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	MARINAY
FIRST NAME	ALFE MAE ANN
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	EVANGELISTA
3. DATE OF BIRTH (mm/dd/yyyy)	05/04/1998
4. PLACE OF BIRTH	BAYBAY LEYTE
5. SEX	☐ Male ☑ Female
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.52
8. WEIGHT (kg)	39
9. BLOOD TYPE	A POSITIVE
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	121230824441
12. PHILHEALTH NO.	13-250365216-5
13. SSS NO.	06-4149299-6
14. TIN NO.	730-905-353
15. AGENCY EMPLOYEE NO.	N/A

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: Philippines
17. RESIDENTIAL ADDRESS	SITIO PIKAS (House/Block/Lot No. / Street); BRGY. GAAS (Subdivision/Village / Barangay); BAYBAY (City/Municipality); LEYTE (Province)
ZIP CODE	6521
18. PERMANENT ADDRESS	SITIO PIKAS (House/Block/Lot No. / Street); BRGY. GAAS (Subdivision/Village / Barangay); BAYBAY (City/Municipality); LEYTE (Province)
ZIP CODE	6521
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09203429869
21. E-MAIL ADDRESS (if any)	alfemaeannmarinay@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	MARINAY		
FIRST NAME	ALBERTO (NAME EXTENSION (JR., SR) SR.)		
MIDDLE NAME	SABUCIDO		
25. MOTHER'S MAIDEN NAME			
SURNAME	EVANGELISTA		
FIRST NAME	MARIA FE		
MIDDLE NAME	BALATE	*(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION & BARANGAY GAAS ELEMENTARY SCHOOL	GRADE 1 TO GRADE 4 & GRADE 5 TO GRADE 6	2004	2010	N/A	2010	1ST HONORABLE MENTION
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	FIRST YEAR HIGH SCHOOL - FOURTH YEAR HIGH SCHOOL	2010	2014	N/A	2014	SALUTATORIAN & EXCELLENCE IN SCIENCE AWARD
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BARTENDING	2016	2016	NATIONAL CERTIFICATE II	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	ACADEMIC SCHOLARSHIP
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	

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 ELIGIBILITY EXAMINATION **(PROFESSIONAL)**	**81.15**	**03/18/2018**	**New Ormoc City National High School**	**N/A**	**N/A**

(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						
10/07/2019	**PRESENT**	**CLERK & DEPUTY DOCUMENTS AND RECORDS CONTROLLER**	**VISAYAS STATE UNIVERSITY**	**12,000.00**	**N/A**	**JOB ORDER**	**Y**
07/16/2018	**09/30/2019**	**ACCOUNTING STAFF**	**LOCAL GOVERNMENT UNIT BAYBAY**	**7,000.00**	**N/A**	**JOB ORDER**	**Y**

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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		
N/A	N/A	N/A	N/A	N/A

(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			
ON THE JOB TRAINING AT BAYBAY WATER DISTRICT	NOV. 2017	FEB. 2018	300 HRS	Skills Training	Baybay City Water District
ISO 9001:2015 AWARENESS/RE-AWARENESS WEBINAR	NOV 27, 2020	NOV 27, 2020	8 HRS	Awareness Webinar	Visayas State University
ISO 9001.2015 Awareness and Re-Awareness Seminar	31/08/2022	31/08/2022	3 hrs	Awareness Seminar	Visayas State University (Office of the President)

(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 Literate	N/A	N/A
Accounting Skills		
Mathematical Skills		
Analytical and Organizational skills		
Multi-tasking		
Time Management		
Playing Chess (hobby)		

(Continue on separate sheet if necessary)

SIGNATURE		*DATE*	

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.
MRS. PHLOEM GALUPO	**PHYSICAL PLANT OFFICE**	**09264463556**
ENGR. MARIO VALENZONA	**PHYSICAL PLANT OFFICE**	**09176341514**
ENGR. MARLON BURLAS	**PHYSICAL PLANT OFFICE**	**09176341520**

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*	
Government Issued ID:	**Tax Identification Number**
ID/License/Passport No.:	**730-905-353**
Date/Place of Issuance:	**BIR, Ormoc City**

Signature (Sign inside the box)

December 19, 2022

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