PERSONAL DATA SHEET

concerned.	tion made in the Personal Data Sheet and the					iminal case/s aga	inst the pers	on	
	TO FILLING OUT THE PERSONAL DATA SHE				1. CS ID No.		(Do not fill up. Fo	or CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	MARAPAO								
FIRST NAME	JANE MELODY GRACE NAME EXTENSION (JR., SR) NA								
MIDDLE NAME	ARCAYNA								
3. DATE OF BIRTH (mm/dd/yyyy) 4. PLACE OF BIRTH	12/14/1999 BISLIG CITY 8311	16. CITIZENSHIP If holder of dual citizer	Z Ampino Du			Dual Citizenship by birth by naturalization			
5. SEX	Male Female	please indicate the de				Pls. indicate country:			
	Single Married	17. RESIDENTIAL ADDRESS	I				P14		
6 CIVIL STATUS .	☐ Widowed ☐ Separated	17. NEGIDENTIAL ADDINEGO	House/Block/Lot No.				Street		
	Other/s:		BANANA VILLAGE Subdivision/Village			DOONGAN Barangay			
7. HEIGHT (m)	1.65		BUTUAN CITY City/Municipality		AGUSAN DEL NORTE Province		TE		
8. WEIGHT (kg)	. 55	ZIP CODE		ntymaniopanty		8600	PIOVINCE		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Hou	use/Block/Lot No			P5 Street		
10. GSIS ID NO.	N/A					C	COMAWAS		
11. PAG-IBIG ID NO.	121356985224	1	Е	SISLIG CITY	LIG CITY SURIGA			Barangay BAO DEL SUR	
12. PHILHEALTH NO.	18-251792275-8	ZIP CODE		City/Municipality Province 8311					
13. SSS NO.	09-5284674-9	19. TELEPHONE NO.	N/A			N/A			
14. TIN NO.	666-386-747 NIA &	20. MOBILE NO.		+639072328110					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		melodymarapao88@gmai			.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	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		I/A	
MIDDLE NAME	N/A		N/A		N//		I/A		
OCCUPATION	N/A		N/A			N/A			
EMPLOYER/BUSINESS NAME	N/A		N/A			N/A			
BUSINESS ADDRESS	N/A	N/A		N/A			N/A		
TELEPHONE NO.	N/A	N/A			N/A			N/A	
24. FATHER'S SURNAME	MARAPAO		N/A			N/A			
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR) JR	N/A			N/A			
MIDDLE NAME	MAGLANGIT		N/A			N/A			
25. MOTHER'S MAIDEN NAME			N/A				N/A		
SURNAME	ARCAYNA		N/A				N/A		
FIRST NAME	RUBY		N/A			N/A		I/A	
MIDDLE NAME	CAGUIL	(Continue on separate sheet if necessary)					14		
III. EDUCATIONAL BACKO	GROUND								
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGR	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADOATED	RECEIVED	
ELEMENTARY	BALINGAN ELEMENTARY SCHOOL	PRIMARY EDUCAT	PRIMARY EDUCATION		2012		2012	HONORS	
SECONDARY	TABON M. ESTRELLA NATIIONAL HIGH SCHOOL	HIGH SCHOOL		2012	2018		2018	WITH HONORS	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	CARAGA STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF SCIENCE ENGINEERING		2020	2024		2024	N/A	
GRADUATE STUDIES	N/A								
		(Continue on separate sheet if nee	cessary)						
SIGNATURE				DA	ATE	Fe	ebruary 25, 2025		

CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY EL CIDILITY (DRIVED'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFER	RMENT	LICENSE (if a	Date of
BARANGAY ELIGIBILITY / DRIVER'S LICENSE CAREER SERVICE PROFESSIONAL		88.58%	03/03/2024	AGUSAN NATIONAL HIGH SCHOOL, BUTUAN		L, BUTUAN		Validity
		73.80%	10/17-18/2024	VCDU PRINCE HO	CITY VCDU PRINCE HOTEL AND GRAND		0012892	12/14/202
GEODETIC ENGINEER				CONVENTION CENTER, BUTUAN CITY			0012892	
WORK EXPERIENCE		(Co	ntinue on separate shee	t if necessary)				
nclude private employmen	t. Start from your recent	work) Description	of duties should b	e indicated in the attached	Work Expe	T		
INCLUSIVE DATES (mm/dd/yyyy) From To	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)
	N/A							
	N/A							
	N/A							
	N/A							
	N/A						***************************************	
	N/A							
	N/A							
	N/A							
	N/A						*******************	-
	N/A		-					-
	N/A							-
	N/A							+
	N/A							-
	N/A				-			+
	N/A							
	N/A		 	2				1
	N/A							
	N/A							
	N/A							
	N/A							
	N/A							
	N/A							
	N/A							
	N/A							
	N/A				-	-		-
	N/A					-		-
	N/A	(0	Continue on separate she	et if necessary)				

9. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIV (mm/do		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		From	То			
N/A						
N/A						
N/A						
N/A						
N/A						
N/A	(Cont	inue on separate s	sheet if necessary	V)		
I. LEARNING AND DEVELOPMENT (L&D) I		NAME AND ADDRESS OF THE OWNER, WHEN PARTY OF T	DESCRIPTION OF THE PROPERTY OF	/		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE ATTEN (mm/de	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
ON-THE-JOB TRAINI	NG	From 08/15/2023	To 09/15/2023	240	TECHNICAL	A.G. SALVADOR LAND SURVEYING SERVICES
WEBINAR ON OCEAN INFINITY-RECRUITING FOR TH		07/21/2023	07/21/2023	8	TECHNICAL	OCEAN INFINITY & CARAGA STATE UNIVERSITY- DEPARTMENT OF GEODETIC ENGINEERING
PHILSA INTEGRATED NETWORK FOR SPACE-ENABLED ACTIONS TOWARDS			10/06/2022	8	TECHNICAL	PHILIPPINE SPACE AGENCY
SUSTAINABILITY (PINAS) PROJECT LAUNCH SUPERMAP TRAINING CLASS FOR CARAGA STATE UNIVERSITY- DEPARTMENT OF GEODETIC ENGINEERING			03/23/2022	8	TECHNICAL	SUPERMAP
SCITECH4DEV 2020 FORUM RESPONSIVE & INTELLI AND ITS SOCIETAL IMPACTS USING SPATIAL TEC	IGENT SUPPRESSION OF COVID-19	10/14/2020	10/19/2020	16	TECHNICAL	CARAGA CENTER FOR GEO-INFORMATICS, CARAGA STATE UNIVERSITY
IIII. OTHER INFORMATION	(Cor	ntinue on separate	sheet if necessa	ry)		
31. SPECIAL SKILLS and HOBBIES	32. NON	N-ACADEMIC DISTI	INCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
BASIC CARTOGRAPHIC AND SURVEYING SKILLS		JOURNALISM				N/A
WORKING KNOWLEDGE ON QGIS & ENVI SOFTWARES					N/A	
COMPUTER LITERATE (MS OFFICE APPLICATIONS)					N/A	
LANGUAGE LEARNING						N/A
						N/A
					N/A	
						N/A
		ntinue on separate	shoot if nacco	arvi		

فر	Are you related by consanguinity or affinity to the appointing of 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?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care	☐ 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					
TOTAL STREET	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 the public or private sector?	되어 보다 가장 하는데 살고 있다면 그렇지 않는데 사람들이 되었다. 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	YES NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the 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 permanent	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	YES VO					
b.	Are you a person with disability?	If YES, please specify: YES NO					
C.	Are you a solo parent?	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.				
	ARCHIE G. SALVADOR	BUTUAN CITY	639105589981				
	JAN MICHAEL U. JAVIER	BUTUAN CITY	639084538977				
	BASER BAHIN	BUTUAN CITY	639932211520				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertire Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	MARAPAO			
B 200	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	The same of the sa					
G	overnment Issued ID: PRC						
	D/License/Passport No.: 0012892	00X)					
Date/Place of Issuance: 12/02/2024 BUTUAN CITY FEBRUARY 25, 2025 Date Accomplished Right Thumbmark							
	SUBSCRIBED AND SWORN to before me this	7 MAY 2025 Africant exhibit ATTY. ENVIRONDED D. ROSALES NOTARY UBLIC UNTIL DEC MISER 31, 2026 PTR No. 2701970(01/28/2025) IBP No. 820 Person Administering Oct.	ting his/her validly issued government ID as indicated at	bove.			
		RULL NO. 231dAV TINI NO. 020 700		2047 5			
		SERIAL No. 03-11-2025	-989-000 CS FORM 212 (Revis	sed 2017), Page 4 o			

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

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment
- Sample: If applying to Supervising Administrative Officer
 - Duration: February 11, 2011 present
 - Position: Human Resource Management Officer III
 - Name of Office/Unit: Finance and Administrative Service
 - Immediate Supervisor: Maria Estrada
 - Name of Agency/Organization and Location: Department of Human Resources, Metro Manila
 - List of Accomplishments and Contributions (if any)
 - Developed recruitment plan
 - Designed training program for retirees under EO 366
 - Summary of Actual Duties
 - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.
 - Duration: N/APosition: N/A
 - Name of Office/Unit: N/A
 - Immediate Supervisor: N/A
 - Name of Agency/Organization and Location: N/A

 - List of Accomplishments and Contributions (if any)

N/A

Summary of Actual Duties

N/A

JANE MELODY GRACE A. MARAPAO
(Signature over Printed Name
of Employee/Applicant)

Date: <u>June 10, 2025</u>