CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	Γ				
WARNING: Any misrepresentati	ion made in the Personal Data Sheet and the V	Nork Experience Sheet shall	cause the filir	ng of adminis	strative/crii	minal case/s agai	inst the perso	n concerned.	
READ THE ATTACHED GUIDE T	TO FILLING OUT THE PERSONAL DATA SHEE	T (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.					
Print legibly. Tick appropriate boxes	$\hfill \square$ ) and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO	T T								
2. SURNAME	ABAJON					NAME EXTENSION (JF	R SR)		
FIRST NAME	CHERRA MAE					TO MINE EXTENSION (OF	., 010		
MIDDLE NAME	HERERO								
DATE OF BIRTH     (mm/dd/yyyy)	11/08/2002	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth			p by naturalization			
4. PLACE OF BIRTH	BANTIGUE, ISABEL, LEYTE	If holder of dual citizen	enship, Pls. indicate co			country:			
5. SEX	☐ Male ☑ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		LAWIS Street BANTIGUE				
7. HEIGHT (m)	153		Su	bdivision/Village ISABEL		Barangay LEYTE			
	70	ZIP CODE	С	ity/Municipality		6539	Province		
8. WEIGHT (kg)	·	18. PERMANENT ADDRESS				0000	LAWIS		
9. BLOOD TYPE	0+	-	Нои	ise/Block/Lot No	).	Street			
10. GSIS ID NO.	N/A		Su	Subdivision/Village			Barangay		
11. PAG-IBIG ID NO.	121369635696		С	ISABEL ity/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-250552027-4	ZIP CODE		6539					
13. SSS NO.	06-5168916-8	19. TELEPHONE NO.				N/A	N/A		
14. TIN NO.	680-972-980-00000	20. MOBILE NO.	09678498410 or 09853008148						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	cherramaeabajon@gmail.co			I.com			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write f	full name and li	st all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	ABAJON								
FIRST NAME	GLENN	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TARIPE								
25. MOTHER'S MAIDEN NAME									
SURNAME	HERERO								
FIRST NAME	MARY ANN								
MIDDLE NAME	CRISTITUTO			(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKGI	ROUND			ī		ı	1		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BANTIGUE ELEMENTARY SCHOOL						2015	WITH HONORS	
SECONDARY	ISABEL NATIONAL COMPREHENSIVE SCHOOL						2021	WITH HONORS	
VOCATIONAL / TRADE COURSE	NIA								
COLLEGE	VISAYAS STATE UNIVERSITY ISABEL	BACHELOR OF SCIENCE IN A	GRIBUSINESS				2025	CUM LAUDE	
GRADUATE STUDIES	N/A								
		Continue on separate sheet if nece							

IV. CIVIL S	ERVICE ELIG	SIBILITY							
27. CARE	CDECIAL LAWIC/CEC/CCEE RATING EVAMINATION /			PLACE OF EXAMINA	PLACE OF EXAMINATION / CONFERMENT			pplicable)  Date of	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	1 2 102 01 270 1111110		NUMBER	Validity		
	PD 9	907		JULY 17, 2025	csc	RO VIII		100108250956	
V. WORK	EXPERIENCE		(Cor	ntinue on separate sheet	t if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Experie	ence sheet.		
(n	28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TI (Write in full/Do not a				DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То						INCREMENT		
			(Co.	ntinue on separate sheet	t if necessary)				
SIGN	ATURE	Sodi	njon T		DATE			AUGUST 20,2025	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29.	NAME & ADDRESS OF O			/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
			From	То				
VII I F	ARNING AND DEVELOPMENT (L&D)		tinue on separate : POGRΔMS ΔΤ					
			INCLUSIVE DATES OF			Type of LD		
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			From	То		,		
VIII. O	THER INFORMATION	(Con	tinue on separate s	oneet if necessary				
31.	SPECIAL SKILLS and HOBBIES						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Typing or Encoding Skills	First Place - Innovation Agricultural Food Products Category (Likha 2.0: Region VIII Innovation Exhibit)					Young Entrepreneurs Society (2021-2025)	
		Best in Nutritional V						
		Innovators of the Year (Likha 2.0: Region VIII Innovation Exhibit)						
			·	· · ·	·	·		
		(Con	tinue on separate s	sheet if necessary				
	SIGNATURE	Sorbajon		y		ATE	AUGUST 20, 2025	

34. Are you related by consanguinity or affinity to the appointing						
chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	e supervision over you in the Office,					
a. within the third degree?		YES	✓ NO			
b. within the fourth degree (for Local Government Unit - Car	b. within the fourth degree (for Local Government Unit - Career Employees)?					
		If YES, give details	S:			
a. A Haya yay ayar boon found quilty of any administrative of	ianaa?					
35. a. Have you ever been found guilty of any administrative of	ense?	_	✓ NO			
		If YES, give details	5.			
b. Have you been criminally charged before any court?		☐ YES If YES, give details	s. NO			
		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	YES	✓ NO			
by any court or tribunal?		If YES, give details:				
<ol> <li>Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e</li> </ol>		YES give details	☑ NO			
out (abolition) in the public or private sector?	nd or term, imioned contract or phased	If YES, give details	5.			
38. a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES	√ NO			
Barangay election)?		If YES, give details:				
b. Have you resigned from the government service during the		YES VO				
election to promote/actively campaign for a national or local	candidate?	If YES, give detai	ls:			
39. Have you acquired the status of an immigrant or permanent	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) Ma	ana Carta for Disabled Parsons (PA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a. Are you a member of any indigenous group?		YES	✓ NO			
b. Are you a person with disability?		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 ☑ NO				
		If YES, please specify	/ ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
Acel T. Onde	San Roque, Isabel, Leyte	9979728553				
			3/4 =			
			1501910			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
Philippines. I authorize the agency head/authorized repre	esentative to verify/validate the contents	stated herein.				
I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ument and its attachments shall caus	e the filing of	PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: National ID	Calmina					
	Sabajon					
ID/License/Passport No.: 2350-8640-3168-4261	Signature (Sign inside the bo August 20, 2025	ox)				
Date/Place of Issuance: July 21, 2022	Date Accomplished	5 Right Thumbmark				
OUDCODIDED AND OWODN to be force and this		and the state of t				
SUBSCRIBED AND SWORN to before me this		ng nis/ner validly issued	government ID as indicated above.			
<u> </u>						
	Person Administering Oat	h				