

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		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	BAYBAY LEYTE			Philippines			
5. SEX	☐ Male ☒ Female						
6 CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:		17. RESIDENTIAL ADDRESS ZIP CODE	SITIO PIKAS House/Block/Lot No. Street BRGY. GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521			
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		18. PERMANENT ADDRESS ZIP CODE	SITIO PIKAS House/Block/Lot No. Street BRGY. GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521			
12. PHILHEALTH NO.	13-250365216-5						
13. SSS NO.	06-4149299-6						
14. TIN NO.	730-905-353		19. TELEPHONE NO.	N/A			
15. AGENCY EMPLOYEE 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)		
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		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
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

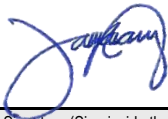
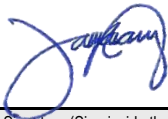
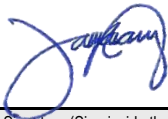
(Continue on separate sheet if necessary)

SIGNATURE		DATE	
-----------	--	------	--

CS FORM 212 (Revised 2017), Page 1 of 4

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	GOVT 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 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: _____												
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>MRS. PHLOEM GALUPO</td><td>PHYSICAL PLANT OFFICE</td><td>09264463556</td></tr><tr><td>ENGR. MARIO VALENZONA</td><td>PHYSICAL PLANT OFFICE</td><td>09176341514</td></tr><tr><td>ENGR. MARLON BURLAS</td><td>PHYSICAL PLANT OFFICE</td><td>09176341520</td></tr></table>		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
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number and Date</td></tr><tr><td>Government Issued ID:</td><td>Tax Identification Number</td></tr><tr><td>ID/License/Passport No.:</td><td>730-905-353</td></tr><tr><td>Date/Place of Issuance:</td><td>BIR, Ormoc City</td></tr></table>	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	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>December 19, 2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	December 19, 2022	Date Accomplished
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													
	<table><tr><td></td></tr><tr><td>ALFIE MAE ANN E. MARINAY</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		ALFIE MAE ANN E. MARINAY		Right Thumbmark								
													
ALFIE MAE ANN E. MARINAY													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
Person Administering Oath													