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 concerned.

person concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL	DATA SHEET (PDS) BEFORE	ACCOMPL	ISHING THE PL		_			
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	s () and use separate sheet if necess	ary. Indicate N/A if not applicable.	DO NOT AB	BREVIATE.	1. CS ID No.		(Do not fill up. F	or CSC use only	
2 SURNAME	ABASOLA								
FIRST NAME	MAME SYTENSION / ID CD)							N/A	
	MALONIEMAE								
MIDDLE NAME 3. DATE OF BIRTH	MATAS						-	-	
(mm/dd/yyyy)	7/29/98					hip			
4. PLACE OF BIRTH	HINDANG, LEYTE					-	by naturalization		
		please indicate the details		Pls. indicate country:					
5. SEX	Male Female	process market market	loucate the details.						
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	-/-	N/A House/Block/Lot No	200.				
	Other/s:		1 4	N/A		BR	GY.DOOS DEL S	UR	
7. HEIGHT (m)	1.524	Subdivision/Village HINDANG City/Municipality ZIP CODE 6523			Barangay LEYTE				
8. WEIGHT (kg)	45			6	Province 6523				
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS				N/A	N/A		
				House/Block/Lot No N/A			Street	DOOS DEL SUR	
10. GSIS ID NO.	N/A			N/A Subdivision/Village		BR	Barangay		
11. PAG-IBIG ID NO.	121231624939			HINDANG City/Municipality		LEYTE Province			
12. PHILHEALTH NO.	13-250517447-3	ZIP CODE		6523		Province			
13. SSS NO.	34-7780957-2	19. TELEPHONE NO.			1	WA			
14. TIN NO.	348-588-466-000	20. MOBILE NO.		09468644072					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		п	narialeeabas	ola@gmail.com	1		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NIA		NAME of CH	IILDREN (Write ful	I name and list a	ill)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		Ά			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A		,						
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ABASOL	LA		-					
FIRST NAME	RUFINO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	N/A								
25. MOTHER'S MAIDEN NAME									
SURNAME	MATAS	s	*************						
FIRST NAME	NATIVID	AD							
MIDDLE NAME	LUMIGU	ED	(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/CC (Write in full)			TENDANCE To	LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	DOOS SUR ELEMENTARY SCHOOL	PRIMARY EDUCATION				COMPLETED	2011	VALEDICTORIAN	
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	HIGH SCHOOL		2004	2011	COMPLETED	2014	SALUTATORIAN	
VOCATIONAL /	N/A	N/A		2011 N/A	2014 N/A	N/A	N/A	N/A	
TRADE COURSE COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIE	BUSINESS	00000		COMPLETED	2018	CUM LAUDE	
GRADUATE STUDIES	N/A	N/A		2014	2018		20020		
SINDONIE STUDIES	L	(Continue on separate sheet if I	necessary)	N/A	N/A	N/A	N/A	N/A	
SIGNATURE	Jeriefnae		Ţ	DAT	E	710	8 २।		

CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)			TION / CONFERMENT		NUMBER	Date of Validity	
C	CIVIL SERVICE	SERVICE ELIGIBILITY N/A JUNE 15,2018 VISAYAS STATE UNIVE		E UNIVERS	SITY	100108180805	N/A		
		Maria and a supplied							
		(F () >							
WORK I	EXPERIENCE		(Contin	ue on separate sheet if r	ecessary)				
clude priv	vate employme	ant. Start from your rece	nt work) Descriptio	on of duties should l	e indicated in the attac	hed Work I		heet.	
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGE! (Write in full/	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/ N)	
8/31/2018	08/31/2019	ASSISTANT RESTAU	RANT MANAGER	JOLLIBEE FOO	D CORPORATION	14400.00	4-7	CONTRACTUAL	N
15/2021	05/16/2021	PART-TIME INS	TRUCTOR	DEPARTMENT OF BUSINESS AND MANAGEMENT, VISAYAS STATE UNIVERSITY		18000.00	7-1	CONTRACTUAL	Y
						-			
				2					37
	La .								
						-			
			Bord	nue on separate sheet if	neressani				
SIGN	ATURE	Jorief		nue un separate sneet II	DATE	T	7/08/	રા	

VI. VC	DLUNTARY WORK OR INVOLVEMENT			MENT / PEOPL	.E / VOLUNTAR	Y ORGANIZATION/S	
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS			
N/A		N/A	N/A	N/A	N/A		
					4		
			1			And a few control of the control of	
			 	 			
		(Cont	inue on separate s	heet if necessary)			
	EARNING AND DEVELOPMENT (L&D)						
Start fr	om the most recent L&D/training program and include	Control of the Contro	nt L&D/training tak	en for the last five	(5) years for Division Type of LD	n Chief/Executive/Managerial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTE	NDANCE dd(xxxv) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	ENTREPRENEURSHIP AND EXPORT COMPETITIVENESS	3/17/2017	3/17/2017	8HRS.	MANAGERIAL	LEMUEL S. PRECIADOS	
	INVESTMENT LITERACY SEMINAR	09/06/2017	09/06/2017	8HRS.	MANAGERIAL	JOSE ALVIN P.SUMALINOG	
BASI	C TRAINING ON RESTAURANT OPERATIONS	8/31/2018	10/12/2018	264 HRS.	(Managerial/ Supervisory	LEO S. CAMERO	
	ANCING E-LEARNING THROUGH THE USE OF S STUDIO AND EXCEL QM APPLICATIONS	5/31/2021	5/31/2021	4 HRS.	TECHNICAL	EURICE ED D. MANGAOANG	
	and the second s		-				
		-	-				
	COLONIA DE CONTRACTOR DE C						
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	5						
				1			
			1				
			 	†			
		(Cont	inue on separate s	sheet if necessary)			
VIII. (OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)		
MANAGEMENT SKILLS		LOW COMPLAINTS AWARD				PRO-HEART FOOD CORPORATION	
					on and the second secon		
		<u></u>				,	
	/						
	SIGNATURE		inue on separate s	sheet if necessary) D	ATE	7108/21	
			1			CS FORM 212 (Revised 2017), Page 3 of	

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, a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative offe	☐ 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:				
36. Have you ever been convicted of any crime or violation of an regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	YES NO If YES, give details: FINISHED CONTRACT				
a. Have you ever been a candidate in a national or local electron (except Barangay election)? b. Have you resigned from the government service during the last election to promote/actively campaign for a national	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
39. Have you acquired the status of an immigrant or permanent	If YES, give details: ☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)				
NAME	ADDRESS	TEL. NO.			
HERA PAZ YAMSON	INOPACAN, LEYTE	09171425939	44		
RONELL ABSALON	QUEZON, CITY	09228796990			
JENECIL SANIEL	QUEZON, CITY	09496703833			
42. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized representation. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me.	laws, rules and regulations of the resentative to verify/validate the	Republic of the contents stated	MA LORIEMAE M ARASOLA 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: TIN ID					
ID/License/Passport No.: 348-588-466-000	the box)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this		issued government ID as indicat			
	Person Administering) Oath			