CS Form No. 212 Revised 2017	PERSO	NAL DATA	SH	EET			
	tion made in the Personal Data Sheet and the V	Work Experience Sheet shall ca	ause the fili	ing of administrative/cri	minal case/s aga	inst the perso	n
	TO FILLING OUT THE PERSONAL DATA SHE					ID 151 5	000
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	s () and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT ABE	BREVIATE.	1. CS ID No.		(Do not fill up. Fo	CSC use only
2. SURNAME	LOYA						
FIRST NAME	MARY - ANN				NAME EXTENSION (JR.,	SR)	
MIDDLE NAME	DURAN			l			
3. DATE OF BIRTH		16. CITIZENSHIP	u i i i				
(mm/dd/yyyy)	01/31/1981			Filipino	☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:		
4. PLACE OF BIRTH	CARIDAD, BAYBAY, LETTE	If holder of dual citizensh	ip,	= =			
5. SEX	☐ Male	please indicate the detail	s.				
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		8	L	NRDES	
	☐ Widowed ☐ Separated ☐ Other/s:		Hou	se/Block/Lot No.	Street		
7 UEIOLE ()	154			bdivision/Village		Barangay	
7. HEIGHT (m)		4.33	C	ity/Municipality	Province		
8. WEIGHT (kg)	50 kg	ZIP CODE		300		1011000	C
9. BLOOD TYPE	84	18. PERMANENT ADDRESS	Hou	% ise/Block/Lot No.		Street	,5
10. GSIS ID NO.	0200 352 2273	P SOFT TANKERS	Su	bdivision/Village		G Barangay	
11. PAG-IBIG ID NO.	121094642246	5747 198 A.A.		PASA-1 ity/Municipality		NCR Province	
12. PHILHEALTH NO.	0202 5096 1384	ZIP CODE	1300				
13. SSS NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19. TELEPHONE NO.	(0	2) 521-2027			
14. TIN NO.	283 5AO 8AI	20. MOBILE NO.	0939-111-4475/0932-85			-857-	1885
15. AGENCY EMPLOYEE NO.	V00734	21. E-MAIL ADDRESS (if any)	annedy26@yahoo.com				
II. FAMILY BACKGROUNI				Managhar III da an			
22. SPOUSE'S SURNAME	APOT		3. NAME of Ch	HILDREN (Write full name and	d list all)	DATE OF BIRT	H (mm/dd/yyy
FIRST NAME	GLENN	NAME EXTENSION (JR., SR)					
MIDDLE NAME	ARMONIA						
OCCUPATION	LVBEMAN				1		
EMPLOYER/BUSINESS NAME	SAED INTERNATION	AL		11/		N	
BUSINESS ADDRESS	DAMMAM, IRSA			A		14/	A
TELEPHONE NO.				1 / .		1	
24. FATHER'S SURNAME	DURAH						
FIRST NAME	SEGUNDINO	NAME EXTENSION (JR., SR)					
MIDDLE NAME	AGAN						
25. MOTHER'S MAIDEN NAME				Marie 1944 (1944)			
SURNAME	AVILA						
FIRST NAME	PERLA						
MIDDLE NAME	FERNANDEZ			(Continue on se	omale sheet If nece	ssaryi	
III. EDUCATIONAL BACK							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE. (Write in full)	/COURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS RECEIVED
	LIAMINTING A CELTERA			From To			KECEIVED

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS
			From	To	(if not graduated)		RECEIVED
ELEMENTARY	HABUNTURAN CENTRAL ELEMENTARY SCHOOL	ELEM. DIPLOMA	1988	1994		1994	
SECONDARY	MABUNTURAN NATIONAL COMPREHENSIVE HIGH SCHOOL	HIGH SCH DIPLOMA	1994	1998		1998	
VOCATIONAL / TRADE COURSE							
COLLEGE	PAMANTASAN NG WINGSOD LASAA DH	THEMEDAMAM - A828	1999	2003		2003	
GRADUATE STUDIES	EULOGIO AMANG RODRIGUEZ INSTITUTE OF SCIENCE & TECH!	ASM	2014	2015			
	(Cor	ntinue on separate sheet if necessaryi	1			medical con-	Section 1
SIGNATURE	De Roya.		DA	TE	17 /	IPRIL	2017

	RVICE ELIGIE			DATE OF			LICENSE (if applicable)		
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE PRIVER'S UCENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	FION / CONFERI	MENT	NUMBER	Date of Validity
			5-1-11-6		EWENTED TO SELECT	3 C23		-PO-PO7 FO8000	61-31-2
	ndralo.			est of the state of the	No. 2 September 1982				
						3 - 1			
			(Con	onue un superace since	i il necessary)			and the same of the same of	
	XPERIENCE te employment	Start from your recen	t work) Description (of duties should b	e indicated in the attached	Work Exper	ience sheet		
3. INCLUS	SIVE DATES n/dd/yyyy)	POSITION ' (Write in full/Do no	TITLE	DEPARTMENT / AC	SENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/N)
From	PRESENT	GUESTHOUSE (CARETAKER	TO SAFASIV	ATE UNIVERSITY	10,351-	INCREMENT	PERMANENT	1
8/01/08		GUESTHOUSE	CARETAKER		ATE UNIVERSITY			CASVAL	7
	07/31/08	GUESTHOUSE			TATE UNIVERSITY	4,000-		J.0	7
	01/15/08		CARETAKER		TATE UNIVERSITY	A,000-		4.0	Y
54/01/03	04/31/08	PERSONAL AC	SICTANT	MR. RODR	IGO PAGIVADAN	5,000			N
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						1000			
		7							
	4-1	1 7 a 7 a m	7.54 April						1112
		1 - 24 / 1 / 1		7 4-3					
				A Type HARV	el e disede e		Lange		
				linue an seeses e	et if necessarii	P. 1	7.77.		
SIGNA	TURE		Jak .ya.	and the same of th	DATE		IF APR	212 2017	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / No. 1-GOVERNMENT	/ PEOPLE / VOI	LUNTARY (DRGANIZATIC	\$	enter a de la composition della composition dell
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE (mm/dd/		NUMBER OF HOURS		POSITION / NATURE OF WORK
	From	То			The second secon
N					1/1
N/A					1/4
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PL			<i>x</i>		
(Start from the most recent L&D training program and include only the relevant L&D training taken for t	he last five (5) years for INCLUSIVE D		el/Executive Manageria		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEND.	ANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	From	То		Technical/etc)	terior compared to
hillered a series of a series					
INTERNATIONAL DUSINESS MGT CONFERENCE			4 1174		
-INDVATE, FLEVATE, MOTIVATE	09/19/2015		& HRS	- 7	ATENED DE MANINA UNIVERSITY
55 OF GOOD HOUSEKERTING SANKING FOR BEGINNERS	09/11/2014		8	/	PHIL TRADE TRAINING CENTER
JANTING TOR BEGINNERS	08/30/14		8		VILTIMA ENTREPINOY FORUM CENTER
					01/1011
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Mr. D					and the second of
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	725 0				
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al specie and statement and a second of the			1	- 200	
VIII. OTHER INFORMATION	ntinus yn separate s i	hoot ii noocssai	yi		
NO	N-ACADEMIC DISTING	CTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.	(Write	in full)			33. (Write in full)
					A 1000 A
	ALA				
	11				1 N/A
	, ,			-	
ÇC.	robius on separate s	heel II nocessa	ON .		
SIGNATURE	2-		DA	TE	17 XPRIL 2017
			and the same		CS FORM 212 (Revised 2017), Page 3 of

. . .

34. Are you related by consanguinity chief of bureau or office or to the Bureau or Department where you	person who has immediate	or recommending authority, or to the supervision over you in the Office,					
a. within the third degree?	Tim be appromited,		D VEC DIN	10			
	and Covernment Unit Con		NO .				
b. within the fourth degree (for Lo	ocal Government Unit - Can		10				
			If YES, give details:				
35. a. Have you ever been found gui	ty of any administrative offe	☐ YES ☑ NO					
			If YES, give details:				
b. Have you been criminally char	ned before any court?		☐ YES ☑	NO			
b. Have you book omminally onal	god belove any court:	If YES, give details:	NO				
		Date Filed:					
			Status of Case/s:				
36 Have you ever been convicted of	any crime or violation of ar	ny law, decree, ordinance or regulation					
by any court or tribunal?	any or moral of a	ry law, accree, oralination of regulation		NO			
			If YES, give details:				
	the selection of selections and selection						
37. Have you ever been separated fr			☐ YES ☑	NO			
out (abolition) in the public or pri		d of term, finished contract or phased	If YES, give details:				
38. a. Have you ever been a candida Barangay election)?	ite in a national or local elec	YES NO					
Dalangay election)?			If YES, give details:				
b. Have you resigned from the go	overnment service during th	e three (3)-month period before the last	☐ YES ☑ NO				
election to promote/actively cam	paign for a national or local	candidate?	If YES, give details:				
39. Have you acquired the status of	an immigrant or permanent	resident of another country?					
			☐ YES ☑ If YES, give details (cour] NO			
			ii 1E3, give details (coul	nuy).			
40. Pursuant to: (a) Indigenous Peor	lo's Act /DA 9371\: /b\ Mas	na Carta for Disabled Persons (RA					
		please answer the following items:					
a. Are you a member of any indiger		produce distribution and tollowing home.					
rate you a mornion of any margor	iodo group:		If YES, please specify:	≥ NO			
Are you a person with disability?				NO ON			
			If YES, please specify ID No				
c. Are you a solo parent?				NO ON			
			If YES, please specify ID No:				
41. REFERENCES (Ferson not related by o	onsanguinity or affinity to applican	t /appointes)					
NAME		ADDRESS	TEL. NO.				
MR. RODRIGO P. PAS	MABAN	Iroiro att	033-508-4526				
M. ANABELLE &	GHAG	CAVITE CITY	6906-758-2510	Y al			
MS. DELIA L SI	VAO	CAVITE CITY	0918-913-3684				
42. I declare under oath that I have	e personally accomplished	this Personal Data Sheet which is a		A TOP OF			
complete statement pursuant to	the provisions of pertine	ent laws, rules and regulations of the	Republic of the	R			
Philippines. I authorize the agend	cy head/authorized represer	ntative to verify/validate the contents stat	ted herein.	MARY - ANN DE OYA			
agree that any misrepresenta administrative/criminal case/s ag	tion made in this docur	ment and its attachments shall cau	se the filing of	РНОТО			
administrative/orithinal case/s ag	amot mo,	and the second s					
Government Issued ID (i.e. Passport, GSIS, S	SS DDC Drivate Liv						
PLEASE INDICATE ID Number and Da	te of Issuance						
Government Issued ID: 02 00 35 7	2273	hall					
ID/License/Passport No.: F09 - 64-		box)					
Date/Place of Issuance: MANI LA		Date Accomplished		Right Thumbmark			
		2 sto / two triplisticu		rogin (numbridit			
SUBSCRIBED AND SWORN to	before me this	, affiant exh	ibiting his/her validly issued gove	mment ID as indicated above.			
		Person Administering Oa	ath				