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 T	READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Integibly. Tick appropriate boxes () buse 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						For CSC use only	
I. PERSONAL INFORMATION		N/A II flot applicable. DO NOT	ADDICEVIATE.		1. 00 ID No.		(Do not nii up. i	or coo use only,
2. SURNAME	PALARAN							
FIRST NAME	DONNA JEAN					NAME EXTENSION (JR	, SR)	
MIDDLE NAME	LUCHAVEZ							
3. DATE OF BIRTH	1/28/1999	16. CITIZENSHIP		✓ Filipin		Dual Citizenship		
(mm/dd/yyyy)					0 📙			
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship,			Pls. indicate country:			
5. SEX	☐ Male ☑ Female	please indicate the de	etails.	Philippines				•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	oo/Dlook/Lot M	.		PUROK 7	
	☐ Widowed ☐ Separated ☐ Other/s:			se/Block/Lot N			Street LUNA	
7. HEIGHT (m)	1.43			bdivision/Village ORMOC CITY	е		Barangay LEYTE	
	·		Ci	ity/Municipality			Province	
8. WEIGHT (kg)	40	ZIP CODE				6541	DUDOK 7	
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	0.		PUROK 7 Street	
10. GSIS ID NO.	N/A		Sut	bdivision/Village	е		LUNA Barangay	
11. PAG-IBIG ID NO.	121266590468		ORMOC CITY	ity/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-252181805-4	ZIP CODE		6541				
13. SSS NO.	34-9486484-6	19. TELEPHONE NO.	N/A					
14. TIN NO.	754-447-462	20. MOBILE NO.			09	9171663309		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ADDRESS (if any) palarandonnajean@gmail.com					
II. FAMILY BACKGROUND			ı					
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			l list all)		TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (III., SIV)		N/A			N/A	
MIDDLE NAME	N/A			N/A N/A				I/A
OCCUPATION	N/A			N/A			N/A	
EMPLOYER/BUSINESS NAME	N/A			N/A N/A				I/A
BUSINESS ADDRESS	N/A					N/A		
TELEPHONE NO.	N/A		N/A			N/A		
24. FATHER'S SURNAME	PALARAN	NAME EXTENSION (JR., SR)	N/A			N/A		
FIRST NAME	COSME	TWINE EXTENSION (I.K., ON)			N/A		N/A	
MIDDLE NAME	CABALE				N/A			I/A
25. MOTHER'S MAIDEN NAME					N/A N/A			I/A
SURNAME	LUCHAVEZ				N/A			I/A
FIRST NAME	EMMA							I/A
MIDDLE NAME III. EDUCATIONAL BACKGI	BATIS			(Co	ontinue on se	parate sheet if neces	ssary)	
	ROUND					LUQUEST LEVEL		SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	DOLORES ELEMENTARY SCHOOL	PRIMARY EDUCATION	ON	2005	2011	N/A	2011	FAST ACHIEVER
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY EDUCA	TION	2011	2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY MAJOR IN MAPE		2015	2019	N/A	2019	CUMLAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF EDUCATION EDUCATION	IN PHYSICAL	2020	2021	9	N/A	N/A
		Continue on separate sheet if nec	essary)					
SIGNATURE	77)			DA	ITE	Sep	otember 13, 2022	2

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI AGE OF EVANINA	TION / OONEE	OMENT	LICENSE (if ap	oplicable)
BAR		NS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
PROFESSIONAL REGULATION COMISSION 82.6		9/29/2019	TACLOBAN CITY			1817610	1/28/2022		
V W0845	VOCALENAS		(Con	tinue on separate sheet	if necessary)				
V. WORK E.		nt. Start from vour recen	t work) Description	n of duties should b	oe indicated in the attach	ed Work E <u>x</u>	perience shee	t.	
28. INCLU	SIVE DATES n/dd/yyyy)	POSITION TI			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not			//Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
8/1/2019	12/13/2019	PART-TIME INST	RUCTOR	VISAYAS ST	TATE UNIVERSITY			CONTRACTUAL	YES
1/20/2020	5/22/2020	PART-TIME INST	RUCTOR	VISAYAS ST	TATE UNIVERSITY			CONTRACTUAL	YES
1/19/2021	PRESENT	CUSTOMER SERVICE RI	EPRESENTATIVE	VIRTUAL STAFF	ING SOLUTIONS, OPC			REGULAR	NO

			_						
	(Continue on separate sheet if necessary)								
SIGNATURE			DATE	September 13, 2022					
						=	C	S FORM 212 (Revised 2	017), Page 2 of 4

NA	VI VOLUNTARVINORY OR INVOLVEMENT	IN ON/IO / NON OOVERNMENT	/ PEOPLE / N	OLUNTARY.		21/2		
MA	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
NA	23.		(mm/d	d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		N / NATURE OF WORK
NA	N/A		N/A	N/A	N/A	N/A		
NNA	N/A		N/A	N/A	N/A		N/A	
NA	N/A		N/A	N/A	N/A			N/A
NIA	N/A		N/A	N/A	N/A			N/A
NIA	N/A		N/A	N/A	N/A			N/A
Continue on sequence where it sections and provided in sequence where it sections are provided in sequence where it sections are provided only the relevant (\$.500 miles are provided to sequence where it sections are provided to sequence where the sequence	N/A		N/A	N/A	N/A			N/A
WILL LEARNING AND DEVEL OPMENT ILED) INTERVENTIONS TRANSING PROGRAMS TITLE OF LEARNING AND DEVEL OPMENT INTERVENTIONS TRANSING PROGRAMS TITLE OF LEARNING AND DEVEL OPMENT INTERVENTIONS TRANSING PROGRAMS Will be large Title Tit	N/A							N/A
Title of Leanning and personal activities of the artiferance of Landing programs and collision from the set fire System for Chical Collision Collisions (Note Inclus)					1)			
TITLE OF LEARNING AND DEVELOPMENT NITES CHANNING PROGRAMS (grinds) (minds)/mind (minds)/minds (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/mind (minds)/minds (minds)/mind					hief/Executive/Mar	nagerial positions)		
PLDT-UPOU WEBINAR SERIES ON "GEARING UP FOR THE NEW NORMAL IN TEACHING AND LEARNING" TOPIC: GEARING UP FOR THE NEW NORMAL IN EDUCATION WITH THE LIGH. SOME EST PRACTICES			ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/		
NA	AND LEARNING" TOPIC: GEARING UP FOR THE NEW	V NORMAL IN EDUCATION WITH THE			4 HOURS		ſ	PLDT-OPOU WEBINAR SERIES
NIA	N/A		N/A	N/A	N/A	N/A		N/A
N/A	N/A		N/A	N/A	N/A	N/A	N/A	
NIA	N/A		N/A	N/A	N/A	N/A	N/A N/A	
NIA	N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A						N/A N/A		
NIA				-				
NIA								
NIA								
N/A N/A								
N/A	N/A	N/A	IVA					1
N/A								
N/A N/A		N/A		N/A	N/A	N/A		N/A
N/A N/A		N/A		N/A	N/A	N/A		N/A
N/A		N/A		N/A	N/A	N/A		N/A
N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A **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)		N/A		N/A	N/A	N/A		N/A
N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A (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)	N/A			N/A	N/A	N/A		N/A
N/A N/A N/A N/A N/A N/A N/A N/A (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)	N/A			N/A	N/A	N/A		N/A
(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)								
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DANCESPORTS ASST. COACH N/A N/A	31 SPECIAL SKILLS and HORRIES 32 NON-ACADEMIC DISTINCTIONS / RECOGNITION 33 MEMBER							
	DANCESPORTS ASST. COACH		N/A					N/A

DANCING	N/A	N/A				
MICROSOFT	N/A	N/A				
RESEARCHING	N/A	N/A				
TEACHING	N/A	N/A				
N/A	N/A	N/A				
N/A	N/A		N/A			
(Continue on separate sheet if necessary)						
SIGNATURE	*	DATE	September 13, 2022			

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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? b. within the fourth degree (for Local Government Unit - Care		☑ NO ☑ NO s:			
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☐ If YES, give detail:	☑ NO s:			
	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 arby 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, er 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 Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),					
a.	Are you a member of any indigenous group?		☐ YES If YES, please specify	☑ NO y:		
b.	Are you a person with disability?		☐ YES If YES, please specify	☑ NO v ID No:		
C.	Are you a solo parent?		☐ YES If YES. please specif	✓ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	MR. DENNIS JOEL L. CERNA	9190002810				
	DR. CHARIS B. LIMBO	VSU, BAYBAY CITY, LEYTE	9485105847			
	MR. DOMINIC S. CAGANG	LIBERTAD, ORMOC CITY, LEYTE	9391078433			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	РНОТО				
	Coverament legical ID # - Provide COVE COS DEC District Livror at 1					

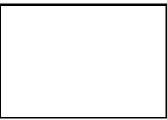
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: Signature (Sign inside the box)

September 13, 2022



Date/Place of Issuance:	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issue	d government ID as indicated above.
	Person Administering Oath	

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