

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 POSSIBLY ACCOMPANYING THE POSFORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. ☐ CS/DN ☐ (Do not fill up, For CSC use only)

I. PERSONAL INFORMATION

SURNAME	MADJUS			
FIRST NAME	KHREEN	N/A (EXTENSION, SR)		
MIDDLE NAME	ELEGO			
DATE OF BIRTH (mm/dd/yyyy)	04/26/99	16. CITIZENSHIP	RIJUNO	
PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Please indicate country:	
SEX	FEMALE		N/A	
6. CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	<div>BLOCK/LOT #3 RAR</div> <div>House/Block/Lot No. Street</div> <div>TAMBULUD</div> <div>Subdivision/Village Barangay</div> <div>ORMOC LEYTE</div> <div>City/Municipality Province</div> <div>6541</div>	
HIGHT (ft)	1.53	18. PERMANENT ADDRESS	<div>BLOCK/LOT #3 RAR</div> <div>House/Block/Lot No. Street</div> <div>TAMBULUD</div> <div>Subdivision/Village Barangay</div> <div>ORMOC CITY LEYTE</div> <div>City/Municipality Province</div> <div>6541</div>	
WEIGHT (kg)	46		19. ZIP CODE	6541
BLOOD TYPE	O+		19. PERMANENT ADDRESS	<div>BLOCK/LOT #3 RAR</div> <div>House/Block/Lot No. Street</div> <div>TAMBULUD</div> <div>Subdivision/Village Barangay</div> <div>ORMOC CITY LEYTE</div> <div>City/Municipality Province</div> <div>6541</div>
D. OSS/DNO	N/A		19. ZIP CODE	6541
PAG-IBIG ID NO.	N/A	19. ZIP CODE	6541	
PHILHEALTH ID NO.	13-025538908-5	19. ZIP CODE	6541	
SSN NO.	N/A	19. TELEPHONE NO.	N/A	
M. TIN NO.	769-003-457-000	20. MOBILE NO.	0906420383	
15. AGENCY EMPLOYER NO.	N/A	21. E-MAIL ADDRESS (if any)	khreenmadjus@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE 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 (EXTENSION, SR)	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	MADJUS			
FIRST NAME	MARIO RONILLO	N/A (EXTENSION, SR)		
MIDDLE NAME	GINDOY			
25. MOTHER'S MIDDLE NAME				
SURNAME	ELEGO			
FIRST NAME	VICTORIA			
MIDDLE NAME	COLARES		(Continue on separate sheet if necessary)	

III. EDUCATION

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (If not graduated)	SR OBTAINED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	TAMBULUD ELEMENTARY SCHOOL	NA	2005	2011	N/A	2011	WITH HONORABLE MENTION
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	NA	2011	2015	N/A	2015	WITH HONORABLE MENTION
VOCATIONAL / TRADE COURSE	TECHNICAL VOCATIONAL EDUCATION AND TRAINING INSTITUTION	COOKERY NC-I	2019	2020	N/A	2020	WITH HONOR
COLLEGE	EASTERN VISayas STATE UNIVERSITY ORMOC CITY CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	2015	2019	N/A	2019	CUM LAUDE
GRADUATE STUDIES	PAIDIPON INSTITUTE OF TECHNOLOGY	MASTER OF ARTS IN EDUCATION MAJOR IN PHYSICAL EDUCATION	#####	PRESENT	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 12, 2021
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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
CAREER SERVICE PROFESSIONAL PD 907 - HONOR GRADUATE	N/A	NOVEMBER 2019	GOVERNMENT CENTER, PALO LEYTE	100108190822	N/A
RA 1080 BOARD FOR PROFESSIONAL TEACHERS PASSER	83.4	SEPTEMBER 2019	TACLOBAN CITY, LEYTE	1824695	#####

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

[illegible]

SIGNATURE	<i>Chavez</i>	DATE	17/12/2021
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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

1. SPECIAL SKILLS and HOBBIES	2. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	3. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CHARCOAL DRAWING	N/A	N/A
PAINTING	N/A	N/A
CRAFTING	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>Chavez</i>	DATE	07/12/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or 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? b. within the fourth degree (for Local Government Unit - Career Employees)?	NO NO 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?	NO If YES, give details: _____ 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?	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?	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)? 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?	NO If YES, give details: _____ NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	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 items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	NO If YES, please specify: _____ NO If YES, please specify ID No: _____ NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
FRANZ MARTIN S. CALLANO	BAYBAY CITY	9173037665
JOANNA MICHELLE P. CAÑETE	ORMOC CITY	9989759253
LYNYRD BRYX T. GONZALES	ALBUERA LEYTE	9171278199



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 a administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: PRC	
ID/License/Passport No. :	182469
Date/Place of Issuance:	12/27/201

Signature (Sign inside the box)	
JULY 12, 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

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