CS Form No. 212

levised 2025

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 per

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly if accomplished through own handwriting. Tick appropriate boxes.

) and use separate sheet if necessary, Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION 1. SURNAME **ESPENILE** NAME EXTENSION (JR., SR) 2. FIRST NAME MARNEL MIDDLE NAME BILLONA 3. DATE OF BIRTH 09/12/1982 16. CITIZENSHIP ☑ Filipino ☐ Dual Citizenship (dd/mm/yyyy) ☐ by birth ☑ by naturalization 4. PLACE OF BIRTH BRGY. PATAG, BAYBAY CITY, LEYTE Pls. indicate country: If holder of dual citizenship, please indicate the details 5. SEX AT BIRTH ☐ Female V ☐ Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No ☐ Widowed ☐ Separated **BRGY PATAG** ☐ Other/s: Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.64M City/Municipality 8. WEIGHT (kg) 73KG ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. **BRGY PATAG** 10. UMID ID NO. Subdivision/Village Barangay LEYTE BAYBAY CITY 11. PAG-IBIG ID NO. 1212 0397 6012 City/Municipality Province 12. PHILHEALTH NO. 13-202073976-6 6521 7IP CODE 13. PhilSys Number (PSN): 06-37297354 NONE 19. TELEPHONE NO. 14. TIN NO. 455-566-320 20. MOBILE NO. 09317613018 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) II. FAMILY BACKGROUND 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (dd/mm/yyyy) NAME EXTENSION (JR., SR) MARNEL ESPENILE JR. FIRST NAME MELITA 12/14/2006 ZIDRICK ESPENILE MIDDLE NAME **CUEVAS** 01/22/2010 OFW OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME **ESPENILE** NAME EXTENSION (JR., SR) FIRST NAME MARIANO MIDDLE NAME JAMA MOTHER'S MAIDEN NAME BILLONIA SURNAME PONSIANA FIRST NAME MIDDLE NAME (Continue on separate sheet if necessary) IL EDUCATIONAL BACKGROUND HIGHEST LEVEL/ UNITS EARNED (if not graduated) SCHOLARSHIP! PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL DEMIC HONO RECEIVED GRADUATED (Write in full) (Write in full) From То

GABAS ELEMENTARY SCHOOL ELEMENTARY entary Graduate 1990 1996 1996 SECONDARY VOCATIONAL / TRADE COURSE COLLEGE **GRADUATE STUDIES** 10/29/25 DATE **SIGNATURE**

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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	DLUNTARY (ORGANIZATION	/S	
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VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary	7)		
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30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (dd/mm/yyyy)		NUMBER OF HOURS	(Managertal/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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35. a. Have y	ou ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:			
b. Have	you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:			
	u ever been convicted of any crime or violation of a t or tribunal?	☐ YES ☑ NO If YES, give details:			
dropped	u ever been separated from the service in any of the from the rolls, dismissal, termination, end of term, blic or private sector?	☐ YES ☑ NO If YES, give details:			
	you ever been a candidate in a national or local ele y election)?	☐ YES ☑ NO If YES, give details:			
	you resigned from the government service during the to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:			
39. Have yo	u acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):			
as amen items: a. Are you b. Are you	t to: (a) Indigenous People's Act (RA 8371); (b) Ma ded); and (c) Expanded Solo Parents Welfare Act a member of any indigenous group? a person with disability? a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO			
41. REFEREN	CES (Person not related by consanguinity or affinity to app	licant /appointee)	If YES, please specify ID No:		
	NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL		
	SUZETTE B. LINA	DSS, VISAYAS STATE UNIVERSITY	LWAL		
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