

CS Form No. 212
Revised 2017

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.

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

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME FIRST NAME MIDDLE NAME	SAMSON			
	CHERRY LYN		NAME EXTENSION (JR., SR)	
	FLANDEZ			
3. DATE OF BIRTH (mm/dd/yyyy)	02/02/1981	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	HILONGOS , LEYTE			
5. SEX	☐ Male ☒ Female			
6 CIVIL STATUS ☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	BLOCK 2 LOT 4 CROSSING		
		House/Block/Lot No. Street		
		NARCISSA CODILLA CANDADAM		
7. HEIGHT (m)	1.6002 m	Subdivision/Village Barangay		
8. WEIGHT (kg)	60 kg	BAYBAY CITY LEYTE		
9. BLOOD TYPE	A+	City/Municipality Province		
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	167000315458	BLOCK 2 LOT 4 CROSSING		
12. PHILHEALTH NO.		House/Block/Lot No. Street		
13. SSS NO.	062-242-3308	NARCISSA CODILLA CANDADAM		
14. TIN NO.	222-401-994	Subdivision/Village Barangay		
15. AGENCY EMPLOYEE NO.	N/A	BAYBAY CITY LEYTE		
19. TELEPHONE NO.		City/Municipality Province		
20. MOBILE NO.		6521		
21. E-MAIL ADDRESS (if any)		09089037449		
		clfsamson@yahoo.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	SAMSON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FREDDIE	NAME EXTENSION (JR., SR)		
	ZACH FREDRICK F. SAMSON 06/13/2006			
SELORIO		ZED MARC PHILIP F. SAMSON 10/20/2010		
OCCUPATION	SENIOR ENGINEERING SUPERVISOR		ZION LUCAS F. SAMSON	05/11/2016
EMPLOYER/BUSINESS NAME	MELCO RESORTS PHILIPPINES			
BUSINESS ADDRESS	PASAY CITY MANILA			
TELEPHONE NO.	9432251016			
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	FLANDEZ			
	FELIPE	JR.		
	PIEZA			
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME				
	CUBIO			
	MARTHA			
	LAMBERTE		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	1986	1994	N/A	1994	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1994	1998	N/A	1998	N/A
VOCATIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	1998	2002	N/A	2002	N/A
GRADUATE STUDIES	UNIVERSITYOF SOUTHERN PHILIPPINES	BACHELOR OF LAWS	2005	2010	N/A	2010	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 18, 2025
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Civil Service Commission-Professional Exam	80.8	12/07/2002	Cebu City	031871	30/07/2002
(Continue on separate sheet if necessary)						

V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	8/31/2018	present	Administrative Consultant	EBH Learning Center (KUMON)	2,000.00		per project	no
	01/01/2006	02/01/2010	Eye Center Receptionist	Cebu Doctors'	8,000.00		regular	no
	06/01/2002	12/31/2005	Executive Secretary to the Medical Director	Cebu North General Hospital	5,000.00		regular	no
(Continue on separate sheet if necessary)								

SIGNATURE				DATE		February 18, 2025	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Lupong Tagapamayapa of Brgy. Paulino Avellana-Zone 2	03/16/2019	present		appointed member of the Pangkat Tagapagkasundo

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Training-Seminar for newly ellected/Appointed Brgy. Officials	1/25/2024	1/25/2024	4 hours	law enhancement	City of Baybay
	Katarungang Pambarangay Law Enhancement Training	11/12/2021	11/12/2021	8 hours	law enhancement	City of Baybay and Department of Interior and Local Governement
	Katarungang Pambarangay Law Enhancement Training	10/09/2020	10/09/2020	8 hours	law wnhancement	City of Baybay and Department of Interior and Local Governement
	Online Workshop Katarungang Pambarangay	8/20/2020	8/20/2020	5 hours	law enhancement	Mark L. Perete. DOJ Undersecretary

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	good in research		n/a		University of Southern Philippines alumnae
	good in adaptability and analysis				University of San Carlos alumnae
	good in interpersonal skills				Franciscan College of the Immaculate Conception alumnae

(Continue on separate sheet if necessary)

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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES☒ NO ☐ YES☒ NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES☒ NO If YES, give details: _____												
	☐ YES☒ NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or 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 following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☒ YES☐ NO If YES, give details: bar review _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES☒ NO If YES, give details: _____												
	☐ YES☒ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES☒ NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: 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 /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>MARIA VICTORIA GONZAGA, Ed. D</td><td>FCIC, Baybay City</td><td>9126944280</td></tr><tr><td>ATTY. VIVIAN ENARIO VIDALLION</td><td>Baybay City</td><td>9176247766</td></tr><tr><td>ATTY. JOSEPH CARNEL M. BANDALAN</td><td>Baybay City</td><td>9085891757</td></tr></table>		NAME	ADDRESS	TEL. NO.	MARIA VICTORIA GONZAGA, Ed. D	FCIC, Baybay City	9126944280	ATTY. VIVIAN ENARIO VIDALLION	Baybay City	9176247766	ATTY. JOSEPH CARNEL M. BANDALAN	Baybay City	9085891757
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: GSIS E-Card</td></tr><tr><td>ID/License/Passport No.: 006-0048-7131-0</td></tr><tr><td>Date/Place of Issuance: Cebu City</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: GSIS E-Card	ID/License/Passport No.: 006-0048-7131-0	Date/Place of Issuance: Cebu City	<table><tr><td>  Signature (Sign inside the box) </td></tr><tr><td> Date Accomplished </td></tr></table>	 Signature (Sign inside the box)	Date Accomplished						
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Date Accomplished													
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 PHOTO Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
Person Administering Oath													