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 **BIANES** IAME EXTENSION (JR., SR) FIRST NAME **ROSARIO** MIDDLE NAME ABIERA 3. DATE OF BIRTH 10/21-/1993 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) 4. PLACE OF BIRTH MAASIN CITY If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX Male ✓ Female ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS **ESTRELLA** 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed ☐ Separated IBARRA ☐ Other/s: Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE 7. HEIGHT (m) 1.75 m City/Municipality Province 95 kg 8. WEIGHT (kg) ZIP CODE **ESTRELLA** 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Street IBARRA 10. GSIS ID NO. Subdivision/Village Baranga MAASIN CITY SOUTHERN LEYTE 121068592515 11. PAG-IBIG ID NO City/Municipality Province 12. PHILHEALTH NO. 13-050142008-6 ZIP CODE 66000 06-3317721-6 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO. 428-453-073-00000 09533182134 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) rosario.bianes@vsu.edu.ph II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) LIANA DEXLEE BIANES 4/14/2013 FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. **BIANES** 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME **FREDDIE PADADO** MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME **ABIERA** FIRST NAME DAHLIA

MIDDLE NAME **PALCO** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP/ HIGHEST LEVEL PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED (Write in full) (if not graduated) То RECEIVED From SALUTATO ELEMENTARY IBARRA ELEM. SCHOOL PRIMARY EDUCATION 6/1/1999 3/1/2005 2005 RIAN SAINT JOSEPH COLLEGE SECONDARY EDUCATION SECONDARY 6/1/2005 3/1/2009 2009 VOCATIONAL / TRADE COURSE SAINT JOSEPH COLLEGE **BSED - ENGLISH** 6-/3/2023 2023 COLLEGE 8/1/2019 Service Aw GRADUATE STUDIES **EASTERN VISAYAS STATE UNIVERSITY** MAED - LANGUAGE INSTRUCTION 7/2/2024 DATE SIGNATURE March 3, 2025

	SERVICE ELIG							1.05.155 **	p
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if a	
			(If Applicable)	CONFERMENT	TENOL OF ENGINEER	PLACE OF EXAMINATION / CONFERMENT			Date of Validity
PRC ADMINISTERED LICENSURE EXAMINATION FOR PROFESSIONAL TEACHERS			87.9	9/23/2023	CEBU CITY			2200763	10/21/2027 /
			(Cor	ntinue on separate sheet	if necessary)				
	EXPERIENCE		nt work) Description	on of duties should l	ne indicated in the attack	ed Work Fx	nerience she	at	
28. INC	:LUSIVE DATES (mm/dd/yyyy)	syment. Start from your recent work) Description POSITION TITLE		DEPARTMENT / AGE	MONTHLY SALARY/ JOB/ PA		STATUS OF	GOV'T SERVICE	
From	То	. (Write in full/Do not	abbreviate)	(Write in full	(Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
7/1/2023	7/1/2024	COLLEGE INST	RUCTOR	SAINT JOS	SEPH COLLEGE	8800.00		EXPIRED	N
4/1/2015	7/1/2020	ENGLISH LANGUA	AGE TUTOR	RAREJOB	RAREJOB INCORPORATED			EXPIRED	N
8/1/2024	12/1/2024	INSTRUCTOR - P	ART TIME	VISAYAS ST	ATE UNIVERSITY	170/HR		EXPIRED	Y
1/1/2025	5/23/2025	INSTRUCTOR - F	ART TIME	VISAYAS ST	ATE UNIVERSITY	170-HR		EXPIRED	Y
	1								
			(Cor	ntinue on separate sheet	,,		I		I
SIGNATURE		840 m			DATE	3/3/2025			

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			POSITION / NATURE OF WORK
Cultivating Appreciation for Reading Empowerment (CARE Program), MAASIN CITY			6/1/2024	100 HRS	FACILITATING	FACULTY
CITY						
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate PROGRAMS A)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
PHILIPPINE ASSOCIATION FOR TEACHERS AND ED	UCATORS: THE GLOBAL MINDSET	From 4/22/2023	4/22/2023	8.0		PAFTE R-VIII
PHILIPPINE ASSOCIATION FOR TEACHERS AI DEVELOPMENT		6/30/2023	7/2/2023	24.0		FT FT
DEVELOFMENT						
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessary	<i>)</i>		
31. SPECIAL SKILLS and HOBBIES	32. NON-		ACADEMIC DISTINCTIONS / RECOGNITION			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Write in full)					(
CIONATURE	(Con	tinue on separate	sheet if necessary		ATE	1
SIGNATURE	1 Sugar			D.	ATE	

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be appointed,					
	a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - 0	Career Employees)?	☐ YES ☑ NO			
	Ç (. , ,	If YES, give details:			
35.	a. Have you ever been found guilty of any administrative	☐ 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:				
	Harry and the second standard and a second standard second					
36.	Have you ever been convicted of any crime or violation or any court or tribunal?					
	,	If YES, give details:				
27	Have your been accounted from the coming in any of	the fellowing as a dear projection		_		
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination,		✓ YES □ NO If YES, give details:			
	out (abolition) in the public or private sector?	, one of torm, militared contract of phases	ii 125, give details.			
38.	a. Have you ever been a candidate in a national or local e	election held within the last year (except	☐ YES ☑ NO If YES, give details:			
	Barangay election)?					
	b. Have you resigned from the government service during		☐ YES ☑ NO			
	election to promote/actively campaign for a national or lo	cal candidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES ☑ N	0		
			If YES, give details (country	y):		
40			-			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897					
a.	Are you a member of any indigenous group?	z,, produce driewer are remembly memor.	☐ YES ☑ N	NO.		
	, , , , , , , , , , , , , , , , , , , ,		If YES, please specify:			
b.	Are you a person with disability?		☐ YES ☑ NO			
C.	Are you a solo parent?		If YES, please specify ID No: ✓ YES □ N			
	7 no you u oolo parone.		If YES. please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to appli	cant /appointee)				
	NAME	ADDRESS	TEL. NO.			
		7.551.250				
				96		
42.	I declare under oath that I have personally accomplish	ned this Personal Data Sheet which is a tr	rue, correct and			
	complete statement pursuant to the provisions of per	tinent laws, rules and regulations of the	Republic of the			
	Philippines. I authorize the agency head/authorized repre- agree that any misrepresentation made in this do			PHOTO		
	administrative/criminal case/s against me.	dunient and its attachments shall cause	e the niling of			
	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
I F	overnment Issued ID: 2719853129621503					
	D/License/Passport No.: 2719853129621503					
lŀ	· ·	ox)				
	ate/Place of Issuance: MAASIN CITY		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	ing his/her validly issued governme	ent ID as indicated above			
	CODOCATALD AND OWOTH to before the this	, aniant exhibit	ang mornor vallary issued governille	on is as indicated above.		
	<u> </u>	D. All. 1	L			
	l l	Person Administering Oat				