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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. Print legibly. Tick appropriate boxes 🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE (Do not fill up. For CSC use only 2. SURNAME ISMA NAME EXTENSION (JR., SR) FIRST NAME MARIA ARLITA MIDDLE NAME FDII O 3. DATE OF BIRTH 6/8/1983 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization MAASIN CITY If holder of dual citizenship, 4. PLACE OF BIRTH Pls. indicate country: please indicate the details. Male ✓ Female 5 SEX Peru ✓ Married Single 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS ■ Widowed Separated **PUROK CAIMITO** SAN JOAQUIN Other/s: Subdivision/Villag SOUTHERN LEYTE MACROHON 1.50 7. HEIGHT (m) City/Municipality Province 58.5 6601 8. WEIGHT (kg) ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ House/Block/Lot No **PUROK CAIMITO** SAN JOAQUIN 2005087758 10. GSIS ID NO. Subdivision/Village Baranga SOUTHERN LEYTE MACROHON 11 PAG-IRIG ID NO 121017437932 City/Municipality Province 12. PHILHEALTH NO. 130501060055 ZIP CODE 6601 13. SSS NO. 0624838166 19. TELEPHONE NO. 14. TIN NO. 276172343 09934276022 20. MOBILE NO. N/A 15 AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any reajaneisma@gmail.com I. FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME ISMA NAME EXTENSION (JR., SR) ED MARC MICHAEL JAN EDILO ISMA 12/1/2001 FIRST NAME **EDMARC NAZARENE EDILO ISMA** MIDDLE NAME **ESAGA** 9/1/2009 AIKAILAH IVEREM EDILO ISMA ACCOUNT OFFICER 06/09/20013 OCCUPATION MARC ETHAN EDILO ISMA 7/10/2014 EMPLOYER/BUSINESS NAME **BDO Network Bank** MAASIN CITY, SOUTHERN LEYTE BUSINESS ADDRESS TELEPHONE NO 9383404551 24. FATHER'S SURNAME **EDILO** NAME EXTENSION (JR., SR) FIRST NAME **ARTEMIO DUGOS** MIDDLE NAME 25 MOTHER'S MAIDEN NAME RALLOS SURNAME FIRST NAME LOLITA MIDDLE NAME SALARDA (Continue on separate sheet if necessary) EDUCATIONAL BACKGR HIGHEST LEVEL/ PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS RECEIVED (Write in full) (Write in full) (if not graduated) From То ELEMENTARY SAINT JOSEPH COLLEGE PRIMARY EDUCATION **TOP 8 NEAT** 1990 1996 N/A 1996 THIRD YEAR SAINT JOSEPH COLLEGE SECONDARY EDUCATION 1996 SECONDARY 1999 N/A PEPT PASSE LEVEL Dean's VOCATIONAL / SYSTEMS TECHNOLOGY INSTITUTE DIPLOMA IN COMPUTER STUDIES 2002 2004 GRADUATED 2004 TRADE COURSE Lister 3RD YEAR COLLEGE OF MAASIN BACHELOR OF SCIENCE IN NURSING 2005 2008 N/A N/A LEVEL COLLEGE BACHELOR OF SCIENCE IN CAP COLLEGE FOUNDATION INC. 2016 2020 GRADUATED 2020 N/A

BUSINESS ADMINISRATION MASTER IN PUBLIC

ADMINISTRATION

2020

DATE

2022

GRADUATED

GRADUATE STUDIES

SIGNATURE

COLLEGE OF MAASIN

4

N/A

2022

June 4, 2024

IV. CIVIL SI	ERVICE ELIG	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE			DATE OF EXAMINATION / PLACE OF EXAMINAT		TION / CONFEDMENT		LICENSE (if a	pplicable) Date of	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			CONFERMENT PLACE OF EXAMINA				NUMBER	Validity	
CAREER SERVICE PROFESSIONAL ELIGIBILITY 80.07			APRIL 14, 2013	STATE UNI BAN CITY	VERSITY,		MAY 27, 2013		
NON-PROFE	SSIONAL DRIV	VER'S LICENSE							2010
V. WORK E	XPERIENCE		(Con	ntinue on separate sheet	if necessary)				
		ent. Start from your recer	nt work) Descriptio	on of duties should l	be indicated in the attach	ed Work Ex	1	et.	
	ISIVE DATES m/dd/yyyy)	POSITION TI	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not		(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
09/05/2019	4/22/2024	ADMINISTRATIVE A	ASSISTANT II	DenEd-F	Division Office	16910	SG - 8/3	PERMANENT	YES
01/01/2019	09/04/2019	ADMINISTRATIVE A		•		16758	SG - 8/1		YES
		-			DepEd-Division Office			PERMANENT	
1/1/2018	12/31/2019	ADMINISTRATIVE A		DepEd-Division Office		16282	SG - 8/1	PERMANENT	YES
1/1/2017	12/31/2017	ADMINISTRATIVE A	ASSISTANT II	DepEd-D	Division Office	15818	SG - 8/1	PERMANENT	YES
5/9/2016	12/31/2016	ADMINISTRATIVE A	ASSISTANT II	DepEd-Division Office		15,368	SG - 8/1	PERMANENT	YES
3/8/2015	07/29/2016		OFFICE STAFF		PROVINCIAL TREASURER'S OFFICE, PROVINCE OF SOUTHERN LEYTE - CASH		N/A	JOB ORDER	YES
01/20/2015	5/7/2015	TECHNICAL SU REPRESENT		[24] 7 , INCORPORATED		20000	N/A	PERMANENT	NO
12/11/2013	12/31/2014	SALES/CUSTOME	R SERVICE	TELEPHILIPPIN	ES, INCORPORATED	18000	N/A	PERMANENT	NO
12/10/2009	12/10/2009	REPRESENT CUSTOMER SERVICE R		APAC CUST	OMER SERVICES,	13000	N/A	PERMANENT	NO
3/1/2005	3/30/2005	SERVICE C			RPORATED E, MAASIN CITY	4000	N/A	CONTRACTUAL	NO
3/1/2003	3/30/2003	SERVICE C		JOLLIBLE	., MAAGIN CITT	4000	N/A	CONTRACTORE	NO
			(Cor	tinue on separate sheet	if necessary)				
SIGNA	TURE	À		DATE		JUNE 4, 2024			
O.SHATOKE		A						FORM 212 (Pavisad 2)	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (ORGANIZATIO	ON/S		
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
(vvne iii iuii)		From	To	NOMBER OF HOURS		TOUTION MATURE OF WORK	
N/A							
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate :					
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	INCLUSIVE DATES OF					
30. TITLE OF LEARNING AND DEVELOPMENT INTE		ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy) From To				(Write in full)	
INTERNATIONAL SEMINAR WORKSHOP ON LEADER	RSHIP SKILLS BUILDING FOR NON-	4/30/21	5/2/21	24	Supervise	CENTER FOR HUMAN RESEARCH AND DEVELOPMENT FOUNDAITON INC.	
TEACHING PERSONAL FOR THE BETTER INTERNATIONAL SEMINAR WORKSHOP ON ACADEM	MIC & ACTION RESEARCH	11/27/2020	11/29/2020	24	Supervisory Technical	CENTER FOR HUMAN RESEARCH AND	
CAPACITY BUILDING ORIENTATION WORKSHOP ON RECORDS MANAGEM	MENT AND PROCESSING OF	11/27/2020				DEVELOPMENT FOUNDAITON INC.	
DOCUMENTS			11/25/22		Managerial	DEPED, DIVISION OF SOUTHERN LEYTE	
TECHNICAL ASSISTANCE ON BASIC AND ACTION R	ESEARCH	10/24/22	10/26/22	24	Technical	DEPED, DIVISION OF SOUTHERN LEYTE	
QUARTER 3 OF 2019 DIVISION MONITORING EVALUA	ATION & ADJUSTMENT (DMEA)	10/1/2019	10/3/2019	24	Technical	DEPED, DIVISION OF SOUTHERN LEYTE	
NC III - BOOKKEEPING		Jan-18	May-18	258	Technical	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY, AND TECHNICAL	
DEVELOPING THE COMPLEAT, ETHICAL YOU	7/3/2018	9/3/2018	24	Technical	DEPARTMENT OF EDUCATION, SO. LEYTE		
ORIENTATION - TRAINING ON FINANCIAL MANAGEM	MENT OPERATIONS MANUAL	7/12/2017	0//0/00/17	0.4		DEPARTMENT OF EDUCATION, SO. LEYTE	
(FMOM) FOR NON-IMLEMENTING UNITS (BATCH 6) CAPABILITY BUILDING ON EVENTS MANAG	SEMENT AND FRONTLINE	09/27/2017	9/12/2017	24	Techical	DEPARTMENT OF EDUCATION, SO. LEYTE	
SERVICING		03/2//2017	09/28/2017	16	Techical	DEFARMENT OF EDGGATION, CO. LETTE	
	(Con	tinue on separate :	sheet if necessary)	<u> </u>		
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	ICTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33.	
EYCELLENT VEDRAL AND WRITTEN		(Write in full)					
COMMUNICATION SKILLS	MOST OUTSTANDING ADMINISTRATIVE ASSISTANT IN THE REGION VIII N/A						
COMPUTER LITERATE (MS OFFICE)	BEST PERFORMER - NET POSITIVE REVENUE (AWARD OF EXCELLENCE)						
TECHNICAL SKILLS (HIGH SPEED INTERNET)	ET) RANK 3 - JULY AGENT ONE REPORT (AWARD OF EXCELLENCE)						
RECORDKEEPING	AS THE QUALITY ASSURANCE (D 2012					
WATCHING NEWS, MOVIES AND FOR EXEMPLARY CUSTOMER SERVICE SKILLS, DEPENDABILITY AND DEDICATION TO							
DOCUMENTARY FILMS PLAY VOLLEYBALL	WORK						
I LAI VOLLEIDALL							
	phoet if non						
SIGNATURE	(Con	tinue on separate :	meet ii necessary		ATE	JUNE 4, 2024	
SIGNATURE	A T			l "	7/2	JUNE 4, 2024	

34. Are you related by consanguinity or affinity to the appointing	ag or recommending authority or to the						
chief of bureau or office or to the person who has immedia							
Bureau or Department where you will be apppointed,							
a. within the third degree?		YES [✓ NO				
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	YES [✓ NO				
	If YES, give details	3:					
35. a. Have you ever been found guilty of any administrative of	☐ YES [✓ NO					
		If YES, give details	s:				
h Have you have ariminally sharmed before any count?	☐ YES	√ NO					
b. Have you been criminally charged before any court?	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	YES	✓ NO				
by any court or tribunal?		If YES, give details					
		-, 3					
37. Have you ever been separated from the service in any of t	he following modes: resignation						
retirement, dropped from the rolls, dismissal, termination,		✓ YES □ NO If YES, give details:					
out (abolition) in the public or private sector?	, , , , , , , , , , , , , , , , , , , ,	Resignation					
38. a. Have you ever been a candidate in a national or local e	lection held within the last year (except	☐ YES	√ NO				
Barangay election)?		If YES, give detail					
b. Have you resigned from the government service during	the three (3)-month period before the last	YES NO					
election to promote/actively campaign for a national or loc		If YES, give details:					
39. Have you acquired the status of an immigrant or permane	nt recident of another country?						
39. Have you acquired the status of all illillingrant of permane	YES VNO						
		If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	cano Corto for Disabled Bornono (BA	-					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972							
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 If YES, please specify	✓ NO				
		ii i Eo, picase specify					
41. REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)						
NAME	ADDRESS	TEL. NO.					
GENIS S. MURALLOS PhD, CESO V	MAASIN CITY, SOUTHERN LEYTE	N/A	APRIMAN)				
RAYMUNDO M. SINOC	MAAONI OITY I EVTE	N/A	The state of the s				
RATINONDO M. SINOC	MAASIN CITY, LEYTE	N/A					
LYNA M. GAYAS	MACROHON, 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.	cument and its attachments shall caus	se the illing of	111010				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
PLEASE INDICATE ID Number and Date of Issuance							
Government Issued ID: Phil ID							
ID/License/Passport No.: 9560498028354263	Signature (Sign inside the b	ox)					
Date/Place of Issuance: Massin City	JUNE 4, 2024	,					
Date Accomplished Right Thumbmark							
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.							
		h					