CS Form No. 212								100
Revised 2017	PERSO	NAL DAT	A SH	EE1				
WARNING: Any misroprosontat	ion made in the Personal Data Sheet and the	Work Experience Sheet she	all cause the fil	last of admi	la la tanth in la	delentence's co	refered the second	
concerned.	TO FILLING OUT THE PERSONAL DATA SH					nimiai cases ay	anist ara per	son
	and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up F	or CSC use only)
II PERSONAL INFORMATIO					TOP STORY	and the second second		T. A.
2. SURNAME	OGRIMEN							
FIRST NAME	SHERYL					NAME EXTENSION (JR.	SP) N/A	
MIDDLE NAME	MARTINEZ							
3. DATE OF BIRTH (mm/dd/yyyy)	07/26/1991	16, CITIZENSHIP		✓ Filipin	10	Dual Citizenship		
	TAGLODAN OUTVIEVE	-					by naturaliz	ation
4. PLACE OF BIRTH	TACLOBAN CITY LEYTE	If holder of dual citize please indicate the d				Pls. indicate or	ountry:	100
5 SEX	☐ Male							
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hous	N/A e/Block/Lot No)		N/A Street	
	Other/s:		Sub	N/A division/Village		95,	CAIBAAN Barangay	1
7. HEIGHT (m)	157.5		TACLO	BAN CIT			LEYTE	
8. WEIGHT (kg)	62 KG	ZIP CODE	City/Municipality 6500		Province			
9 BLOOD TYPE	A+	18. PERMANENT ADDRESS		N/A		N/A		
	N/A		Hous	e/Block/Lot No N/A)	Street 95,CAIBAAN		
10. GSIS ID NO.			TACLO	division/Village			Barangay LEYTE	
11. PAG-IBIG ID NO.	1211-1085-8509			y/Municipality	1		Province	
12. PHILHEALTH NO.	13-050116822-0	ZIP CODE	6500			_	=	
13. SSS NO.	06-3059454-6	19. TELEPHONE NO.	N/A					
14. TIN NO	316-830-372-000	20 MOBILE NO.	0969-180-	7310 or	0956-29	6-7603		
15. AGENCY EMPLOYEE NO	N/A	21. E-MAIL ADDRESS (if any)	ogrimen2	7@gma	il.com			
II. FAMILY BAGKGROUND		APPENDING TO THE STREET		TOTAL	10000		1772 1974 (2)	20世界发生
22 SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	e full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	21 to 12 to 1			N/A	
MIDDLE NAME	N/A							F
OCCUPATION	N/A						7 8	1
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24 FATHER'S SURNAME	OGRIMEN							
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	GONZAGA							
25. MOTHER'S MAIDEN NAME								
SURNAME	MARITNEZ							
FIRST NAME	VISITACION							
MIDDLE NAME	CAMARINES			(Co	ontinue on sep	parate sheet if neces	isary)	
III. EDUGATIONAL BACK	GROUND							SCHOLARSHIP
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	CAIBAAN ELEMTARY SCHOOL	PRIMARY EDUCATIO	ON	1999	2005	GRADUATED	2005	N/A
SECONDARY	SAGKAHAN NATONAL HIGH SCHOOL	HIGH SCHOOL		2005	2010	GRADUATED	2010	N/A
VOCATIONAL / TRADE COURSE	ASIAN DEVELOPMENT FOUNDATON COLLEGE	COMMERCIAL COOP	(ING NC II	2013	2013	COMPLETED	2013	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSTY	BACHELOR OF SCIN		2016	2019	GRADUATED	2019	N/A
GRADUATE STUDIES	POLYTECHNIC UNVERSITY OF	POST BACCALAURA	ATE IN	2021	2022	GRADUATED	2022	N/A
Start and the same and a second	THE PHILIPPINES	TEACHER EDUCATI		2021	LVEE	GIVEDONIED	2022	liny
SIGNATURE	Dexi	The street in the	(Casam))	D	ATE	05.	19-	поч



. CARE		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	applicable)
BAI		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA			NUMBER	Date o
PR	OFESSIONA	L TEACHER	75.40%	09/24/2023	SAN SEBASTIAN C	OLLEGE REC	COLETOS	2162159	2027
			1						
			(Co	ntinue on separate sheet	if necessary)				
	EXPERIENCE rate employmen	nt. Start from your recen	t work) Descriptio	on of duties should b	e indicated in the attacl	ned Work Exp			
	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV
From	То						INCREMENT	PROVISIONARY	(Y/N
101/2023	07/15/2023	LEASING ASS BUSINESS DEVELO		* 2.300.000 2.50	TE FOOD CORP.	P18,000.00	N/A	CONTRACT	N
/16/2022 /09/2021	01/31/2023	LEASING MANAGEI		MARKETLIFE	OPPING MART INC. MANAGEMENT AND	P18,000.00	N/A N/A	REGULAR	N
28/2018	07/31/2019	LIAISON OF			CORPORATION COUNTING OFFICE	P13,000.00	N/A	REGULAR	N N
						-			
					***************************************	-			
						-			
				21				4	
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						-			_
	ATURE	16.	(Co	ntinue on separate sheet	if necessary) DATE		-13-		W - 1

VI YOLUNTARY WORK OR INVOLVEMENT	IN CONTRACTOR OF THE	the state of the state of the state of		ADMUANTAN	10 10		
29. NAME & ADDRESS OF OI (Write in full)			GIVE DATES VOOLYNNY) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
	24						
		-					
				-			
		ontinue on separat		y)			
VII. LEARNING AND DEVELOPMENT (L&D Start from the most recent LAD training program and inclu				A Stable and the Man	and the salitant	Company of the compan	
		INCLUSI	VE DATES OF	Just A Company	Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTI (Write in full 		ENDANCE /dd/yyyy)	NUMBER OF HOURS	/ Managarial/	CONDUCTED/ SPONSORED BY (Write in full)		
STANDARD FIRST AND BASIC LIFE SUPPORT		94/17/2023	To 04/20/2023	32 HOURS	TECHNICAL	PHIILIPPINE RED CROSS	
BASIC OCCUPATIONAL SAFETY AND HEALHT	Y TRAINING FOR SAFETY		05/05/2023	8 HOURS	TECHNICAL	DEPARTMENT OF LABOR AND	
OFFICER 1 (SO-1)		05/04/2023	05/05/2023	8 HOURS	TECHNICAL	EMPLOYER	
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	(6	ontinue on separat	le sheet if necessar	v)			
VIII. OTHER INFORMATION			A 1.20/20071				
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIS'	FINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
GOOD IN ORAL AND WRITTEN COMMUNCATON SKILL		N	/A			N/A	
EXCELLENT IN INTERPERSONAL SKILLS		N	IA			N/A	
MANAGERIALS SKILLS	12	N	/A			N/A	
RESPONSE WELL IN FAST-PACED HIGH		N	/A			N/A	
PRESURE ENVIRONMENT COMPUTER LETERATE IN WENDOWS BASE		N	/A			N/A	
APPLICATION, MS EXCEL, POWER POINT EXCELLENT IN CUSTOMER SERVICE SKILLS		N				N/A	
COOKING			/A				
COOKING	(C)	ontinue on separat		y)		N/A	
SIGNATURE	Alexin				ATE	07-17-2024	

	Are you related by consanguinity or affinity and appointing chief of bureau or office or to the person who has immediate	supervision over you in the Office	4		
	Bureau or Department where you will be apppointed,	supervision over you in the Onice,			
	a. within the third degree?		CI YES G	a NO	
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	D YES G	NO E	
			If YES, give details		
35.	a. Have you ever been found guilty of any administrative off	ense?	CI YES G	3 NO	
			If YES, give details		
	b. Have you been criminally charged before any court?		□ YES □	a NO	
			If YES, give details	:	
			Date Filed: Status of Case/s:		
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by		☑ NO	
	any court or tribunal?		If YES, give details		
37.	Have you ever been separated from the service in any of the	e following modes: resignation,	□ YES	☑ NO	
	retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	If YES, give details			
38.	a. Have you ever been a candidate in a national or local ele- Barangay election)?	□ YES	☑ NO		
		to three (2) month period before the local	If YES, give details		
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	candidate?	☐ YES If YES, give details	☑ NO s:	
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) Mag		and the second	P	
3.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items:			
1.	Are you a member of any indigenous group?		☐ YES If YES, please specify	☑ NO	
D .	Are you a person with disability?		□ YES ☑ NO		
C.	Are you a solo parent?	1	If YES, please specify ID No: ☐ YES ☐ NO		
			If YES, please specify		
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
_	NAME	ADDRESS	TEL. NO.		
_	ROSELLE D. MEDALLO	BARANGAY 106 SANTONIO KAPUSO VILLAGE 6500	0920-619-6725	20	
	RON ALVIN MARASIGAN	BARANGAY GABAS BAY-BAY CITY LEYTE 6521	0992-425-8437	-	
	MARIA JUDY ANN CONSULTADO	TIERRA NOVA BAGUMBO	0955-698-2831		
42.	I declare under oath that I have personally accomplished	CALOOCAN CITY I this Personal Data Sheet which is a tr	rue, correct and		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin	CALOOCAN CITY I this Personal Data Sheet which is a trent laws, rules and regulations of the	rue, correct and Republic of the		
42.	I declare under oath that I have personally accomplished	CALOOCAN CITY I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the ad herein.	OGRIMEN, SHERYL M.	
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe	CALOOCAN CITY I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the ad herein.	OGRIMEN, SHERYL M.	
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