CS Form New 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresenta	ntion made in the Personal Data Sheet and the V	Work Experience Sheet shall ca	use the filin	g of administrative/crin	ninal case/s again	st the person	concerned.	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMPLI	SHING THE				For CSC use only	
I. PERSONAL INFORMATIO	NC							
2. SURNAME	FLORES							
FIRST NAME	MARIA ZAIDA				NAME EXTENSIO	N (JR., SR)	N/A	
MIDDLE NAME	ARRADAZA							
DATE OF BIRTH (mm/dd/yyyy)	12/9/1967	16. CITIZENSHIP		☑ Filipino ☐	Dual Citizenship □ by birth □ by naturalization			
4. PLACE OF BIRTH	Baybay City Leyte	If holder of dual citizensi	nip,	Pls. indicate country:				
5. SEX	☐ Male ☑ Female	please indicate the deta	ils.				_	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		#705 M-H del Pilar Stre House/Block/Lot No. Street Zone 9				
7. HEIGHT (m)	161.5 cm.	TO DESIGN OF SEASON	1	bdivision/Village Baybay City		Barangay Leyte		
8. WEIGHT (kg)	73. 8 kgs	ZIP CODE	Ci	ity/Municipality		Province		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS		#705	M-i	H del Pilar Stree	et ganes	
10. GSIS ID NO.	67120901408	I V OHAVI		se/Block/Lot No.		Zone 9	21001	
11. PAG-IBIG ID NO.	1700-0024-9463	81,19A.4		odivision/Village Baybay City ity/Municipality		Berengay Leyte Province		
12. PHILHEALTH NO.	B- 000014235-3	ZIP CODE	OI	6521		Province	Tiggli	
13. SSS NO.	620994475	19. TELEPHONE NO.		053-	525-0140-1058		3/8/	
14. TIN NO.	157-642-999	20. MOBILE NO.		09268686630				
15. AGENCY EMPLOYEE NO.	007-721	21. E-MAIL ADDRESS (if any)		mariazaida	ı.flores@vsu.edu	.ph	MEST	
II. FAMILY BACKGROUND		1						
22. SPOUSE'S SURNAME	n/a	NAME EXTENSION (JR., SR)	3. NAME of CH	IILDREN (Write full name and	DATE OF BIRTH (mm/dd/yyy			
FIRST NAME	n/a	INAME EXTENSION (GR., SN)		n/a			n/a	
MIDDLE NAME	n/a	25 V, 3718 V		D BOYS EVEL DELINE DE				
OCCUPATION	n/a	28V.GRAM		analia e es transpa		1120102911	1 (01.14)	
E LOYER/BUSINESS NAME	n/a	JOV OCIACI		il eigh ene comme		GOODOG L	19630	
BUSINESS ADDRESS	n/a						40071	
TELEPHONE NO.	n/a					-		
24. FATHER'S SURNAME	FLORES			ell dross-Ada, a sandar a		248-18-8		
FIRST NAME	DOUGLAS	SR. SAASS		Ni obył z west minde		Dustre, 1	Seath	
MIDDLE NAME	LORETO	AND CHAZ		(Cantheur), insumbA		coemics;	eeerw	
25. MOTHER'S MAIDEN NAME		Jav Stant		erent subsequence	The same of the sa	er meces	71994	
SURNAME	ARRADAZA							
FIRST NAME	CECILIA	- G (G (G))						
MIDDLE NAME	GESULGA			(Continue on se	eparate sheet if neces	ssary)		
III. EDUCATIONAL BACKS	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ (Write in full)	COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Franciscan College of the Immaculate Conception	Graduated			Certificate	1980	Diploma	
SECONDARY	Franciscan College of the Immaculate Conception	Graduated			Diploma	1984	Diploma	
VOCATIONAL / TRADE COURSE	None			N/A	None	None	None	
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Arts			Diploma	1989	Diploma	
GRADUATE STUDIES	N/A			N/A	None	None	None	
SIGNATURE	34/17	Continue on separate sheet if necess	ary)	DATE	1/30	6	4	

27. C	CAREER SERVICE/ RA 1080	(BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	annlicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION /	PLACE OF EXAMIN	ATION / CONFE	RMENT	NUMBER	Date o
tests (40	none	DRIVER 3 LICENSE		CONFERMENT				NUMBER	Validity
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/ WORK	EXPERIENCE		(Cont	tinue on separate sheet if	necessary)				
nclude priv	vate employment. Star	rt from your recent work)	Description of	duties should be inc	icated in the attached W	ork Experie	I SECURE AND ADDRESS OF THE PARTY OF THE PAR		
our en experiencial de la company	NCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbre	viate)		NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From /1/2021	To	Administrativa Atd	· III		DO VOLL		INCREMENT	A STATE OF THE STA	
/1/2021	present 1/31/2020	Administrative Aide			RC,VSU RC,VSU	616.91		Casual	Yes
/1/2019	12/31/2019	Administrative Aide			RC,VSU RC,VSU	591.77		Casual	Yes Yes
1/1/2018	12/31/2018	Administrative Aide			RC,VSU	566.64 541.54		Casual	Yes
/1/2017	12/31/2017	Administrative Aide				517.59		Casual	Yes
/1/2016	12/31/2016	Administrative Aide		NARC,VSU		494.68		Casual	Yes
/1/2015	12/31/2015	Administrative Aide		NARC, VSU		472.27		Casual	Yes
/1/2014	12/31/2014	Administrative Aide		NARC, VSU		472.27		Casual	Yes
/1/2013	12/31/2013	Administrative Aide		NARC,VSU NARC,VSU		402.42		Casual	Yes
/1/2012	12/31/2012	Administrative Aide		NARC,VSU		402.42		Casual	Yes
/1/2011	12/31/2011	Administrative Aide				367.27		Casual	Yes
/1/2001	12/31/2010	Administrative Aide		NARC,VSU NARC,VSU		332.14		Casual	Yes
/1/2001	12/31/2008	Administrative Aide			RC,VSU	301.94		Casual	Yes
/1/1999	12/31/2007	Administrative Aide				301.94		Casual	Yes
/1/1998	12/31/2004	Administrative Aide		NARC,VSU		274.50		Casual	Yes
/1/1996	12/31/2001	Administrative Aide			RC,VSU	261.41		Casual	Yes
/1/1995	12/31/1999	Administrative Aide		NARC,VSU		237.64		Casual	Yes
/1/1994	12/31/1997	Administrative Aide		NARC,VSU		225.27		Casual	Yes
/1/1992	12/31/1995	Administrative Aide			RC,VSU	179.82		Casual	Yes
						179.02	A. T.		
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100									
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Processing	◆ NAME & ADDRESS OF ORGANIZATION		NMENT / PEOPLE / VOLUNTARY ORGANIZATIO					
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Sept 20, 2013 Sept 20, 201	CYMWA,Brgy. Sto. Rosario Baybay City Leyte	ave l	present	100000000000000000000000000000000000000	Member/Faci	ilitator/Coordinator		
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ECC Cell #1 Sin Factor Price Droug Sam Indico Chape Baylony Cry Loyle Common Service C			present		Member/Faci	/Facilitator/Coordinator		
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### DECEMBRING AND DEVELOPMENT INTERVINTONISTIMATING PROCRAMS Fig. G	VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTION (Start from the most recent L&D/training program and include only the relevant	IS/TRAINING PROGRAM	AS ATTENDE	ED				
SO accord Surveillance Audit March 15,2002 March 15,2002 March 15,2002 Find Surveillance Audit February 2,2001 March 15,2002 March 15,2003 March 15,2003 March 2,2003		IN COLUMN TO		Division Chief Exe		rial positions)		
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54.	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	eer Employees)?	☐ YES [If YES, give details	☑ NO ::			
35.	a. Have you ever been found guilty of any administrative offe	☐ YES If YES, give details	☑ NO ::				
	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?	y law, decree, ordinance or regulation by	YES If YES, give details	☑ NO			
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?		YES If YES, give details	☑ NO ::			
38.	a. Have you ever been a candidate in a national or local electronary election)?	tion held within the last year (except	☐ 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 of		☐ 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 and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	가장 없는 사람들이 보고 하는데 하고 이렇게 되지 않는데 없는데 없었다. 그 사람들은 그는 그 사람들은 그는 그를 모르는데 그를 다 했다.					
a.	Are you a member of any indigenous group?		YES	☑ NO			
b.	Are you a person with disability?	If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No:					
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	(/appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR. FELICIANO G. SINON	NARC,VSU	9173108072				
1	DR. LUZ O. MORENO	NARC,VSU					
42.	DR. RUBEN M. GAPASIN	Brgy. Guadalupe,Baybay City Leyte	9176336571				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.				
P	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: UMID GSIS CARD	3 flor					
IC	O/License/Passport No.: CRN 006-0061-3305-6	Signature (Sign inside the b	oox)				
D	ate/Place of Issuance:	Date Acdomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	4 AUG 2022 , affiant exhib	oiting his/her validly issued	government ID as indicated above.			
		ATTY PISM C. GUINOCOR VSD Class Comes Person Administering Oar	th				
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