## 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 INFORMATIOI 2. SURNAME **CASAS** NAME EXTENSION (JR., SR) N/A FIRST NAME THESSA MAE MIDDLE NAME **SADOGUIO** 3. DATE OF BIRTH 05/13/2000 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: 4. PLACE OF BIRTH NAVAL, BILIRAN If holder of dual citizenship, please indicate the details. Male ✓ Female 5. SEX ✓ Single Married 17. RESIDENTIAL ADDRESS N/A PADRE INOCENTES STREET 6 CIVIL STATUS House/Block/Lo Widowed Separated PADRE INOCENTES GARCIA N/A Other/s: Subdivision/Villag BILIRAN NAVAL 7. HEIGHT (m) 1.52 m. Citv/Municipalit Province 47 kg. 8. WEIGHT (kg) 6560 ZIP CODE 18. PERMANENT ADDRESS N/A PADRE INOCENTES STREET 9. BLOOD TYPE A+ House/Block/Lot No PADRE INOCENTES GARCIA N/A N/A 10. GSIS ID NO. Subdivision/Villag NAVAL BILIRAN 11. PAG-IBIG ID NO. 922244509205 Province City/Municipality 12. PHILHEALTH NO. 01-263183819-5 **ZIP CODE** 6560 13. SSS NO. 34-9706557-4 19. TELEPHONE NO. N/A 09771601403 / 09690803591 14. TIN NO. 380-032-894-000 20 MOBILE NO 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) casasthessamae@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) AME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A N/A N/A MIDDLE NAME OCCUPATION N/A N/A EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME CASAS NAME EXTENSION (JR., SR) N/A NOEL FIRST NAME JUMAWAN MIDDLE NAME

| 25. MOTHER'S MAIDEN NAME                  |  |                                       |   |                      |      |                                |                   |                                 |  |
|---|--|---------------------------------------|---|----------------------|------|--------------------------------|-------------------|---------------------------------|--|
| SURNAME                                   | SURNAME SADOGUIO   |                                       |   |                      |      |                                |                   |                                 |  |
| FIRST NAME                                | ALONA  |                                       |   |                      |      |                                |                   |                                 |  |
| MIDDLE NAME                               | BUL-ANON   |                                       | (Continue on separate sheet if necessary) |                      |      |                                |                   |                                 |  |
| III. EDUCATIONAL BACKGROUND               |  |                                       |   |                      |      |                                |                   |                                 |  |
| 26. LEVEL                                 | NAME OF SCHOOL BASIC EDUCATION/DEGRE (Write in full) (Write in full) |                                       | EE/COURSE                                 | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/<br>UNITS EARNED | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC HONORS |  |
|   | , ,  | <b>(</b>                              |   | From                 | То   | (if not graduated)             |                   | RECEIVED                        |  |
| ELEMENTARY                                | NAVAL CENTRAL SCHOOL   | ELEMENTARY                            |   | 2006                 | 2012 | GRADUATED                      | 2012              | N/A                             |  |
| SECONDARY                                 | NAVAL STATE UNIVERSITY -<br>LABORATORY HIGH SCHOOL                   | HIGH SCHOOL                           |   | 2012                 | 2018 | GRADUATED                      | 2018              | WITH HIGH<br>HONORS             |  |
| VOCATIONAL /<br>TRADE COURSE              | N/A  | N/A                                   |   | N/A                  | N/A  | N/A                            | N/A               | N/A                             |  |
| COLLEGE                                   | BILIRAN PROVINCE STATE UNIVERSITY                                    | BACHELOR OF SCIE<br>BUSINESS ADMINIST |   | 2018                 | 2022 | GRADUATED                      | 2022              | CUM LAUDE                       |  |
| GRADUATE STUDIES                          | N/A  | N/A                                   |   | N/A                  | N/A  | N/A                            | N/A               | N/A                             |  |
| (Continue on separate sheet if necessary) |  |                                       |   |                      |      |                                |                   |                                 |  |
| SIGNATURE                                 | TSCORON  |                                       |   | DATE                 |      | J                              | January 6, 2025   |                                 |  |
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|  | ERVICE ELIG              |                                     |  | DATE OF                           |  |                |  | LICENSE (if ap           | nlicable)        |
|--|--------------------------|-------------------------------------|--|-----------------------------------|--|----------------|--|--------------------------|------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE |                          | RATING<br>(If Applicable)           | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATION / CONFERMENT |  |                | NUMBER   | Date of                  |                  |
| DAINANGAT ELIGIBIETT / DINVER'S LICENSE                                |                          | 82.23%                              | 07/08/2022                             | NAVAI                             | NAVAL, BILIRAN   |                |  | Validity<br>N/A          |                  |
|  |                          |                                     |  |                                   |  | ,, 5.2         |  | N/A                      |                  |
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| V WORK F   | VDEDIENGE                |                                     | (0                                     | Continue on separate she          | et if necessary)   |                |  |                          |                  |
|  | XPERIENCE ate employme   | nt. Start from your recen           | t work) Description                    | on of duties should b             | oe indicated in the attach   | ed Work Exper  | ience sheet.                                       |                          |                  |
| 28. INCLU  | SIVE DATES<br>m/dd/yyyy) | POSITION T<br>(Write in full/Do not | TLE                                    | DEPARTMENT / AGI                  | ENCY / OFFICE / COMPANY<br>I/Do not abbreviate)  | MONTHLY SALARY | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable)& STEP | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE |
| From   | То                       | (Willo III Idii/Bo Hot              | abbieviale                             | (Willo III lai                    | , bo not abbreviate,   |                | (Format "00-0")/<br>INCREMENT                      | 7 O                      | (Y/ N)           |
| 07/01/2024   | 10/18/2024               | TELLE                               | R                                      |                                   | NG CORPORATION   | ₱ 14,700.00    | N/A  | PROVISIONAL              | N                |
| 09/13/2023   | 01/27/2024               | ACCOUNTING                          | CLERK                                  | INCO                              | INTERNATIONAL PHARMACEUTICALS,<br>INCORPORATED<br>INTERNATIONAL PHARMACEUTICALS,<br>INCORPORATED |                | N/A  | REGULAR                  | N                |
| 03/13/2023   | 09/12/2023               | ACCOUNTING                          | CLERK                                  |                                   |  |                | N/A  | PROVISIONAL              | N                |
|  |                          |                                     |  |                                   |  |                |  |                          |                  |
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| SIGNA  | ATURE                    | 1                                   | T& COMAN                               |                                   | DATE   |                | January  | <b>/</b> 6, 2025         | 117) Pogo 2 of a |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S |                             |                            |                                 |                 |   |   |  |
|---|-----------------------------|----------------------------|---------------------------------|-----------------|---|---|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full)  |                             |                            | INCLUSIVE DATES<br>(mm/dd/yyyy) |                 | POSITION / NATURE OF WORK                   |   |  |
| (white in fair)   |                             | From                       | То                              | NUMBER OF HOURS |   |   |  |
|   |                             |                            |                                 |                 |   |   |  |
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| VII. LEARNING AND DEVELOPMENT (L&D)   |                             | tinue on separate s        |                                 |                 |   |   |  |
|   | THE PERSON OF THE PRINCE OF | INCLUSIVE                  |                                 |                 | Time of LD                                  |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)                                      |                             | ATTENDANCE<br>(mm/dd/yyyy) |                                 | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) |  |
| (vviite iii luii)   |                             | From                       | To                              |                 | Technical/etc)                              | (write in full)                         |  |
| On-the- Job Train   | ing                         | 5/23/2022                  | 7/8/2022                        | 345.00          | TECHNICAL                                   | COMMISSION ON AUDIT                     |  |
|   | · ·                         |                            |                                 |                 |   |   |  |
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| VIII. OTHER INFORMATION   | Cont                        | unue on Separate s         | meet ii necessary,              |                 |   |   |  |
|   | NON-                        | ACADEMIC DISTIN            | CTIONS / RECOG                  | NITION          |   | MEMBERSHIP IN ASSOCIATION/ORGANIZATION  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32.                         | (Write                     | in full)                        |                 |   | 33. (Write in full)                     |  |
| COMPUTER PROFICIENCY  |                             |                            |                                 |                 |   |   |  |
| LEADERSHIP SKILLS   |                             |                            |                                 |                 |   |   |  |
| BAKING  |                             |                            |                                 |                 |   |   |  |
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| SIGNATURE   | tsca                        |                            | DA                              | ATE             | January 6, 2025                             |   |  |

| 34.  | Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? | □ VEC  |                                   |        |  |  |  |
|--|---|--|-----------------------------------|--------|--|--|--|
|  | b. within the fourth degree (for Local Government Unit - 0  |  | ✓ NO ✓ NO s:                      |        |  |  |  |
| 35.  | a. Have you ever been found guilty of any administrative  | ☐ 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 or by any court or tribunal?   | ☐ YES ☑ NO If YES, give details:                                   |                                   |        |  |  |  |
| 37.  | Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?                                | YES If YES, give details   | NO<br>s:                          |        |  |  |  |
| 38.  | A. Have you ever been a candidate in a national or local Barangay election)?  | ☐ YES ☑ NO If YES, give details:                                   |                                   |        |  |  |  |
|  | b. Have you resigned from the government service during last election to promote/actively campaign for a national of  | <del>-</del>   | ☐ YES ☑ NO If YES, give details:  |        |  |  |  |
| 39.  | Have you acquired the status of an immigrant or permand   | ☐ YES ☑ NO If YES, give details (country):                         |                                   |        |  |  |  |
| 40.  | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897   |  |                                   |        |  |  |  |
| a.   | Are you a member of any indigenous group?   | YES "  | ✓ NO                              |        |  |  |  |
| b.   | Are you a person with disability?   | If YES, please specify:  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.                          |        |  |  |  |
|  | LISLEE V. SAMANTE   | ORMOC CITY   | 09513257963                       |        |  |  |  |
|  | KIMBERLY I. DE PAZ  | ORMOC CITY   | 09465336933                       | ( TO ) |  |  |  |
|  | ERIKA JAY S. PELARIJA   | NAVAL, BILIRAN   | 09855884356                       |        |  |  |  |
| 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic 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. PHOTO |   |  |                                   |        |  |  |  |
| P  | Covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Covernment Issued ID: PHILHEALTH                                       |  |                                   |        |  |  |  |
| IC   | 01-263183819-5  | oox)   |                                   |        |  |  |  |
| D  | ate/Place of Issuance: NAVAL, BILIRAN   |  | Right Thumbmark                   |        |  |  |  |
|  | SUBSCRIBED AND SWORN to before me this  | ting his/her validly issued  | government ID as indicated above. |        |  |  |  |
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