSUE ON SINGLE PARENT ACT UNDER 8972 AND			4/20/2007	4.0	GENERAL	PHILHEALTH RO8	
IDMINISTRATIVE DISCIPLINARY JULP ON HR MGT IN THE CIVIL SERVICE			7/8/2004	8.0	GENERAL	CSC RO8	
ASSIC CUSTOMER SERVICE SKILLS TRAINING			9/2/2002	40.0	TECHNICAL	CSC RO8	
SIG GOSTOWICK SERVICE SKILLS TRAINING	(Con	12/3/2001	12/4/2001 sheet if necessary	16.0	GENERAL	CSC RO8	
. OTHER INFORMATION							
1. SPECIAL SKILLS and HOBBIES	32. NON	IN-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)		
N/A	N/A				N/A		

			-				
			The state of the s	on the second of the second			
				-			
	(Cont	tinue on separate	sheet if necessary)			
	/ 11						

Bureau or Department where you will be apppointed,	hate supervision over you in the Office,			
a. within the third degree?b. within the fourth degree (for Local Government Unit -	YES V NO			
b. Within the lotter degree (for Eocal Government Office	oaleel Employees)!	☐ YES ☑ NO If YES, give details:		
35. a. Have you ever been found guilty of any administrative	offense?	YES ✓	NO .	
		If YES, give details:		
b. Have you been criminally charged before any court?		YES V	NO	
		If YES, give details:	Pate Filed:	
			of Case/s:	
36. Have you ever been convicted of any crime or violation of	of 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 o		YES V	NO	
retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?	, end of term, finished contract or phased	If YES, give details:		
38. a. Have you ever been a candidate in a national or local	election held within the last year (except	☐ YES	√ NO	
Barangay election)?		If YES, give details:		
b. Have you resigned from the government service durin		YES	✓ NO	
	ast election to promote/actively campaign for a national or local candidate?			
39. Have you acquired the status of an immigrant or perman	Have you acquired the status of an immigrant or permanent resident of another 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 89)				
a. Are you a member of any indigenous group?		YES	✓ NO	
b. Are you a person with disability?		If YES, please specify:	NO NO	
,,,,,,,, .		If YES, please specify ID No: YES VO If YES, please specify ID No:		
c. Are you a solo parent?				
		II 1ES, please specify I	D NO	
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)			
NAME	ADDRESS	TEL. NO.		
EDERLINA M. SALAZAR	PALO LEYTE	N/A		
ATTY. JANICE AGULLO	PALO LEYTE	N/A		
MA HAZEL NAPOLIS	PALO LEYTE	N/A		
42. I declare under oath that I have personally accomplis	shed this Personal Data Sheet which is	a true, correct and		
complete statement pursuant to the provisions of pe			ANNA LÍZAC QUIJANO	
Philippines. I authorize the agency head / authorized agree that any misrepresentation made in this d			PHOTO	
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	0,			
Government Issued ID: UMID				
ID/License/Passport No.: 2003475205	Signature (Sign inside the b	oox)		
Date/Place of Issuance: JUNE 2008 TACTO DATE CITY		Right Thumbmark		
CURCODIED AND OWODALL Laferra Mile	Date Accomplished			
SUBSCRIBED AND SWORN to before me this	<u>, a</u> ffiant exhibi	ung nis/ner validiy issued go	overnment ID as indicated above.	
	Wille	WX.		
	RENATO L. LIMSIAC	7,000		
	REGIONAL VICE PRESI	PENI		

Person Administering Oath