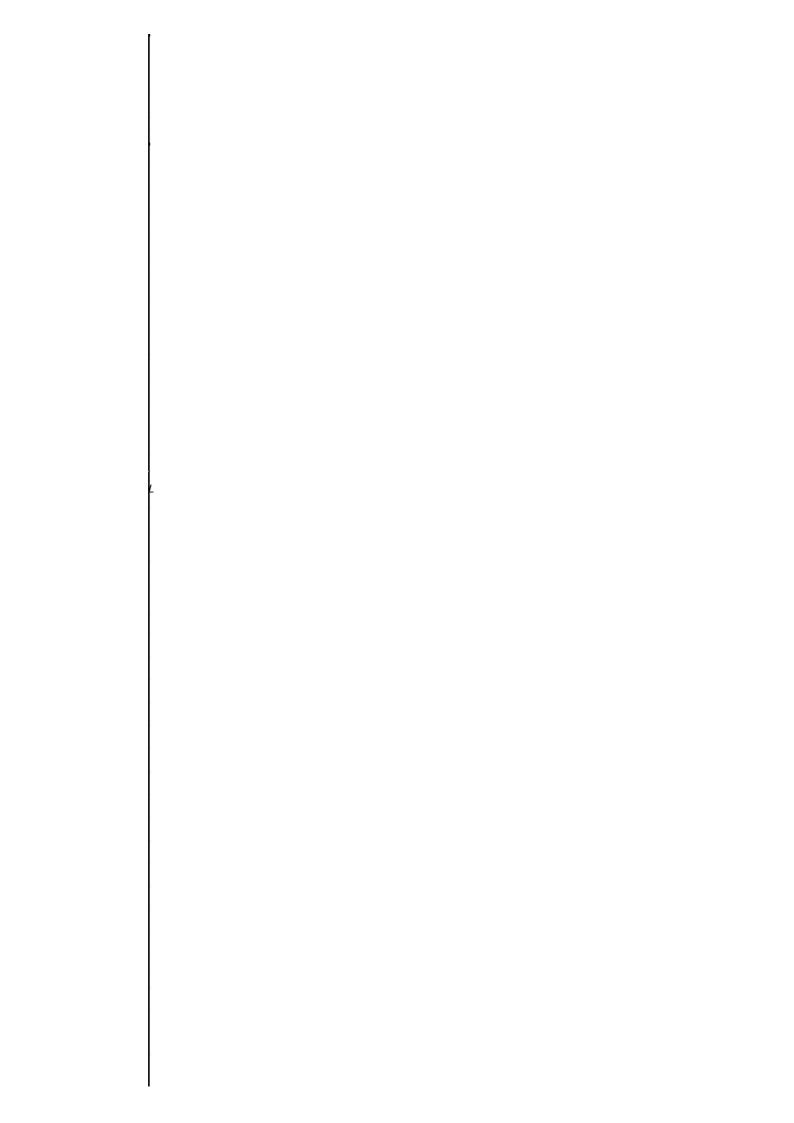
CS Form No. 212 Revised 2017

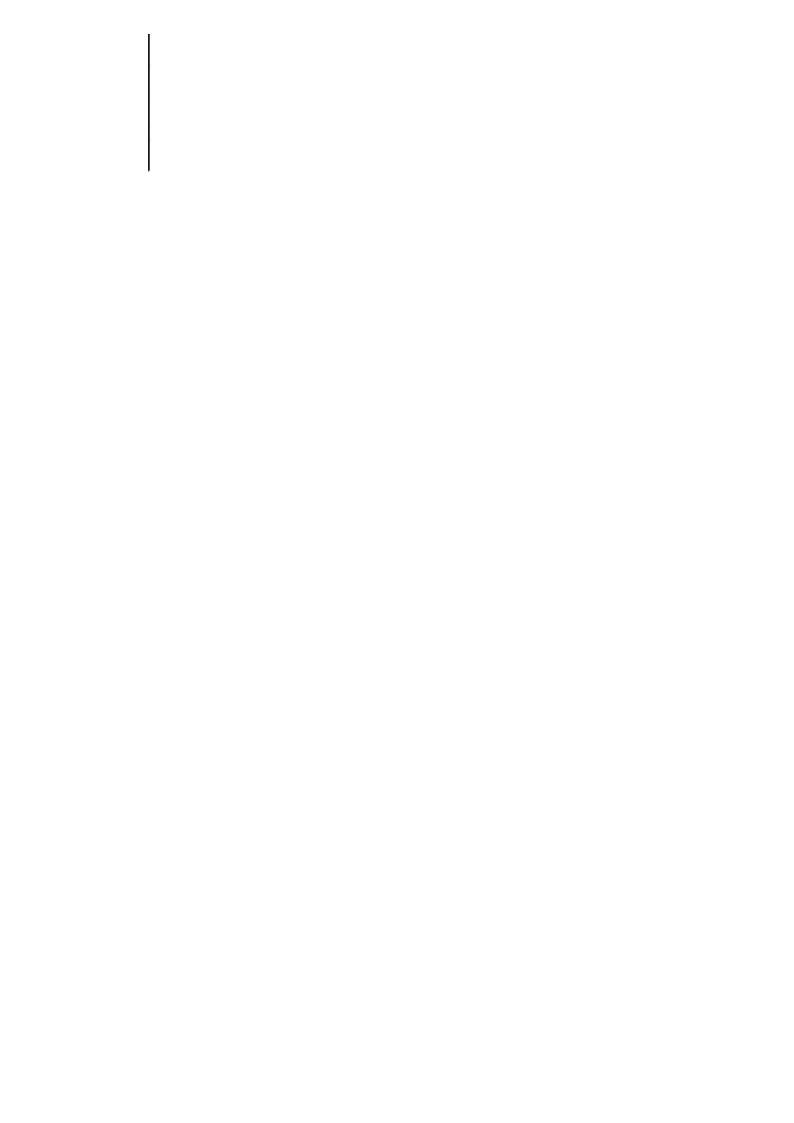
PERSONAL DATA SHEET

| WARNING: Any misrepresentation n | nade in the Personal Data Sheet and the Work Experi | ience Sheet shall cause the filin | g of administrati | ive/criminal ca | ase/s against | the person concer | ned. | |
|----------------------------------|---|--|-----------------------------|-------------------------------|----------------|--|---------------------------------------|--|
| | LLING OUT THE PERSONAL DATA SHEET (PDS) BEFO \times (a) and use separate sheet if necessary. I | | | RREVIATE I | 1 CS ID No | (1 | Do not fill un. Fr | or CSC use only |
| I. PERSONAL INFORMA | | Training applicable | , DO NOT ADI | JAC VIPALE | 1. 00 15 110. | (1 | i i i i i i i i i i i i i i i i i i i | |
| 2. SURNAME | ADRICULA | | | | | | | |
| FIRST NAME | SHANE PORTIA CLAIRE | | | | | N/A | | |
| MIDDLE NAME | RELANO | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 10/11/1993 | 16. CITIZENSHIP | | FILIPINO | | | | |
| 4. PLACE OF BIRTH | DZAMIS CITY, MISAMIS OCCIDENTAL | If holder of dual citiz | enship, | | | Pls. indica | Pls. indicate country: | |
| 5. SEX | FEMALE | please indicate the d | letails. | | | | • | • |
| 6 CIVIL STATUS | SINGLE | 17. RESIDENTIAL ADDRESS | | PUROK 3 | | | MADASIGON | |
| | | | | se/Block/Lot N | | | Street MANING | COL |
| 7. HEIGHT (m) | 1.549 | | 0 | division/Villad ZAMIS CITY | | MISA | <i>Barangay</i> MIS OCCIDENT | AL |
| 8. WEIGHT (kg) | 65 | ZIP CODE | Cit | ty/Municipality | / | 7200 | Province | |
| 9. BLOOD TYPE | 0+ | 18. PERMANENT ADDRESS | | PUROK 3 | | | MADASIGON | |
| 10. GSIS ID NO. | N/A | | Hous | se/Block/Lot N | Vo. | | Street MANINGCOL | |
| 11. PAG-IBIG ID NO. | N/A | | Sub | division/Villag | | Barangay MISAMIS OCCIDE | | OCCIDENTA |
| | | | Cit | ty/Municipality | / | Province | | - |
| 12. PHILHEALTH NO. | 15-251118745-6 | ZIP CODE | | 7200 | | | | |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | N/A | | | | | |
| 14. TIN NO. | 761-479-0770-000 | 20. MOBILE NO. | +63 910 092 4314 | | | _ | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | claireportiashane@gmail.com | | | | | |
| II. FAMILY BACKGROUN | | | | | | | | |
| 22. SPOUSE'S SURNAME | N/A | NAME EXTENSION (JR., SR) | 23. NAME of C | CHILDREN (W | rite full name | and list all) | DATE OF BIRTH | H (mm/dd/yyyy) |
| FIRST NAME | N/A | | | | N/A | | | - |
| MIDDLE NAME | N/A | | | | N/A | | | - |
| OCCUPATION | N/A | | | - | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | N/A | | | |
| BUSINESS ADDRESS TELEPHONE NO. | N/A N/A | | | | N/A | | | |
| 24. FATHER'S SURNAME | ADRICULA | | | | N/A | | | |
| FIRST NAME | PABLO | NAME EXTENSION (JR., SR) | | | N/A | | | |
| MIDDLE NAME | CANILLAS | | | | N/A | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | N/A | | | |
| SURNAME | RELANO | | | - | N/A | | | |
| FIRST NAME | CARMENCITA | | | | N/A | | | |
| MIDDLE NAME | LANAJA | | | (Co | ntinue on sej | parate sheet if nece | essary) | |
| III. EDUCATIONA . BACI | KGROUND | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRI (Write in full) | EE/COURSE | PERIOD OF A | TTENDANCE To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| ELEMENTARY | MANINGCOL ELEMENTARY SCHOOL | | | ###### | | | | |
| SECONDARY | OZAMIZ CITY NATIONAL HIGHSCHOOL | | | ###### | ###### | | | |

| VOCATIONAL / TRADE COURSE | | | | | | | |
|------------------------------|--------------------------|---|--------|---------|------|---------------|---|
| COLLEGE | VISAYAS STATE UNIVERSITY | | ###### | ####### | | | |
| GRADUATE STUDIES | | | | | | | |
| | (Co | ontinue on separate sheet if necessary) | | | - | | - |
| SIGNATURE | | | DA | NTE | FEBF | RUARY 18, 202 | 2 |

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| V. CIVIL SERVICE ELIGIBILITY | | | | | | | | | |
|------------------------------|---|---|---------------------------|--|---|-------------------|---|--------------------------|---------------------|
| | | | | | | _ | _ | LICENSE (if ap | nlicable) |
| 27. CAR I BAR | EER SERVICE/ R JNDER SPECIAL ANGAY ELIGIBIL | RA 1080 (BOARD/ BAR) LAWS/ CES/ CSEE ITY / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINA | TION / CONF | ERMENT | NUMBER | Date of Validity |
| - | | | | | | | | | |
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| | EXPERIENC | | | | | | | | |
| - | rivate employ USIVE DATES | ment. Start from you | r recent work) D | escription of duti | es should be indicate | d in the att | SALARY/ JOB/ | Experience s | heet. |
| 28. INCL (m | m/dd/yyyy) | POSITION T (Write in full/Do no | TTLE t abbreviate) | | NCY / OFFICE / COMPANY 'Do not abbreviate) | MONTHLY SALARY | PAY GRADE (if applicable)& STEP (Format " | STATUS OF APPOINTMENT | GOV'T SERVICE |
| From | То | (3 | | (c iii idii) | | | 00-0")/ INCREMENT | | (Y/N) |
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| SIGNAT | TURE | | | DATE | | |

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| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVER | RNMENT / PEOPLE | E / VOLUNTA | RY ORGANIZ | ATION/S | |
|---|-----------------------|--|-------------------|---|---------|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | (mm/d | VE DATES d/yyyy) | NUMBER OF HOURS | | POSITIO |
| | From | То | | | |
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| | (Continue on separate | sheet if necessa | ny) | | |
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRA | INING PROGRAM | S ATTENDEL |) | | |
| (Start from the most recent L&D/training program and include only the relevant L&D/training | i | 2 | ion Chief/Executi | ve/Managerial posi | itions) |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRA | AMS ATTEN | DATES OF IDANCE | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ | |
| (Write in full) | | d/yyyy) | NOWIBER OF HOURS | Supervisory/ Technical/etc) | |
| | From | То | | | |
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| | (Continue on separate | sheet if necessa | l ny) | | L . |
| VIII. OTHER INFORMATION | | | | | |
| 31. SPECIAL SKILLS and HOBBIES 32. | NON-ACADEMIC DISTIN | NCTIONS / RECO e in full) | GNITION | | 33. MEM |
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| SIGNATURE | | DATE | |

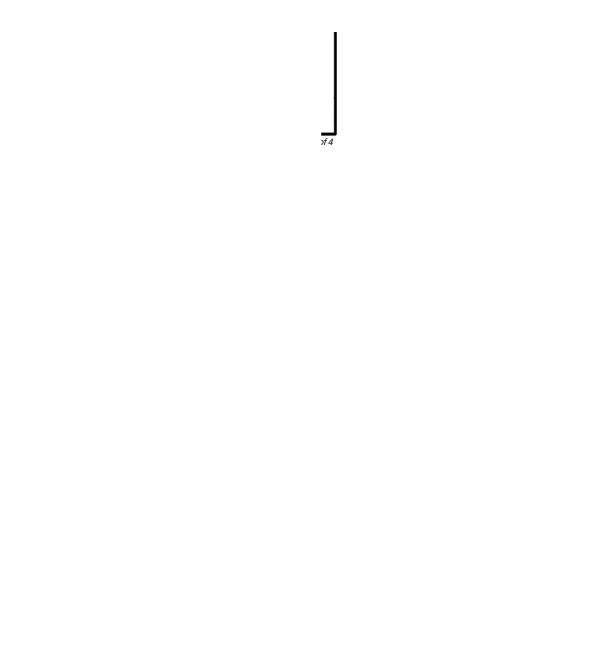
| N / NATURE OF WORK |
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| 34. | Are you related by consanguinity or affinity to the ap chief of bureau or office or to the person who has im Bureau or Department where you will be apppointed a. within the third degree? | nmediate supervision over you in | | | | |
|-----------------|---|--|--|---|--|--|
| | b. within the fourth degree (for Local Government Ur | If YES, give details: | | | | |
| 35. | a. Have you ever been found guilty of any administr | ative offense? | If YES, give details: | | | |
| | b. Have you been criminally charged before any cou | If YES, give details: Date Filed: Status of Case/s: | | | | |
| 36. | Have you ever been convicted of any crime or violative regulation by any court or tribunal? | ion of any law, decree, ordinance o | | | | |
| 37. | Have you ever been separated from the service in ar resignation, retirement, dropped from the rolls, dism finished contract or phased out (abolition) in the pu | issal, termination, end of term, | If YES, give details: | | | |
| 38. | a. Have you ever been a candidate in a national or lo year (except Barangay election)? | | If YES, give details: | | | |
| | b. Have you resigned from the government service of before the last election to promote/actively campaignees. | e If YES, give details: | | | | |
| 39. | Have you acquired the status of an immigrant or pe country? | If YES, give details (country): | | | | |
| 40. a. D. | Pursuant to: (a) Indigenous People's Act (RA 8371); Persons (RA 7277); and (c) Solo Parents Welfare Act the following items: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | If YES, please specify: If YES, please specify If YES, please specify | | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to | applicant/appointee) | | | | |
| 42. | NAME I declare under oath that I have personally accompli | ADDRESS ished this Personal Data Sheet whi | TEL. NO. | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable | | |
| | correct and complete statement pursuant to the pro of the Republic of the Philippines. I authorize the ag | ovisions of pertinent laws, rules and ency head/authorized representati It any misrepresentation made in t | l regulations ve to verify/ nis document | РНОТО | | |
|) | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc. PLEASE INDICATE ID Number and Date of | | | | | |
| ۱H | overnment Issued ID: O/License/Passport No | | | | | |
| | ate/Place of Issuance | Signature (Sign inside the Date Accomplished | DOX) | Right Thumbmark | | |
| JBS | CRIBED AND SWORN to before me this | | biting his/her validly issu | ued government ID as indicated al | | |

| Person Administering Oath |
|---------------------------|

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

Separated Widowed