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	MORON
FIRST NAME	MARIE KRIS
NAME EXTENSION (JR., SR)	
MIDDLE NAME	COVERO

3. DATE OF BIRTH (mm/dd/yyyy)	4/6/1990	16. CITIZENSHIP	FILIPINO
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	FEMALE		
6 CIVIL STATUS	SINGLE		
7. HEIGHT (m)	1.4986		
8. WEIGHT (kg)	83		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1210-9233-4993		
12. PHILHEALTH NO.	13-025129204-4		
13. SSS NO.	06-3223728-3		
14. TIN NO.	418-291-536		
15. AGENCY EMPLOYEE NO.	N/A		

17. RESIDENTIAL ADDRESS	#814 (House/Block/Lot No.)	ST. MICHAEL STREET (Street)
	PUROK 4 (Subdivision/Village)	BRGY. DOÑA FELIZA MEJIA (Barangay)
	ORMOC CITY (City/Municipality)	LEYTE (Province)
ZIP CODE	6541	
18. PERMANENT ADDRESS	#814 (House/Block/Lot No.)	ST. MICHAEL STREET (Street)
	PUROK 4 (Subdivision/Village)	*BRGY. DOÑA FELIZA MEJIA* (Barangay)
	ORMOC CITY (City/Municipality)	LEYTE (Province)
ZIP CODE	6541	
19. TELEPHONE NO.	N/A	
20. MOBILE NO.	0998 462 9770	
21. E-MAIL ADDRESS (if any)	mariekriscmoron@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	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	MORON			
FIRST NAME	BERLITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	FLORES			
25. MOTHER'S MAIDEN NAME				
SURNAME	TENEBRO			
FIRST NAME	MARIANELA			
MIDDLE NAME	COVERO		*(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	STO. NIÑO COLLEGE of ORMOC		1996	2002		2002	SALUTA-TORIAN
SECONDARY	STO. NIÑO COLLEGE of ORMOC		2003	2006		2006	3RD HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	SOUTHWESTERN UNIVERSITY	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	2007	2010		2010	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	January 4, 2021

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
MEDICAL TECHNOLOGIST LICENSURE EXAM	75.30%	MARCH 22-23,2011	CEBU CITY	0056874	4/6/2023

(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						
2/11/2020	PRESENT	COMPUTER ENCODER/OPERATOR	CITY SOCIAL WELFARE DEPARTMENT	5,000 - 6,000	285 PER DAY	JOB ORDER	YES
6/9/2015	9/30/2019	CHIEF MEDICAL TECHNOLOGIST	CEBU CFI COMMUNITY COOPERATIVE DIAGNOSTIC CENTER - ORMOC BRANCH	15,000		REGULAR	NO
10/3/2011	6/8/2015	MEDICAL TECHNOLOGIST (SECTION HEAD)	CLINICA GATCHALIAN HOSPITAL	12,000		REGULAR	NO

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 4, 2021

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) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
JESUS THE REDEEMER COVENANT COMMUNITY (FATIMA COGON, ORMOC CITY, LEYTE)	9/15/2015	PRESENT	N/A	COMMUNITY MEMBER / YOUTH LEADER
STUDENT COUNCIL ORGANIZATION (STO. NINO COLLEGE, ORMOC CITY)	6/1/2003	3/1/2004	N/A	SECOND YEAR REPRESENTATIVE
THE GOLDEN CHRONICLE EDITORIAL ORGANIZATION (STO. NINO COLLEGE)	6/1/2003	3/1/2004	N/A	MEMBER

(Continue on separate sheet if necessary)

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

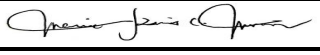
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
MID YEAR PRE CONVENTION	5/22/2019	5/22/2019	8 HOURS	PRECONVEN-TION SEMINAR	PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST (PAMET)
MID YEAR CONVENTION	5/22/2019	5/25/2019	8 HOURS	CONVENTION SEMINAR	PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST (PAMET)
NATIONAL EXTERNAL QUALITY ASSESSMENT IN HEMATOLOGY AND CHEMISTRY	10/18/2016	10/19/2016	8 HOURS	ORIENTATION UPDATE	DEPARTMENT OF HEALTH (DOH)
POINT OF CARE TESTING SEMINAR	10/3/2014	10/3/2014	8 HOURS	SEMINAR	ROCHE (PHILIPPINES) INC.
HOW TO ENSURE EXCELLENT EXTERNAL QUALITY ASSESSMENT RESULT	6/9/2014	6/9/2014	8 HOURS	QUALITY CONTROL PROGRAM	LIFELINE DIAGNOSTIC SUPPLIES
MEDICAL TECHNOLOGIST VOLUNTEER	9/1/2010	10/1/2010	8 HOURS	VOLUNTEER STAFF	ORMOC POLYMEDIC AND DIAGNOSTIC CLINIC
MEDICAL TECHNOLOGY INTERNSHIP	4/1/2010	5/1/2010	8 - 16 HOURS	MED TECH INTERN	VISAYAS COMMUNITY MEDICAL CENTER (VCMC)
MEDICAL TECHNOLOGY INTERNSHIP	1/1/2010	3/1/2010	8 - 16 HOURS	MED TECH INTERN	VICENTE SOTTO MEMORIAL MEDICAL CENTER (VSMMC)
MEDICAL TECHNOLOGY INTERNSHIP	11/1/2009	12/1/2009	8 - 16 HOURS	MED TECH INTERN	SACRED HEART HOSPITAL (SHH)

(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)
COMPUTER LITERACY		
SINGING		JESUS THE REDEEMER COVENANT COMMUNITY CHOIR (MOTHER OF THE REDEEMER PARISH)
BASIC GARDENING / PLANTING		
BASIC GUITAR PLAYING		
HANDICRAFTING / RECYCLING ART		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 4, 2021

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 apppointed, 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?	☐ 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 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:
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
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:
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)

NAME	ADDRESS	TEL. NO.
JOE ANN C. POLO	**VISCA, BAYBAY CITY, LEYTE**	**09178858983**
DELIA D. CORBO, RSW, MPA	**ORMOC CITY, LEYTE**	**09062456601**
GRACE C. QUIJANO, RMT, MPH	**BATO, LEYTE**	**09351825623**

PHOTO

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:	**PHILIPPINE REGULATION COMMISSION**
ID/License/Passport No.:	**0056874**
Date/Place of Issuance:	**04/13/2011**

Signature (Sign inside the box)

JANUARY 04, 2021

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath