

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 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

2. SURNAME	TIMKANG		
FIRST NAME	ZENNY VEE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	FERNANDEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	11/13/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	SAN ROQUE, SOGOD, SO. LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	152cm	ZIP CODE	6606
8. WEIGHT (kg)	40kg	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE	"AB"	19. TELEPHONE NO.	(053)-570-3045
10. GSIS ID NO.	N/A	20. MOBILE NO.	09178781326
11. PAG-IBIG ID NO.	1211-6621-2351	21. E-MAIL ADDRESS (if any)	zennytimkang@gmail.com
12. PHILHEALTH NO.	01-025923324-6		
13. SSS NO.	34-5776796-4		
14. TIN NO.	501-544-323		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	N/A	N/A
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	TIMKANG		
FIRST NAME	VENCHITO		
MIDDLE NAME	SERASPI		
25. MOTHER'S MAIDEN NAME	CONCHITA CASTIL FERNANDEZ		
SURNAME	FERNANDEZ		
FIRST NAME	CONCHITA		
MIDDLE NAME	CASTIL		

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SOGOD SPED CENTER	PRIMARY EDUCATION	06/05/2002	3/23/2009	GRADUATED	2009	1ST HONORABLE MENTION
SECONDARY	DON AGUSTIN F ESCARO NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	06/07/2010	3/30/2013	GRADUATED	2013	1ST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	RIZAL TECHNOLOGICAL UNIVERSITY	BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY	06/11/2013	5 25 2017	GRADUATED	2017	DEAN'S LISTER
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE

DATE

AUGUST 5, 2021

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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

AUGUST 5, 2021

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ACCOUNTING ORIENTED IN MICROSOFT OFFICE APPLICATIONS COMPUTER LITERATE	TESDA NATIONAL CERTIFICATE III (BOOKEKEEPING)		N/A
	ACCOUNTING			
	DATA MANAGEMENT AND ANALYSIS			
	ADAPTABILITY			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 5, 2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,

a. within the third degree? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career 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 ☒ NO

If YES, give details: _____

Date Filed: _____

Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? ☐ YES ☒ NO

If YES, give details: _____

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased 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 election held within the last year (except Barangay election)? ☐ YES ☒ NO

If YES, give details: _____

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? ☐ YES ☒ NO

If YES, give details (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 8972), please answer the following

a. Are you a member of any indigenous group? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ 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.
NINNOH RECHIE K. DEMEGILLO	SOGOD, SOUTHERN LEYTE	9177234290
ISIDRO C. CATUBIG, Ed. D	CANDAHUG, PALO, LEYTE	9171602876
HON. IMELDA TAN	SOGOD, SOUTHERN LEYTE	N/A

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER'S LICENSE

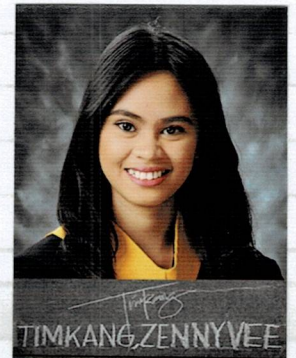
ID/License/Passport No.: HO5-19-003885

Date/Place of Issuance: 10/20/2019 MAASIN, SO. LEYTE

Signature (Sign inside the box)

AUGUST 5, 2021

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath