CS Form No. 212									
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.							For CSC use only)		
I. PERSONAL INFORMATIO		N/A If not applicable. DO NOT ABBN	EVIATE.		1. CS ID No.		(DO HOL IIII up. 1	-Of CSC use only/	
2. SURNAME	MORENO								
FIRST NAME	CARMELA DONE					NAME EXTENSION (JR.	., SR)		
MIDDLE NAME	VALDEVIEZO								
DATE OF BIRTH     (mm/dd/yyyy)	MAY 11, 1996	16. CITIZENSHIP			Dual Citizenship				
4. PLACE OF BIRTH	SANTA CRUZ, MARINDUQUE	If holder of dual citizenshi	ip,			☐ by birth ☐ Pls. indicate co	□ by naturaliz ountry:	ation	
5. SEX	☐ Male ☑ Female	please indicate the detail	S.	Philippines				•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		***			01 1		
	☐ Widowed ☐ Separated ☐ Other/s:		M	puse/Block/Lot No. MANGGAHAN			Street MATALABA		
7. HEIGHT (m)	152 cm.			odivision/Village ANTA CRUZ		Barangay MARINDUQUE			
8. WEIGHT (kg)	50 kl.	ZIP CODE	Cit	ity/Municipality		1630	Province		
		18. PERMANENT ADDRESS				1030			
9. BLOOD TYPE	AB+	10.1 EINVINIERI / IDE. 200		se/Block/Lot No	).	Street			
10. GSIS ID NO.	N/A		Sub	MANGGAHAN Subdivision/Village		MATALABA Barangay			
11. PAG-IBIG ID NO.	121206445010			ANTA CRUZ City/Municipality		MARINDUQUE  Province			
12. PHILHEALTH NO.	090255744592	ZIP CODE				4902			
13. SSS NO.	0439487951	19. TELEPHONE NO.	N/A						
14. TIN NO.	3400430710000	20. MOBILE NO.	0931-946-2636						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		moreno	ocarmela	done123@gr	nail.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		. NAME of CHII	ILDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	N/A			N/A			
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	MORENO	NAME EXTENSION (JR., SR)							
FIRST NAME	MANUEL								
MIDDLE NAME	PERNIA								
25. MOTHER'S MAIDEN NAME	VALDEVIEZO								
SURNAME	VALDEVIEZO CARMELITA	+	<del> </del>						
FIRST NAME					(Continue on separate sheet if necessary)				
MIDDLE NAME  III. EDUCATIONAL BACKGI	RICAFORT	_		(60	ontinue on sep	parate sneet if neces	sary)	_	
26.		DAGIO EDI IOATION/DE ODEE/O	20UDOE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/C (Write in full)	JOURSE	From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	MATALABA ELEMENTARY SCHOOL	ELEMENTARY EDUCATION		2002	2008		2008		
SECONDARY	MATALABA NATIONAL HIGH SCHOOL	SECONDARY EDUCATION		2008	2012		2012		
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	MARINDUQUE STATE COLLGE	BACHELOR OF AGRICULTU TECHNOLOGY	RAL	2012	2017		2017		
GRADUATE STUDIES	N/A								

SIGNATURE

JUNE 27, 2022

DATE

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)				EXAMINATION / CONFERMENT					Date of Validity
LICENSURE		ITION FOR AGRICULTURIST (LEA) NOV 5-7, 2019 LUCENA CITY			0032002	MAY 11, 2022			
V. WORK E		nt. Start from vour recent		ntinue on separate sheet		d Work Expe	arianca shaat		
	SIVE DATES	nt. Start from your recem	. WOIK) Description	Tor duties silouid be	e murcateu in the attache	U VVOIN LADE	SALARY/ JOB/ PAY		
	n/dd/yyyy)	POSITION TI (Write in full/Do not		DEPARTMENT / AGE (Write in ful	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
04/15/2021		AGRICULTURAL AIDE		MUNICIPAL AGRIC	ULTURAL OFFICE	9,000.00			
08/2017	05/2019	PRODUCTION OPERATO	)R	INTEGRATED MICE	RO-ELECTRONICS	12, 000			
			(Cor	ntinue on separate sheet	if necessary)				
SIGNATURE Some				DATE		JUNE	27, 2022		

VI. VOLUNTARY WORK OR INVOLVEMENT IN	I CIVIC / NON-GOVERNMENT / I	PEOPLE / VOL	.UNTARY OR	GANIZATION/S	5			
29. NAME & ADDRESS OF OR (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A						N/A		
		tinue on separate s						
VII. LEARNING AND DEVELOPMENT (L&D) II				ief/Executive/Mana	nerial positions)			
	rt from the most recent L&D/training program and include only the relevant L&D/training taken for t		INCLUSIVE DATES OF ATTENDANCE		Type of LD			
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)	RVENTIONS/TRAINING PROGRAMS	(mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
ORGANIC AGRICULTURE PRODUCTION NCII		From OCT 21, 2021	To DEC 05, 2021		TECHNICAL	BUYABOD SCHOOL OF ARTS AND TRADE		
OCCUPATIONAL INTERNSHIP PROGRAM (TISSU	JE CULTURE)	FEB 2016	MARCH 2016		TECHNICAL	MARINDUQUE STATE COLLEGE		
OCCUPATIONAL INTERNSHIP PROGRAM (POUL	TRY PRODUCTION)	JAN 13, 2016	FEB 17, 2016		TECHNICAL	C-FUL POULTRY FARM		
OCCUPATIONAL INTERNSHIP PROGRAM (MUSH	HROOM PRODUCTION)	NOV 2015	DEC 2015		TECHNICAL	SHEENA FARM		
	(Cont	l tinue on separate s	sheet if necessary,					
VIII. OTHER INFORMATION	vov.	ACADEMIO DICTI	IOTIONO / DEGOO	NITION.		MEMPERSHIP IN ACCOUNTING TO AN ITATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
AGRICULTURAL SKILLS		N/A						
COMPUTER LITERATE								
	(Continue on separate sheet if necessary)							
SIGNATURE	Shanfri				ATE JUNE 27, 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	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find in the public or private sector?		☑ YES □ NO If YES, give details:					
38.	<ul><li>a. Have you ever been a candidate in a national or local election</li><li>b. Have you resigned from the government service during the</li></ul>	☐ YES If YES, give details: ☐ YES	☑ NO ☑ NO					
39.	election to promote/actively campaign for a national or local of Have you acquired the status of an immigrant or permanent	If YES, give details:  ☐ YES ☑ NO If YES, give details (country):						
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	YES						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)	ii i Le, piedee epeeliy ii					
	NAME	ADDRESS	TEL. NO.					
DR.	ARNOLFO MONLEON	AGOT, BOAC, MARINDUQUE	09107867813					
DR.	ALEXANDER M. PASCUA	MOGPOG, MARINDUQUE	09299583203					
	JULIE RODELAS  I declare under oath that I have personally accomplished	LANDY, SANTA CRUZ, MARINDUQUE	<b>09196004214</b>					
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the native to verify/validate the contents state	Republic of the ed herein.	MORENO CARMELA DONE VALDEVIEZO PHOTO				
<i>Pi</i> Ge	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC  //License/Passport No.: 0032002	Signature (Sign inside the bo	ox)					
Da	ate/Place of Issuance: Nov. 26, 2019		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.				
	-	h						
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