## **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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes ( ) 1 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 **BRAVO** NAME EXTENSION (JR., SR FIRST NAME MAE ANN MIDDLE NAME ARSIS 3. DATE OF BIRTH 1/21/1994 16. CITIZENSHIP (mm/dd/yyyy) ☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship Pls. indicate country: please indicate the details 5. SEX ☐ Male ☑ Female V ✓ Single COTTAGE L., DUPLEX HOUSING ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Street ☐ Separated VISAYAS STATE UNIVERSITY PANGASUGAN Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.5 m City/Municipality Province 8. WEIGHT (kg) 43 kg ZIP CODE 6521-A 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No. Street 10. GSIS ID NO. SITIO SOONG BIASONG N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO 121242383596 City/Municipality Province 12. PHILHEALTH NO. 13-025314398-4 7IP CODE 6521-A 13 SSS NO 06-3723396-5 19. TELEPHONE NO N/A 14 TIN NO 472-932-135-000 20. MOBILE NO. 09464729899 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) bmae91110@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A 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 **BRAVO** NAME EXTENSION (JR., SR) FIRST NAME **ARMANDO** MIDDLE NAME MORALES MOTHER'S MAIDEN NAME SURNAME **ARSIS** FIRST NAME MERIAM MIDDLE NAME BAYER (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED (Write in full) HONORS (if not graduated) RECEIVED From To WITH FLEMENTARY HIPUSNGO ELEMENTARY SCHOOL 2001 2006 Graduated 2006 AIN HONORS SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** NIA 2006 2010 Graduated 2010 NA VOCATIONAL / N/A 4/4 NA DIA TRADE COURSE WA NIA NIA COLLEGE VISAYAS STATE UNIVERSITY Badelor of Science in topics Have 2010 NIA 2015 2015 Gradiated SECOND **GRADUATE STUDIES** VISAYAS STATE UNIVERSITY Master of Science in Soil science 2016 2018 2018 Goodvated HIGHEST SIGNATURE DATE Janay 15, 2020 CS FORM 212 (Revised 2017), Page 1 of 4

	SERVICE ELIGI							Lighter	- 11 ·
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		RMENT	LICENSE (if ap	Date of Validity
AGRICULTURIST LICENSURE EXAMINATION PASSE				Nov. 5-7	CAGAYAN DE ORO CITY, MISAMIS ORIENTAL			2	
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	mm/dd/yyyy)	POSITION TI (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
1/16/2019	12/31/2019	INSTRUCTOR 1 (CO	S-FACULTY)	CARAGA STATE UNIVERSITY		27686.00	12	CONTRACT	Υ
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Manager (1)			(+)		Alexander of the second			S FORM 212 (Revised 20	017). Page 2 d

I. VOLUNTARY WORK OR INVOLVEMEN				UKGANIZATIO	V/S	
NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK	
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LEARNING AND DEVELOPMENT (L&	(Cont	nue on separate :	sheet if necessary	0		
t from the most recent L&D/training program and in				hief Executive Mana	gerial positions)	
D. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SCIENCE AND TECHNOLOGY FOR DI	EVELOPMENT 2019 FORUM	From 9/2/2019	9/4/2019	24	HILVERICA CONTRACTOR	CARAGA STATE UNIVERSITY
RKSHOP FOR INNOVATIVE AND SOCIO-ECON SUSTAINABLE AGR		9/2/2019	9/3/2019	16		CARAGA STATE UNIVERSITY
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CHEMICAL SAFETY IN TH	ELABORATORY	10/28/2016	20/28/2016	8		DSS/VISAYAS STATE UNIVERSITY
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I. OTHER INFORMATION	(Cont	inue on separate :	sheet if necessary	1		
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SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. (Write in full)	
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34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative of	☐ 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 a 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, the public or private sector?	☐ YES ☑ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):			
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas Are you a member of any indigenous group?  Are you a person with disability?  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	int /appointee)			
	NAME	ADDRESS	TEL. NO.		
	DR. SUZETTE B. LINA	VISAYAS STATE UNIVERSITY	9199613922		
- William	DR. VICTOR B. ASIO  DR. ELIZABETH P. PARAC	VISAYAS STATE UNIVERSITY  CARAGA STATE UNIVERSITY	9175810193		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this document administrative/criminal case/s against me.	ed this Personal Data Sheet which is a truinent laws, rules and regulations of the Fernative to verify/validate the contents state.	ue, correct and Republic of the	MAE ANN A BRAVO	
Go ID/	Divernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  Divernment Issued ID: 13-025314398-4  License/Passport No.: Al /A  te/Place of Issuance: 01/16/2016	Signature (Sign ineride the bo	Signature (Sign inside the box)  TAMPAM 15, 2020  Date Accomplished		
196 and 60 to 200 miles of management of the second	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issue	d government ID as indicated above.	
	27	Person Administering Oath			