CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE 1. CSID No. 2. SURNAME MADERA MANE EXTENSION (JR., SR) FIRST NAME CRISTILLE MIDDLE NAME MENGOTE 3. DATE OF BIRTH 12/24/1999 16. CITIZENSHIP ☐ Dual Ottzenship ☑ Filipino (mm/dd/yyyy) ☐by birth ☐by naturalization Pls. indicate country: 4. PLACE OF BIRTH TACLOBAN CITY If holder of dual citizenship please indicate the details 5. SEX ☐ Male ☑ Female ☑ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No ☐ Widowed ☐ Separated CABATOAN Other/s: Subdivision/Village Barangay LEYTE DULAG 7. HEIGHT (m) 1.62 Province City/Municipality 8. WEIGHT (kg) 52 ZIP CODE 6505 18. PERMANENT ADDRESS 9. BLOOD TYPE UNKNOWN Street House/Block/Lot No CABATOAN 10. GSIS ID NO N/A Subdivision/VIIIage Barangay LEYTE DULAG 11. PAG-IBIG ID NO 121312567883 City/Municipality 6505 12. PHILHEALTH NO. 130255900936 ZIP CODE 19. TELEPHONE NO. N/A 13. SSS NO. N/A 09982316435 14. TIN NO. 20. MOBILE NO. 619624521 wcristillemadera24@gmail.com 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) MILY BACKGROUN DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) N/A 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) N/A N/A N/A FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NAME N/A N/A N/A BUSINESS ADDRESS N/A N/A N/A TELEPHONE NO N/A N/A MADERA 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) N/A ERNESTO N/A FIRST NAME N/A CARPINA N/A MIDDLE NAME N/A N/A 25. MOTHER'S MAIDEN NAME N/A MENGOTE N/A SURNAME N/A N/A MERCY FIRST NAME e on separate sheet if no ANACTA MIDDLE NAME **EDUCATIONAL BACKGROUND** HIGHEST LEVEL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC NAME OF SCHOOL UNITS EARNED LEVEL GRADUATED (Write in full) (Write in full) (if not graduated) RECENED From Ta PRIMARY EDUCATION 2006 2012 GRADUATED 2012 N/A **DULAG SPED CENTER** ELEMENTARY **DULAG NATIONAL HIGH** SENIOR HIGH SCHOOL 2012 2018 GRADUATED 2018 N/A SECONDARY SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE CUM BS TOURISM MANAGEMENT GRADUATED 2018 2022 VISAYAS STATE UNIVERSITY COLLEGE LAUDE N/A N/A N/A N/A N/A N/A GRADUATE STUDIES N/A

Grobia

SIGNATURE

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

1/16/2023

DATE

-	VICE ELIGIBIL SERVICE/RA 1080	-		DATE OF				LICENSE (if ap	Date of
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Validity
PD 907 - HONOR GRADUATE			N/A	10/14/2022	CIVIL SERVICE COM OFFIC	IISSION RE E VIII	GIONAL	N/A	N/A
			(Co	intinue on separate she	et if necessary)				
	PERIENCE e employment.	Start from your recei	nt work! Description	on of duties should	be indicated in the attache	d Work Expe	erience sheet.		
INCLUS	IVE DATES /dd/yyyy)	POSITION	TITLE		GENCY / OFFICE / COMPANY	MONTHLY	SALARYI JOBI PAY GRADE (II acplicable) & STEP	STATUS OF	GOVT SERVICE
From To (Write in full/Do no		t abbreviate)	(Write in full/Do not abbreviate)		SALARY	(Formal '00-0")/ NCREMENT	APPOINTMENT	(Y/N)	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
	CART CARE								
		*							
	102405								
			NAME AND ADDRESS OF TAXABLE PARTY.	(Continue on separate	sheel if necessary)				
SIGN	ATURE		grahm		DATE		1/16/	2023	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	T/PEOPLE/\	VOLUNTARY	ORGANIZATI	ON/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A	
		2.4				
			301000			
(Cox	ntinue on separate	sheet if narossan				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING F	ROGRAMS A	TTENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)						
LECTURE ON TRAVEL PACKAGE COSTING, ITINERARY MAKING, AND	From	To			WORLD OF ADVENTURES TRAVEL AND	
ISSUES ENCOUNTERED IN TRAVEL AND TOURIS OPERATIONS	04/08/2019	04/08/2019	4	TECHNICAL	TOURS NATIONAL ECONOMIC AND	
ECONOMIC AND FINANCIAL LITERACY WEEK REGIONAL FORUM	12/03/2020	12/03/2020	4	TECHNICAL	DEVELOPMENT AUTHORITY	
CREDIBLE SOURCES: CHECKING THE QUALITY OF INFORMATION J-LIST 2021 THE PREMIER ONLINE INDUSTRY AND COMPETENCY	02/15/2021	02/15/2021	4	TECHNICAL	TRINITY UNIVERISTY OF ASIA JUNIOR TOURISM AND HOSPITALITY	
TRAINING PROGRAM	04/10/2021	05/15/2021	20	TECHNICAL	ASSOCIATION OF THE PHILIPPINES	
JTHMAP'S PRODUKTONG LOKAL: TATAK PUSONG PINOY	05/08/2021	05/21/2021	12	TECHNICAL	JUNIOR TOURISM AND HOSPITALITY ASSOCIATION OF THE PHILIPPINES	
	e sectal					
				Tray is		
	- 65.33					
	7					
					STATE OF THE STATE	
	ntinue on separate	sheef if necessary	v)			
VIII. OTHER INFORMATION						
31, SPECIAL SKILLS and HOBBIES 32.	N-ACADEMIC DISTI (Wri	INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (While in full)	
COMPUTER LITERATE	N/	A			N/A	
WATCHING DOCUMENTARIES AND						
CURRENT EVENTS						
	17 L S 15	1500				
	A Second Control of the Control of t	sheet If necessar	with the same of t			
SIGNATURE Grands		ALTERNATION OF THE STATE OF		ATE	1/16/2023	
SIGNATURE					CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the apportance of bureau or office or to the person who has immediate or Department where you will be apppointed,				
a. within the third degree? b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35. a. Have you ever been found guilty of any administration	☐ YES ☑ NO If YES, give details:			
b. Have you been criminally charged before any court?	If YES			
36. Have you ever been convicted of any crime or violation by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
a. Have you ever been a candidate in a national or loc Barangay election)? b. Have you resigned from the government service during last election to promote feature by a residue for a setting.	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO			
last election to promote/actively campaign for a national 39. Have you acquired the status of an immigrant or permanent or	If YES, give details: ☐ YES			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 				
a. Are you a member of any indigenous group? b. Are you a person with disability?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No:			
c. Are you a solo parent?	re you a solo parent?			
41. REFERENCES (Person not related by consangularity or affinity to ap	plicant /appointee)			
NAME	ADDRESS	TEL. NO.		
MAUREN JOY F. MANADONG	BAYBAY CITY, LEYTE	0908-881-5362		
SYRENE P. NAYRE	BAYBAY CITY, LEYTE	0955-493-2026		
EMMANUEL LABANTA	CABATOAN DULAG, LEYTE	0963-052-3365		
42. I declare under oath that I have personally accomplete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized I agree that any misrepresentation made in this administrative/criminal case/s against me.	ertinent laws, rules and regulations of the representative to verify/validate the content	Republic of the as stated herein.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILIPPINE ID (NATIONAL ID)	gnaden			
ID/License/Passport No.: 5147-9549-7809-6870	pox)			
Date/Place of Issuance: DULAG LEYTE	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	Sum day	iting his/her validly insued government ID as indicated above.		
	(PUPS PERP Administering to	CS FORM 212 (Revised 2017), Page 4 (