

CS FORM 1765-212
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 cases against the person concerned.

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)
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PERSONAL INFORMATION

| | | | |
|-------------------------------|-------------------|---|--|
| 2. SURNAME | SERANTE | | |
| FIRST NAME | MA JESUSA | NAME EXTENSION (JR, SR) | |
| MIDDLE NAME | BARCELO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 12/25/1998 | 16. CITIZENSHIP | |
| 4. PLACE OF BIRTH | PALO LEYTE | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | FEMALE | Pls. indicate country: | |
| 6. CIVIL STATUS | SINGLE | 17. RESIDENTIAL ADDRESS | 153 MAGALLANES ST. (Household No. of Apt.) Street Subdivision/Village Barangay PALO LEYTE Province 6001 |
| 7. HEIGHT (m) | 5'0 | 18. PERMANENT ADDRESS | 153 MAGALLANES ST. (Household No. of Apt.) Street Subdivision/Village Barangay PALO LEYTE Province 6001 |
| 8. WEIGHT (kg) | 55 | 19. TELEPHONE NO. | NA |
| 9. BLOOD TYPE | O+ | 20. MOBILE NO. | 0953-447-6054 |
| 10. OSG ID NO. | N/A | 21. EMAIL ADDRESS (if any) | serante.m151@gmail.com |
| 11. PAG-IBIG ID NO. | 1212-2173-5019 | | |
| 12. PHILHEALTH NO. | 13-02555886-23 | | |
| 13. SSN NO. | 06-4327804-0 | | |
| 14. TIN NO. | 559-115-940-00000 | | |
| 15. AGENCY EMPLOYEE NO. | N/A | | |

IMMEDIATE 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 | NA | NA |
| MIDDLE NAME | N/A | | |
| OCCUPATION | N/A | | |
| EMPLOYER/BUSINESS NAME | N/A | | |
| BUSINESS ADDRESS | N/A | | |
| TELEPHONE NO. | N/A | | |
| 24. FATHER'S SURNAME | SERANTE | | |
| FIRST NAME | ROLANDO | NAME EXTENSION (JR, SR) | |
| MIDDLE NAME | YUMBABA | | |
| 25. MOTHER'S MAIDEN NAME | | | |
| SURNAME | BARCELO | | |
| FIRST NAME | MYLEEN | | |
| MIDDLE NAME | RAMADA | | |

(Continue on separate sheet if necessary)

EDUCATION (Continued)

| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | | HIGHEST LEVEL/ UNITS EARNED (If not graduated) | 340 GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|--------------------------------|--|----------------------|------|--|---------------|---------------------------------------|
| | | | From | To | | | |
| ELEMENTARY | PALO I CENTRAL SCHOOL | Elementary | 2005 | 2011 | N/A | 2011 | With Honor |
| SECONDARY | PALO NATIONAL HIGH SCHOOL | Secondary | 2011 | 2015 | N/A | 2015 | N/A |
| VOCATIONAL / TRADE COURSE | NA | NA | NA | NA | N/A | N/A | N/A |
| COLLEGE | LEYTE NORMAL UNIVERSITY | BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT | 2015 | 2019 | N/A | 2019 | Proficiency Award |
| GRADUATE STUDIES | NA | NA | NA | NA | N/A | N/A | N/A |

(Continue on separate sheet if necessary)

SIGNATURE  **DATE** February 7, 2014



IV. CIVIL SERVICE ELIGIBILITY

| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | |
|-----|--|---------------------------|--|-----------------------------------|-------------------------|---------------------|
| | | | | | NUMBER | Date of Validity |
| | CSE-PPT PROFESSIONAL LEVEL | 81.5 | 3/26/2023 | Leyte Normal University | NA | NA |
| | DRIVER'S LICENSE | NA | NA | LTO Tacloban District Office 8 | H02-19-006106 | ##### |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

(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

February 7, 2024

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

[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 | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|------------------------------|-----|--|-----|---|
| | Computer Literate | | NA | | NA |
| | Interpersonal Skills | | | | |
| | Operations Management | | | | |
| | Administration and Reporting | | | | |
| | Cashiering | | | | |
| | Coaching and Mentoring | | | | |
| | | | | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|------------------|
| SIGNATURE |  | DATE | February 7, 2024 |
|-----------|---|------|------------------|

| | |
|---|---|
| 34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)? | If YES, give details: _____ _____ |
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | If YES, give details: _____ _____ 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? | 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? | If YES, give details: _____ _____ <u>Resignation</u> |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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? | If YES, give details: _____ If YES, give details: _____ |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? | If YES, please specify: _____ If YES, please specify ID No: _____ If YES, please specify ID No: _____ |

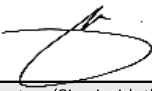
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | |
|--|------------------------|------------|
| NAME | ADDRESS | TEL. NO. |
| JELL REYES | San Jose Tacloban City | 9466406974 |
| MYRA KIM FRANCISCO | Palo, Leyte | 9204078215 |
| ALMARIO LOPEZ | Plaridel, Bulacan | 9190858317 |




PHOTO

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 (ie.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> | |
| Government Issued ID: Driver's License | |
| ID/License/Passport No H02-19-006106 | |
| Date/Place of Issuance: 1/12/2024 LTO Office 8 | |

| |
|--|
|  Signature (Sign inside the box) |
| 02/7/2024 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



| Yes/No | Cstat | Gender |
|--------|-----------|--------|
| Yes | Single | Male |
| No | Married | Female |
| | Separated | |
| | Widowed | |

