

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.

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

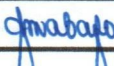
II. FAMILY BACKGROUND

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	11-9-2020	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

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

[illegible]

SIGNATURE	<i>Jmabayo</i>	DATE	11-9-2020	CS FORM 212 (Revised 2017), Page 2 of 4
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)


(Continue on separate sheet if necessary)

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	11-9-2020	CS FORM 212 (Revised 2017), Page 3 of 4
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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.



Right Thumbmark

Signature (Sign inside the box)

November 9, 2020

Date Accomplished

SUBSCRIBED AND SWORN to before me this 12/1/20, affiant exhibiting his/her validly issued government ID as indicated above.

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