

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	ABAPO		
FIRST NAME	JANE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MADERAZO		
3. DATE OF BIRTH (mm/dd/yyyy)	6/29/1962	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Davao City	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	5'0"	ZIP CODE	Claro M. Recto
8. WEIGHT (kg)	65		House/Block/Lot No. Street
9. BLOOD TYPE	O		Subdivision/Village Zone 18
10. GSIS ID NO.	109579002380		Baybay Barangay
11. PAG-IBIG ID NO.	1700-0030-4369		City/Municipality Leyte
12. PHILHEALTH NO.	13-000077212-8	6521	Province
13. SSS NO.	06-09-61625-1	18. PERMANENT ADDRESS	Claro M. Recto
14. TIN NO.	120-101-281-000	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V0000005		Subdivision/Village Zone 18
			Baybay Barangay
			City/Municipality Leyte
			6521
		19. TELEPHONE NO.	053 - 335 - 2652
		20. MOBILE NO.	0921-574-3003
		21. E-MAIL ADDRESS (if any)	janemaderazo@yahoo.com

II. FAMILY BACKGROUND

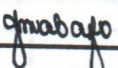
22. SPOUSE'S SURNAME	ABAPO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSE	NAME EXTENSION (JR., SR) JR.	Jose Leonardo M. Abapo III	February 13, 1994
MIDDLE NAME	LIM		Jeremy M. Abapo	March 18, 1998
OCCUPATION	MULTICAB OPERATOR			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	MADERAZO			
FIRST NAME	LEONARDO	NAME EXTENSION (JR., SR) SR.		
MIDDLE NAME	RIVERA			
25. MOTHER'S MAIDEN NAME	DELEON			
SURNAME	MADERAZO			
FIRST NAME	AGAPITA			
MIDDLE NAME	TAYCON			

(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	Bayanihan Elem. School	Grade I to VI	1969	1976	None	1976	None
SECONDARY	Rizal Memorial Colleges	High School	1976	1980	None	1980	None
VOCATIONAL / TRADE COURSE	None	None	None	None	None	None	None
COLLEGE	Soutwestern University	BS Chemistry	1980	1984	None	1984	None
GRADUATE STUDIES	None	None	None	None	None	None	None

(Continue on separate sheet if necessary)



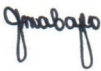
SIGNATURE		DATE	Oct. 9, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

CS FORM 212 (Revised 2017). Page 2 of 4

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)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Ma. Isabel A. Asilom</td><td>San Pedro St. Baybay City, Leyte</td><td>053-563-8483</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Ma. Isabel A. Asilom	San Pedro St. Baybay City, Leyte	053-563-8483						
NAME	ADDRESS	TEL. NO.												
Ma. Isabel A. Asilom	San Pedro St. Baybay City, Leyte	053-563-8483												
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.		<div> Jmabapo JANE M. ABAPO</div> <div> Right Thumbmark</div>												
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: UMID</div> <div>ID/License/Passport No.: 109579002380</div> <div>Date/Place of Issuance: N/A GSIS Tacloban</div>	<div> Signature (Sign inside the box) 04. 9, 2019 Date Accomplished</div>													
SUBSCRIBED AND SWORN to before me this 09 DEC 2019, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>ATTY. RYSA C. GUINOCOK VSU LEGAL OFFICER</div> <div>Person Administering Oath</div>														