





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 (<input type="checkbox"/>) 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		MOLLANEDA											
FIRST NAME		MAY											
MIDDLE NAME		JAPSON											
3. DATE OF BIRTH (mm/dd/yyyy)		05/15/1990		16. CITIZENSHIP		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization							
4. PLACE OF BIRTH		SURIGAO CITY		If holder of dual citizenship, please indicate the details.		Pls. indicate country: Philippines							
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		1939 KM 4							
						House/Block/Lot No. Street							
						NA LUNA							
						Subdivision/Village Barangay							
						SURIGAO CITY SURIGAO DEL NORTE							
						City/Municipality Province							
7. HEIGHT (m)		1.52m (5'0")		ZIP CODE		8400							
8. WEIGHT (kg)		48kg											
9. BLOOD TYPE		UNKNOWN		18. PERMANENT ADDRESS		1939 KM 4							
						House/Block/Lot No. Street							
10. GSIS ID NO.		N/A				NA LUNA							
						Subdivision/Village Barangay							
11. PAG-IBIG ID NO.		1211-4051-9782				SURIGAO CITY SURIGAO DEL NORTE							
						City/Municipality Province							
12. PHILHEALTH NO.		18-050061759-2		ZIP CODE		8400							
13. SSS NO.		0816617849		19. TELEPHONE NO.		N/A							
14. TIN NO.		452-269-126		20. MOBILE NO.		09105665182							
15. AGENCY EMPLOYEE NO.		N/A		21. E-MAIL ADDRESS (if any)		maymollaneda992@gmail.com							
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		NAME EXTENSION (JR., SR)			NONE						
MIDDLE NAME		N/A											
OCCUPATION		N/A											
EMPLOYER/BUSINESS NAME		N/A											
BUSINESS ADDRESS		N/A											
TELEPHONE NO.		N/A											
24. FATHER'S SURNAME		MOLLANEDA											
FIRST NAME		PORFERIO		NAME EXTENSION (JR., SR)									
MIDDLE NAME		GUILLEN		N/A									
25. MOTHER'S MAIDEN NAME		JAPSON											
SURNAME		JAPSON											
FIRST NAME		JOCELYN											
MIDDLE NAME		GUIBAO											
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 graduated)		YEAR GRADUATED		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
						From To							
ELEMENTARY		MARGARITA ELEMENTARY SCHOOL		ELEMENTARY		1996 2002		GRADUATED		2002		N/A	
SECONDARY		SURIGAO DEL NORTE NATIONAL HIGH SCHOOL		SECONDARY		2002 2006		GRADUATED		2006		N/A	
VOCATIONAL / TRADE COURSE		SURIGAO STATE COLLEGE OF TECHNOLOGY		CERTIFICATE OF TECHNOLOGY (ELECTRONICS TECHNOLOGY)		2006 2008		GRADUATED		2008		N/A	
COLLEGE		ST. PAUL UNIVERSITY SURIGAO		BACHELOR OF SCIENCE IN PSYCHOLOGY		2012 2016		GRADUATED		2016		N/A	
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A		N/A	
(Continue on separate sheet if necessary)													
SIGNATURE						DATE		May 7, 2022					

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	
BOARD LICENSURE EXAMINATION FOR PSYCHOMETRICIAN		80.20%	10/27-28/2019	DAVAO CITY	21123	05/15/2025	
V. WORK EXPERIENCE							
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
08/23/2017	05/31/2020	GUIDANCE STAFF	ST. PAUL UNIVERSITY SURIGAO	PhP15,000.00	N/A	REGULAR	N
06/16/2016	06/30/2017	ASSISTANT/SHIFT MANAGER	GOLDEN LION PASTRIES CORP (RED RIBBON SURIGAO)	PhP13,000.00	N/A	REGULAR	N
01/27/2016	02/0/2016	CLINICAL PSYCH TRAINEE	NEW DAY RECOVERY CENTER, DAVAO CITY	NONE	N/A	OJT	N
02/0/2016	03/0/2016	HUMAN RESOURCE TRAINEE	GOLDEN LION FOOD CORP (JOLLIBEE SURIGAO)	NONE	N/A	OJT	N
03/0/2016	04/0/2016	GUIDANCE STAFF TRAINEE	ST. PAUL UNIVERSITY SURIGAO	NONE	N/A	OJT	N
(Continue on separate sheet if necessary)							
SIGNATURE				DATE		May 7, 2022	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	NA	NA	NA	NA	
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial / Supervisory / Technical / etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Vision '21: Developing Our Identities as People and Professionals	01/30/2021	1/30/2021	3HRS		Chi Sigma Iota-Alpha Sigma Omega Counselling Academic and Professional Honor Society
	EdCon2021: Cultivating Excellence, Building on Strength	01/23/2021	01/23/2021	3HRS		Lyceum of the Philippines-Davao
	Drug Dependent Shepherds(DDS) Volunteers' Training 2021	01/07/2021	01/10/2021	32HRS		St. Paul University Surigao
	Understanding Cyberbullying: Providing a Safe Space for Students to Enhance Well-being	11/10/2020	11/10/2020	3HRS		Philippine Mental Health Association, INC in partnership with United Nations Population Fund
	The Theoretical Anchors of Mental Health Wellness an Anti-Covid responsse Prescription	09/28/2020	09/28/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Counseling Interventions in the Management of Mental Health Issues	08/18/2020	08/18/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Utilizing Technology in the Delivery of Virtual Guidance and Counseling Services	08/12/2020	08/12/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Maintaining Positivity Amidst Covid-19	07/15/2020	07/15/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Quality of Life in Times of Crisis	06/26/2020	06/26/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Best Fit Therapeutic Practices During The Covid-19 Contagion	6/25/2020	6/25/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Becoming Relevant: Issues and Challenges of Guidance Counselors	6/23/2020	6/23/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Mental Health: Lessons from the Masters	6/18/2020	6/18/2020	3HRS		Philippine Guidance and Counseling Association, Inc
	Crash Course:Guidance and Counseling	6/16/2020	6/16/2020	3HRS		Philippine Guidance and Counseling Association, Inc
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	N/A	N/A		PSYCHOLOGICAL ASSOCIATION OF THE PHILIPPINES		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	May 7, 2022	

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, give details: N/A _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>if YES, give details: Voluntary resignation to pursue personal growth and professional advancement.</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, please specify ID number: _____</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, please specify ID number: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MS MARIA GEMMA POSESANO-GALIDO	ACEAN HEIGHTS, BRGY BONIFACIO, SURIGAO CITY	0908 889 4233
MS. MARIA KRISTINE ELIZABETH H. MANGYAN, LPT,RPm	BRGY. BONIFACIO, SURIGAO CITY	9100482488
MS. CHARLYN A. MACALOLO, RPm	ESPINA STREET, SURIGAO CITY	9306893211



MAY JAPSON MOLLANEDA

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:	PRC
ID/License/Passport No.:	0021123
Date/Place of Issuance:	11/27/2019/BUTUAN CITY


Signature (Sign inside the box)

May 7, 2022

Date Accomplished



Right Thumbmark

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

Person Administering Oath