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 filing of administrative/criminal case/s against the person

concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 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 I. PERSONAL INFORMATION LUMBA 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME DENISE NARIDO MIDDLE NAME 3. DATE OF BIRTH JUNE 1 1995 16. CITIZENSHIP √ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization INOPACAN, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX Male ✓ Female 7. RESIDENTIAL ADDRESS 113 BLISS FATIMA HEIGHTS Single ✓ Married 6 CIVIL STATUS House/Block/Lot No Widowed Separated POBLACION Other/s: Subdivision/Village Barangay INOPACAN LEYTE 7. HEIGHT (m) 1.57 City/Municipality 8. WEIGHT (kg) 72 ZIP CODE 6522 113 BLISS FATIMA HEIGHTS 18. PERMANENT ADDRESS 9. BLOOD TYPE B+ House/Block/Lot No Street POBLACION 10. GSIS ID NO. NONE Subdivision/Village Barangay INOPACAN **I FYTF** 11. PAG-IBIG ID NO. 121185641486 City/Municipality Province 12. PHILHEALTH NO. 132505252148 ZIP CODE 6522 13. SSS NO. 0638241406 19. TELEPHONE NO. 5650190 14. TIN NO. 345340251 20. MOBILE NO. 09667927907 15. AGENCY EMPLOYEE NO. NONE 21. E-MAIL ADDRESS (if any) dendennarido@gmail.com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME LUMBA DATE OF BIRTH (mm/dd/yyyy) FIRST NAME **PAMFELO BORLEO** MIDDLE NAME MEAT VENDOR OCCUPATION EMPLOYER/BUSINESS NAME **DN'P MEATSHOP** BUSINESS ADDRESS SAN ROQUE ST. INOPACAN, LEYTE 5650190 TELEPHONE NO NARIDO 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) **CRISTOFER** FIRST NAME MIDDLE NAME PAMANIAN 5. MOTHER'S MAIDEN NAME SURNAME **BISNAR** HAIDEE FIRST NAME BOI DIOS MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED HONORS RECEIVED GRADUATED (Write in full) (Write in full) (if not graduated From INOPACAN CENTRAL SCHOOL ELEMENTARY 2009 2002 2009 INOPACAN NATIONAL HIGH SCHOOL SECONDARY 2009 2012 2012 VOCATIONAL / NONE TRADE COURSE VISAYAS STATE UNIVERSITY BACHELOR IN ANIMAL SCIENCE 2012 2016 COLLEGE 2016 GRADUATE STUDIES NONE **SIGNATURE** DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / PLACE OF EXAMINA CONFERMENT		TION / CONFERMENT		NUMBER	Date of Validity	
CAREER SERVICE EXAM - PROFESSIONAL				8/4/2019	8/4/2019 SAINT JOSEPH COLLEGE, MAASIN CITY				
V. WORK E	XPERIENCE		(Con	tinue on separate sheet	if necessary)				
		nt. Start from your recer	nt work) Descriptio	n of duties should	be indicated in the attacl	ned Work Ex	perience she	et.	
	JSIVE DATES m/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGE (Write in full	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То			(**************************************		(Format "00-0")/ INCREMENT		(Y/ N)	
6/8/2021	12/31/2021	REGISTRATION KIT OPERATOR			PSA	22000.00		CONTRACTUAL	Y
9/1/2020	10/15/2020	CENSUS AREA SUPERVISOR			PSA	26000.00		CONTRACTUAL	Y
1/13/2020	3/14/2020	AREA SUPER	RVISOR	DSWD I	LISTAHANAN	20000.00		CONTRACTUAL	Y
9/26/2018	11/31/2018	CUSTOMER SERVICE REPRESENTATIVE		A	ZPIRED	10000.00		PROBATIONARY	N
4/10/2018	9/10/2018	SALES CLERK		SM HOMEWOR	10000.00		PROBATIONARY	N	
8/15/2017	1/31/2018	G.I.P		LOCAL GO	3000.00		INTERN	Y	
11/2/2016	1/15/2017	CUSTOMER SERVICE REPRESENTATIVE		CONVERGY	18000.00		PROBATIONARY	N	
1/1/2016	10/30/2016	ACCOUNT DEVELOPER		ВМЕС	11700.00		PERMANENT	N	
			(Con	tinue on separate sheet	if necessary)				
SIGNATURE					DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT I	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	N/S		
	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To			POSITION / NATURE OF WORK	
N/A							
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s					
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC SELLING WORKSHOP		8/16/2016	8/17/2016			BMEG SAN MIGUEL CORPORATION	
NHTS TRAINING FOR LISTAHANAN DSWD		1/13/2020	1/13/2020			NHTS FO8	
PSA TRAINING FOR CPH 2020		7/21/2020	7/25/2020			PSA TACLOBAN	
PSA TRAINING FOR PHILIPPINE NATIONAL I.D		6/4/2021	6/5/2021			PSA TACLOBAN	
BASIC CUSTOMER RELATIONS TRAINING		11/28/2021	11/28/2021	8H		PSA TACLOBAN	
VETERINARY HEALTHCARE VIRTUAL ASSISTANT TR	RAINING	4/21/2022	4/21/2022			HELLORACHE	
VIII. OTHER INFORMATION	(Cont	tinue on separate s	sheet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	NCTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
CAN HANDLE MULTITASKIG JOBS			ı		SOCIETY OF ANIMAL SCIENCE		
EXPERIENCED IN MS WORD, EXCEL, POWERPOINT							
I OTIEN OINT							
SIGNATURE	(Cont	tinue on separate s	sheet if necessary)		\TE		
O.C.O. I. OILE				J.	-	CS FORM 212 (Revised 2017), Page 3 of	

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 approinted, a. within the third degree?	☐ YES ☑	NO			
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	YES V NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:				
	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 a by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:				
	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	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	•				
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group?	please answer the following items:				
b.	Are you a person with disability?	☐ YES				
C.	Are you a solo parent?	If YES, please specify ID YES If YES, please specify ID	✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
	SARAH L. BERNALES	INOPACAN LEYTE	9173117681	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)		
RODOLFO NOVILIO JR.		TANUAN LEYTE	9171483016	Computer generated		
	SUSANA B. LAWAG	INOPACAN LEYTE	9171107093	or photocopied picture is not acceptable		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized reprint agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the s stated herein.	РНОТО		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
Go	overnment Issued ID: DRIVER'S LICENSE					
ID/License/Passport No.: H12-16-001696 Signature (Sign inside			e box)			
Da	ate/Place of Issuance: JUNE 1, 2016 BAYBAY CITY LEYTE	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	overnment ID as indicated above.		
		Person Administering Oat	h			