| CS Form No. 212<br>Revised 2017                                     |  | PERSONAL DATA SHEE                        | т  |   |                   |                                       |                            |                                |
|---|--|---|--|---|-------------------|---------------------------------------|----------------------------|--------------------------------|
| concerned.<br>READ THE ATTACHED GUIDE T                             | on made in the Personal Data Sheet and the               | ET (PDS) BEFORE ACCOMPL                   |  | DS FORM.                                      | 1. CS ID No.      | minal case/s aga                      |                            | For CSC use only)              |
| Print legibly. Tick appropriate boxes ( ) { I. PERSONAL INFORMATION | use separate sheet if necessary. Indicate N/A if not app | DICADIE. DO NOT ABBREVIATE.               |  |   | I. CS ID NO.      |                                       | (Do not nii up. i          | Or CSC use only)               |
| 2. SURNAME  | MATURAN  |   |  |   |                   |                                       |                            |                                |
| FIRST NAME  | EVELYN   |   |  |   |                   | NAME EXTENSION (                      | JR., SR)                   |                                |
| MIDDLE NAME   | ABIÑON   |   |  |   | 3.9               |                                       |                            |                                |
| 3. DATE OF BIRTH  | 08/22/1985   | 16. CITIZENSHIP                           |  |   |                   | Dual Citizanahia                      |                            |                                |
| (mm/dd/yyyy)  |  |   |  | ✓ Filipi                                      | no 📋              | Dual Citizenship  by birth            | by natural                 | ization                        |
| 4. PLACE OF BIRTH   | ICHON, MACROHON, SOUTHERN LEYTE                          | If holder of dual citizenship,            |  | Pls. indicate country:                        |                   |                                       |                            |                                |
| 5. SEX  | ☐ Male ✓ Female  | please indicate the details.              |  |   |                   |                                       |                            |                                |
| 6 CIVIL STATUS  | Single Married   | 17. RESIDENTIAL ADDRESS                   |  | HOLY INNOCENT STREET use/Block/Lat No. Street |                   |                                       |                            | EET                            |
|   | Widowed Separated Other/s:                               |   |  |   |                   |                                       | ICHON                      |                                |
| 7. HEIGHT (m)   |  |   |  | division/Village<br>ACROHON                   |                   | SC                                    | Barangay<br>UTHERN LEYTE   |                                |
|   | A31/1 A  | TID CODE                                  | Cit  | y/Municipality                                |                   |                                       | Province                   |                                |
| 8. WEIGHT (kg)  | 67KLS  | ZIP CODE  18. PERMANENT ADDRESS           |  |   |                   | HOLYI                                 | NNOCENT STRE               | -FT                            |
| 9. BLOOD TYPE   | 0  | III. FERWARENT ADDRESS                    | Hous   | e/Block/Lot No                                |                   |                                       | Street                     |                                |
| 10. GSIS ID NO.   | N/A  |   | Subi   | division/Village                              |                   |                                       | ICHON<br>Barangay          |                                |
| 11. PAG-IBIG ID NO.   | 121032438049   |   | MACROI<br>Cit  | HON<br>y/Municipality                         |                   | SOUTHERN LEYTE  Province              |                            |                                |
| 12. PHILHEALTH NO.  | 1305-0077-5611   | ZIP CODE                                  |  |   |                   |                                       |                            |                                |
| 13. SSS NO.   | 06-2732665-9   | 19. TELEPHONE NO.                         |  |   |                   |                                       |                            |                                |
| 14. TIN NO.   | 409-522-558  | 20. MOBILE NO.                            | 097748   |   | 09774869          | 69954/09924030965                     |                            |                                |
| 15. AGENCY EMPLOYEE NO.   |  | 21. E-MAIL ADDRESS (if any)               | evelyn_abinon@yahoo.com  |   |                   |                                       |                            |                                |
| II. FAMILY BACKGROUND   |  |   |  |   |                   |                                       | DATE OF DID                | F117                           |
| 22. SPOUSE'S SURNAME  |  | NAME EXTENSION (JR., SR)                  | 23. NAME of CHILDREN (Write full name and list all)  CRISTIAN ABIÑON MATURAN |   |                   |                                       | DATE OF BIRTH (mm/dd/yyyy) |                                |
| FIRST NAME  |  | INVALE EXTENSION (SIC, ON)                |  |   | DE ABIÑON MATURAN |                                       | 03/15/2010                 |                                |
| MIDDLE NAME   |  |   | One  | - I CONTRACTOR                                | - ADII TOTT NO    |                                       | 02/11                      | 1/20211                        |
| OCCUPATION  |  |   |  |   |                   |                                       |                            |                                |
| EMPLOYER/BUSINESS NAME  |  |   |  |   |                   |                                       |                            |                                |
| BUSINESS ADDRESS  |  |   |  |   |                   |                                       |                            |                                |
| TELEPHONE NO.   | - aviiau   |   |  |   |                   |                                       |                            |                                |
| 24. FATHER'S SURNAME  | ABIÑON   | ISR                                       |  |   |                   |                                       |                            |                                |
| FIRST NAME  | VIRGILIO   |   |  |   |                   |                                       |                            |                                |
| MIDDLE NAME  25. MOTHER'S MAIDEN NAME                               | ARAÑA  |   |  |   |                   |                                       |                            |                                |
|   | YNTE   |   |  |   |                   |                                       |                            |                                |
| SURNAME   | FE TERESITA  |   |  |   |                   |                                       |                            |                                |
| FIRST NAME  | MONTES   | (Continue on separate sheet if necessary) |  |   |                   |                                       |                            |                                |
| MIDDLE NAME  III. EDUCATIONAL BACKGROUND                            | MONTES   |   |  | (6  | onanue on sej     | oarate sneet ii neces                 | sary)                      |                                |
|   |  |   |  | DEDICE OF A                                   | TTENDANCE         | HIGHEST<br>LEVEL/                     | YEAR                       | SCHOLARSHIP/                   |
| 26. LEVEL   | NAME OF SCHOOL<br>(Write in full)                        | BASIC EDUCATION/DEGRE (Write in full)     | E/COURSE   | From  | To                | UNITS EARNED<br>(if not<br>graduated) |                            | ACADEMIC<br>HONORS<br>RECEIVED |
| ELEMENTARY  | ICHON ELEMENTARY SCHOOL                                  |   |  |   | 1999              | and discontinuous and a second        | 1999                       |                                |
| SECONDARY   | ICHON NATIONAL HIGH SCHOOL                               |   |  | 1999  | 2003              |                                       | 2003                       |                                |
| VOCATIONAL /<br>TRADE COURSE  |  |   |  |   |                   |                                       |                            |                                |
| COLLEGE   | SAINT JOSEPH COLLEGE BACHELOR OF SCIEN                   |   | 2003   2007  |   | 2007              |                                       | 2007                       |                                |
|   | SAINT JOSEPH COLLEGE                                     | 18 UNITS-TEACHER CERTIFICA                | ATE PROGRAM  | 2023  | 2024              |                                       | 2024                       |                                |
|   |  | Continue on separate sheet if nece        | ssary)   |   |                   |                                       |                            |                                |
| SIGNATURE   |  |   |  | DA  | NTE               |                                       |                            |                                |

|           |                          | / CES/ CSEE<br>/ DRIVER'S LICENSE<br>ON FOR TEACHER | RATING<br>(If Applicable) | EXAMINATION /<br>CONFERMENT            | PLACE OF EXAMINAT                | ION / CONFER | RMENT   | NUMBER           | Date            |
|-----------|--------------------------|---|---------------------------|--|----------------------------------|--------------|---|------------------|-----------------|
| LICENSUF  | RE EXAMINATIO            | N FOR TEACHER                                       |                           |  |                                  |              |   |                  | Valid           |
|           |                          |   |                           | 09/29/2024                             | 09/29/2024 TACLOBAN LEYTE        |              |   |                  |                 |
|           |                          |   |                           |  |                                  |              | <del></del>   |                  |                 |
|           |                          |   |                           |  |                                  |              |   |                  |                 |
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|           |                          |   |                           |  |                                  |              |   |                  |                 |
| WORK EX   | (PERIENCE                |   | (C                        | ontinue on separate sheet i            | f necessary)                     |              |   |                  |                 |
|           |                          | ed in the attached Wor                              | k Experience she          | et.                                    |                                  |              |   |                  |                 |
|           | SIVE DATES<br>I/dd/yyyy) | POSITION T  | ITLE                      | DEPARTMENT / AGENCY / OFFICE / COMPANY |                                  | MONTHLY      | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable) & STEP | STATUS OF        | GOV*            |
| From      | То                       | (Write in full/Do not                               | abbreviate)               | (Write in full/                        | Do not abbreviate)               | SALARY       | (Format "00-0")/                                    | APPOINTMENT      | SERVIO<br>(Y/ N |
| 214212040 | PDESERVE                 | 2001  | DED                       |  | HOSPITAL (FORMERLY               |              |   | P-2111           |                 |
| 2/12/2012 | PRESENT                  | BOOKKEE   | PER                       | CHILDRE                                | SIN MATERNITY AND EN HOSPITAL    |              |   | REGULAR          |                 |
| 2/01/2011 | 04/30/2011               | LOCAL FUND BO                                       | OKKEEPER                  |  | MEGA BENEFICIARIES<br>. (FOBI)   |              |   | PROBATIONA<br>RY |                 |
| 7/07/2010 | 09/30/2010               | BOOKKEE   | PER                       |  | POSE COOPERATIVE                 |              |   | PROBATIONA       |                 |
|           |                          |   |                           |  | O ENTERPRISE                     |              |   | RY               |                 |
| 7/14/2008 | 08/15/2010               | BRANCH BOOK   | KEEPER                    | (CMEFI) arm of Ran                     | FOUNDATION, INC.                 |              |   | REGULAR          |                 |
| 6/01/2007 | 07/10/2008               | ACCOUNTING A  | CCICTANT                  |  | MICROFINANCE<br>POSE COOPERATIVE |              |   | REGULAR          |                 |
| 0/01/2001 | 0711012000               | ACCOUNTING  | JOIGIANI                  | PODEMOLTIFOR                           | POSE COOPERATIVE                 |              |   | REGULAR          |                 |
|           |                          |   |                           |  |                                  |              |   |                  |                 |
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| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT /                         | PEOPLE / VC                       | UNTARY           | ORGANIZATION     | l/S  |   |  |
|---|-----------------------------------|------------------|------------------|--|---|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full)                                    | INCLUSIVE DATES (mm/dd/yyyy)      |                  | NUMBER OF HOURS  |  | POSITION / NATURE OF WORK                                 |  |
| (Write in Util)   | From                              | To               | NOMBER OF TRUINS |  | POSITION / NATURE OF WORK                                 |  |
|   |                                   |                  |                  |  |   |  |
|   |                                   |                  |                  | <b>HEAR</b>  |   |  |
|   |                                   |                  |                  |  |   |  |
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|   |                                   |                  |                  |  |   |  |
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR                         | tinue on separate s<br>OGRAMS ATT |                  | ary)             |  |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE<br>ATTEN<br>(mm/di      | DANCE<br>d/yyyy) | NUMBER OF HOURS  | Type of LD<br>(Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                |  |
| NCIII-BOOKEEPING  | From                              | To 2020          | 292 HOURS        |  | COLLEGE OF MAASIN   |  |
| MODULE-1 CRAFTING YOUR CAREER   |                                   | 2024             |                  |  | TEODA ONUNE   |  |
| MODULE-2 YOUR GUIDE TO JOB READINESS  |                                   | 2024             |                  |  | TESDA ONLINE TESDA ONLINE                                 |  |
| MODULE-2 BUILDING HUMAN SKILLS FOR CAREER SUCCESS                                     |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY (ACCESS INFORMATION ONLINE)                                |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY (WORKS WITH COMPUTERS)                                     |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERARY (COMMUNICATION ONLINE)                                     |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY (COLLABORATE AND MANAGE CONTENT DIGITALLY)                 |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY (CREATE DIGITAL CONTENT)                                   |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY (PARTICIPATE SAFELY AND RESPONSIBLY ONLINE)                |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| MICROSOFT DIGITAL LITERACY  |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| PARTICIPATING IN WORKPLACE COMMUNICATION  |                                   | 2024             |                  |  | TESDA ONLINE  |  |
| BUSINESS TAX COMPLIANCE   |                                   | 2022             | 8 HRS            |  | SOUTHERN LEYTE CHAMBER OF COMMERCE INDUSTRY (SCCI)        |  |
| CERTIFIED TAX TECHNICIAN REVIEW/SEMINAR   |                                   | 2020             | 24 HRS           |  | LIMITLESS PROFESSIONAL SOLUTIONS INC                      |  |
| TAX UPDATES AND SEMINARS  |                                   | 2020             | 20.5 HRS         |  | PHILIPPINE ASSOCIATION OF CERTIFIED TA TECHNICIANS, INC   |  |
| SEMINAR-WORKSHOP ON BOOKKEEPING & BASIC ACCOUNTING FOR NON ACCOUNTANT                 |                                   | 2019             | 8 HRS            |  | SOUTHERN LEYTE CHAMBER OF COMMERCE INDUSTRY (SCCI)        |  |
| NEW IMPLEMENTING RULES & REGULATIONS OF RA 10963 OR TRAIN LAW                         |                                   | 2018             | 8 HRS            |  | TSRC-ORLIN SEMINARDS AND STUDY CENTE                      |  |
| PUBLIC SERVICE EXCELLENCE TRAINING  |                                   | 2017             | 8 HRS            |  | SAINT JOSEPH COLLEGE                                      |  |
| LABOR RELATIONS, HUMAN RELATIONS AND PRODUCTIVITY                                     |                                   | 2013             | 8 HRS            |  | DEPARTMENT OF LABOR & EMPLOYMENT                          |  |
| SEMINAR - WORKSHOP ON COOPERATIVE ANNUAL PERFORMANCE REPORT                           |                                   | 2008             | 16 HRS           |  | COOPERATIVE DEVELOPMENT AUTHORITY                         |  |
|   | tinue on separate s               | heet if necessa  | nry)             |  |   |  |
| VIII. OTHER INFORMATION   | ACADEMIC DISTIN                   | OTIONS (DEC      | CAUTION          |  | WENT-DOUBLIN ASSOCIATION OF SAME                          |  |
| 31. SPECIAL SKILLS and HOBBIES 32.  | -ACADEMIC DISTIN<br>(Write        | in full)         | DGNITION         |  | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full) |  |
|   |                                   |                  |                  |  |   |  |
|   |                                   |                  |                  |  |   |  |
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| (Com  | tinue on separate s               | heet if necessa  | ary)             |  |   |  |
| SIGNATURE   | L. Say Francisco Commission       |                  |                  | TE.  |   |  |

| 34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate some bureau or Department where you will be appointed,  | r recommending authority, or to the supervision over you in the Office, |                             |                                 |  |  |  |  |
|--|---|-----------------------------|---------------------------------|--|--|--|--|
| a. within the third degree?     b. within the fourth degree (for Local Government Unit - Caree   |   | NO NO                       |                                 |  |  |  |  |
| 35. a. Have you ever been found guilty of any administrative offen   | ☐ YES ☑ NO If YES, give details:  |                             |                                 |  |  |  |  |
| b. Have you been criminally charged before any court?  | YES If YES, give details: Date Filed: Status of Case/s:                 | NO NO                       |                                 |  |  |  |  |
| 36. Have you ever been convicted of any crime or violation of any any court or tribunal?   | YES NO If YES, give details:  |                             |                                 |  |  |  |  |
| 37. Have you ever been separated from the service in any of the fidropped from the rolls, dismissal, termination, end of term, finithe public or private sector?   | YES NO If YES, give details:  |                             |                                 |  |  |  |  |
| a. Have you ever been a candidate in a national or local election     Barangay election)?  h. Have you resigned from the government continue that  | YES NO If YES, give details:  |                             |                                 |  |  |  |  |
| <ul> <li>b. Have you resigned from the government service during the<br/>election to promote/actively campaign for a national or local ca</li> </ul>   | ☐ YES ☑ NO If YES, give details:  |                             |                                 |  |  |  |  |
| 39. Have you acquired the status of an immigrant or permanent re   | YES NO If YES, give details (country):                                  |                             |                                 |  |  |  |  |
| <ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magnand (c) Solo Parents Welfare Act of 2000 (RA 8972), please al</li> </ol>  | a Carta for Disabled Persons (RA 7277);                                 |                             |                                 |  |  |  |  |
| a. Are you a member of any indigenous group?   | nawer the following items.  | YES                         | ✓ NO                            |  |  |  |  |
| b. Are you a person with disability?   | If YES, please specify:  YES  If YES, please specify II                 | ✓ NO                        |                                 |  |  |  |  |
| c. Are you a solo parent?  | YES If YES, please specify I  | ✓ NO                        |                                 |  |  |  |  |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /a  | ppointee)   |                             |                                 |  |  |  |  |
| NAME   | ADDRESS   | TEL. NO.                    |                                 |  |  |  |  |
| BERNADITA (EDITH ) JUANICO CERRO   | MAASIN CITY   | 9171021997                  | 65                              |  |  |  |  |
| EMMANUEL GERARDO   | MAASIN CITY   |                             | 42                              |  |  |  |  |
| 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. |   |                             |                                 |  |  |  |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  |   |                             |                                 |  |  |  |  |
| Government Issued ID:  |   |                             |                                 |  |  |  |  |
| ID/License/Passport No.:  Date/Place of Issuance:  | x)  |                             |                                 |  |  |  |  |
| Secon lace of issuance.  | Date Accomplished   |                             | Right Thumbmark                 |  |  |  |  |
| SUBSCRIBED AND SWORN to before me this   | , afflant exhibitir   | g his/her validly issued go | vernment ID as indicated above. |  |  |  |  |
|  |   |                             |                                 |  |  |  |  |
|  |   |                             |                                 |  |  |  |  |