## **PERSONAL DATA SHEET**

WARNING: Any misre resolution made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE	*** made in the Personal Data Sheet and the Wo	ET (PDS) BEFORE ACCOME	PLISHING THE			minai case/s agaii		o. For CSC use only)	
I. PERSONAL INFORMATIO	( and use separate sheet if necessary. Indicate N/	A If not applicable. DO NOT AE	BREVIATE.		T. CS ID No.		(Do not till up	). For CSC use only)	
2. SURNAME	AUREO								
FIRST NAME	MARICEL NAME EXTENSION (JR., SR)								
MIDDLE NAME	VALORIA								
3. DATE OF BIRTH									
(mm/dd/yyyy)	06/19/1977	16. CITIZENSHIP Filipino				☐ Dual Citizenship ☐ by birth ☐ by naturalization			
4. PLACE OF BIRTH	BUGUEY, CAGAYAN	If holder of dual citizenship, Pls. indicate country:				ountry:			
5. SEX	☐ Male ☑ Female	please indicate the de				-			
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	BLOCK 2. LOT 11 MA			MALA	SASANG Street	57	
	Other/s:		woo	DLANE	= C		Oboci		
	-			ubdivision/Villa	age		Barangay		
7. HEIGHT (m)	152 m			City/Municipali	itv		Province		
8. WEIGHT (kg)	75 Kg.	ZIP CODE	4103				FIGUIICE		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	-		L07 11	M	ALAGASAN	VG VT	
	7			use/Block/Lot	70000		Street		
10. GSIS ID NO.	B77MKMVA017		-	ODLAN ubdivision/Villa			Barangay		
11. PAG-IBIG ID NO.	IZAA AANA GAAL			MUS			CAVITE		
11. PAG-IBIG ID NO.	1700-0028-9295	CONTRACTOR SERVICES AND ASSESSMENT	(	City/Municipal	ity	Province			
12. PHILHEALTH NO.	13-000057412-1	ZIP CODE	416	)3					
13. SSS NO.		19. TELEPHONE NO.	(04	(6) 543 - 3201					
14. TIN NO.	931-162-407	20. MOBILE NO.	356246619						
15. AGENCY EMPLOYEE NO.	V-000754	21. E-MAIL ADDRESS (if any)	golden_moonstar@yahoo.			· com			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	AUREO		23. NAME of 0	CHILDREN (V	Write full name	and list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	ALEX	NAME EXTENSION (JR., SR)	AICEL	KATE	V. AL	IRF()	09/13	11998	
MIDDLE NAME	CATAMORA				RAH V	09 /11 / 2003			
OCCUPATION	VELF - EMPLOYED			7 101.00	011	4000			
EMPLOYER/BUSINESS NAME	N.A.								
BUSINESS ADDRESS	N·A.								
TELEPHONE NO.	N.A.								
24. FATHER'S SURNAME	VALORIA	THE CONTROL OF SERVICE							
FIRST NAME	TORIBIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME  25. MOTHER'S MAIDEN NAME	COLIVEN		-						
	AOTIC		-						
SURNAME	ARTIS								
FIRST NAME	RUFINA								
MIDDLE NAME	RENON				(Continue or	r separate street if ne	cessaryi		
III. EDUCATIONAL BACKG	ROUND								
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		
ELEMENTARY	BATANGAN ELEM. SCHOOL	PRIMARY EDUCATION			1990		1990	SALUTATORA	
SECONDARY	FRANCKCAN COLLEGE OF THE IMMACULATE CONCEPCION	#IGH SCHOOL		1901	1994		1994	NONE	
VOCATIONAL / TRADE COURSE	NONE								
COLLEGE	FRANCISTAN COLLEGE OF THE IMMACULATE CONCEPCION	BACHELOR OF MENOE IN ACCOUNTAINCY		1994	1998		1998	NONE	
GRADUATE STUDIES	YISAYAS STATE UNIVERSIA			2014	2016	48 UNITS			
		Continue on separate sincer ii ne	ecasary)					200000000000000000000000000000000000000	
SIGNATURE	- Hart			D	ATE	APRIL	21. 8	2017	

V. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF	DI AGE OF EVALUATION	TAIT.	LICENSE (if applicable)			
BAR	SPECIAL LAWS/ CES/ CSEE (If Applicable) EXAMI			EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
CAREER	(ERVICE	SUB-PROFESSIONAL	80.00	08/01/1996	LIT TACLOBAN	C174			
			(Co	ntinue on separate sheet i	f necessary)				
V. WORK E	XPERIENCE								
		nt. Start from your recei	nt work) Descript	on of duties should b	e indicated in the attach	ed Work Exp	erience she	ef successitions was a	mara mandari sa kuto s
	JSIVE DATES m/dd/yyyy)	POSITION 7 (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
03/01/10	PRESENT	ADMINISTRATIVE	AIDE IV	YSU CASH	MOIANIC	11,658		P	YES
06/01/10	02/28/16	ADMINISTRATIVE	AIDE III		MOISTAID	10,554	03-2	P	YES
40/10/06	05/30/10	ADM11114TIVE	AIDE III	KSU ACCOU	nmuc diakion	8.084	03-1	C	YES
-									
			1						
									1
				1					_
				1		-			-
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	-			-		-			-
	-			+		-			-
		-		+					-
	-			+					-
				-					-
									-
1.01.00.201.1.1			/ (Co	entinue on separate sheet i	if necessary)				
SIGN	ATURE		they		DATE	APR	UL 21	,2017	

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VI. VOLUNTARY WORK OR INVOLVEMENT I				ART URGAN	ILA IJUS			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
	From	То						
N·A								
		(Continue on sens	arate sheet if neces	sary)				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAI		Control of the Contro					
(Start from the most recent L&D/training program and include	e only the relevant L&D/training	taken for the last fi	ve (5) years for Div	ision Chief/Execut	ive/Managerial positi	ions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN	The second secon	DATES OF		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY			
(Write in full)			ld/yyyy)	NUMBER OF HOURS	( Managenal/ Supervisory/ Technical/etc)	(Write in full)		
CAGI MANICONTO TAN MA	TEN SIA. AL POR	From To 09/09/2016		0.1		COMMUNICATION AND A STATE OF THE PARTY OF TH		
CASH MANAGEMENT AND IN	THE CHACK	09/07/2016	09/09/206		TECHNICAL	COMMISSION ON AUDIT-TAC DBM REGIONAL OFFICE		
PUBLIC FINANCIAL MANAGE		MINIMA	UTIOWKUY	24	ISTINCAL	DOM TEVIONAL UPFICE		
CLINATE CHANGE RESI								
RESPONSIVE AND TRANSPA								
GOVERNANCE	11V-101	01/22/2011	odly hour	20	TEOHALICAL	PAGBA, Inc.		
GENDER SENSITIVITY OF	=MIAIAN		04/24/2011		TECHNICAL	CC REGIONAL OFFICE, PALD		
BASIC CULTOMER SERVICE SKI						OSC REGIONAL OPPICE, PALO		
DIELO MATORIER OFFICE AN	LL VENINAL	INIO KAO	10/00/k010	16	TEGHNIGAL	SE REUTUNAL UTTICE, PALU		
			-	-	-			
		-	-	-				
			-	-				
		-	-	-	-			
		-	-	-				
		-		-				
	10-1							
VIII. OTHER INFORMATION		(Continue on sep	parate sheet if neces	ssary)				
ON CHIEF IN CHIPATION		NOV	No.					
31. SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC	DISTINCTIONS / RE (Write in full)	ECOGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
GOOD IN ARTS	NONE							
GOOD IN DANANG	1000					VSU- Adpa		
					Yay - CC			
KNOWS TO DRIVE MOTOR	1							
VEHICLE								
		(Continue on sep	parate sheet if neces	ssary)				
SIGNATURE		Hry.	4	D	ATE	APRIL 21,2017		
		1				CS FORM 212 (Revised 2017), Page 3 of 4		

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate as Bureau or Department where you will be approinted, a. within the third degree?		7. 110					
	b. within the fourth degree (for Local Government Unit - Care	YES YES If YES, give details:	₫ NO ₹ NO					
25	a. Have you ever been found guilty of any administrative offer		_					
35.	a. Have you ever been lound guilty of any authinistrative offer	iser	☐ 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 any by any court or tribunal?	y law, decree, ordinance or regulation	☐ YES ☑ NO If YES, gíve details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?		☐ YES ☐ NO If YES, give details:					
38.	A. Have you ever been a candidate in a national or local elect Barangay election)?	☐ YES						
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES						
39.	Have you acquired the status of an immigrant or permanent r	☐ YES ☐ NO If YES, give details (country):						
40	Durayant to (a) Indianage Decelela Act (DA 0074) (I) M	0 1 ( B) 11 15 (B)						
10.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr							
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p							
a. b.	Are you a member of any indigenous group?  Are you a person with disability?	If YES, please specify:						
c.	Are you a solo parent?	If YES, please specify ID No:  YES  NO						
	and the second	If YES, please specify I						
41.	REFERENCES (Person not related by consanguinty or affinity to applicant	/appointee)		_				
	NAME	ADDRESS	TEL. NO.					
V	ELMA P. DONTUYAN	VSU MANILA OFFICE	521 - 6849	3				
C	ORAZON U. NUEVO	YSU CASH	503-4047	5. (2)				
A	MITA G. GODDY	WU BUDGET	563 - 8189					
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.  agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.								
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			7				
PI	LEASE INDICATE ID Number and Date of Issuance							
G	overnment Issued ID: GLW UMID	- 10-						
ID	/License/Passport No.:		N1256					
Da	ate/Place of Issuance: TACLOBAN CITY	box)						
_	77,000,077	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	4	) <del>K</del>						
		ROSPONDS BY SAVELETTE -	4/40/4:					

IBP1030924- , COLDBAN GITY-12/19/16
MCLE COMP. NO. V-00000000-07/20/15
QGLL OF ATTORNEYS NO. 57467