Revised 2017

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) PERSONAL INFORMATION 2. SURNAME SENIN NAME EXTENSION(IR SR) SHEILA MARIE FIRST NAME N/A MIDDLE NAME TAPALES 3. DATE OF BIRTH 16. CITIZENSHIP [X] Filipino [] Dual Citizenship (mm/dd/yyy) 09/17/1999 [] by birth [] by naturalization 4. PLACE OF BIRTH DAGUPAN CITY Pls. indicate country: if holder of dual citizenship Pls. indicate the details N/A 5. SEX [] Male [X] Female 40 ROLLING RD 6. CIVIL STATUS [X] Single [] Married 17. RESIDENTIAL ADDRESS House/Block/Lot No Street [] Widowed [] Separated N/A Subdivision/Village OBRERO [] Other/s: N/A Barangay QUEZON CITY NCR 7. HEIGHT (m) 1.52 City/Municipality Province 65 8. WEIGHT (ka) Zip Code 1103 ERFE ST N/A 9. BLOOD TYPE 18. PERMANENT ADDRESS Unknown House/Block/Lot No Street N/A POBLACION 10. GSIS ID NO. N/A Subdivision/Village Barangay SAN FABIAN PANGASINAN 11. PAGIBIG ID NO. N/A City/Municipality Province 12. PHILHEALTH NO. 03-250982240-8 ZIP CODE 2433 13. SSS NO. 34-7861353-4 19. TELEPHONE NO. N/A 09934713517 14. TIN NO. 635-161-91-0000 20. MOBILE NO. 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO 10122 stsenin@dila.aov.ph FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list DATE OF BIRTH 22. SPOUSE'S SURNAME. N/A all) (mm/dd/yyyy) NAME EXTENSION (JR.,SR) FIRST NAME N/A N/A N/A N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYERS/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO N/A 24. FATHER 'S SURNAME. SENIN NAME EXTENSION (JR.,SR) FIRST NAME RODELIO MIDDLE NAME DELA PEÑA 24. MOTHER'S MAIDEN NAME. MARITES ETABLE TAPALES SURNAME SENIN FIRST NAME MARITES MIDDLE NAME TAPALES (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** 26. HIGHEST LEVEL CHOLARSHIP PERIOD OF ATTENDANCE ACADEMIC HONORS RECEIVED NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE UNITS EARNED YEAR GRADUATED LEVEL (Write in full) (Write in full) (if not graduated) From Τo **ELEMENTARY** KAMUNING ELEMENTARY SCHOOL N/A 2006 2012 N/A 2012 N/A SENIOR HIGH SCHOOL - SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) SECONDARY SAN FABIAN NATIONAL HIGH SCHOOL 2012 2018 N/A 2018 VITH HONORS **VOCATIONAL / TRADE COURSE** N/A N/A N/A N/A N/A N/A N/A DON MARIANO MARCOS MEMORIAL STATE Bachelor of Science in Computer Science COLLEGE 2018 2023 N/A 2023 UNIVERSITY - SOUTH LA UNION CAMPUS (BSCS) N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A (Continue on separate sheet if necessary) SIGNATURE DATE CS Form 212 (Revised 2017), Page 1 of 4

	CAREER SERVICE/ RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES / CSEE BARANGAY ELGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMININATION / CONFERNMENT	PLACE OF EXAMINATION / CONFERMENT		LICENSE (if applicable)			
								NUMBER Date of Va		
N/A			N/A	N/A	N/A				N/A	
V	WORK FY	PERIENCE			(Continue on separate	sheet if necessary)		-		
(Inc	clude privat	e employme	ent. Start from you	ır recent work) l	Description of duti	ies should be indicat	ed in the attache	ed Worl	k Experience she	eet.
							SAL / PA	ARY / JOB Y GRADE		
28.		E DATES	POSITION TITLE		DEPARTMENT / AGENCY / OFFICE / COMPANY			(if plicable) x STEP	STATUS OF APPOINT	GOV'T NMENT SERVICE
(mm/dd/yyyy)		d/yyyy)	(Write in full / Do not abbreviate)		(Write in full/Do not abbreviate)		(Fo	Format	317(103 01 7(11 0)(11)	(Y/N)
							INC	00-0") / CREMENT		
	From	То								
	09/27/2023	Present	INFORMATION SYST	TEMS ANALYST I		rior and Local Government STMS)	P 27,608.00	12-0	CONTRACT OF SER	RVICE YES
					(Combi	-14:5				
(Continue on separate sheet if necessary)										
SIGNATURE							DATE		CS Form 212 (Revise	d 2017) Page 2 of 4
									C3 FUITH 212 (KeVISe	u 2017), raye 2 0î 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
9. NAME AND ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSIT	ION / NATURE OF WORK
(Wile in full)	(Write in full)		From To			
N/A		N/A	N/A	N/A		N/A
			ate sheet if necess			
VII. LEARNING AND DEVELOPMI						
(Start from the most recent L&D/training progr					Type of LD	
30. TITLE OF LEARNING AND DEVELOPMEN PROGRAMS	5		INCLUSIVE DATES (mm/dd/yyyy)		Supervisory /	CONDUCTED / SPONSORED BY (Write in full)
(Write in ful	(Write in full)		From To		Technical / etc.)	
N/A			N/A	N/A	N/A	N/A
N/A		N/A	IN/A	N/A	N/A	N/A
					_	
					_	
		Continuo or cor-	ato sheet if years	200		
VIII. OTHER INFORMATION		continue on separ	ate sheet if necess	ai y)		
31. SPECIAL SKILLS and HOBBIES	32. NON-		TIONS / RECOGNITION	V	33.	MEMBERSHIP IN ASSOCIATION / ORGANIZATION
		(Write ir		FI 1		(Write in full)
N/A N/A					N/A N/A	
0//	N/A TEST OF PRACTICAL COMPETENCY IN ICT CERTIFICATION - LEVEL 2					14/14
	(Continue on separ	rate sheet if necessar	y)			
SIGNATURE					DATE	00.5
						CS Form 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appoin	ring or recommending authority, or to the chief o	f				
bureau or office or to the person who has immediate supe where you will be apppointed, a. within the third degree?						
a. within the tillia degree:	[] YES [X] NO					
		If Yes, give detail	ls:			
b. within the fourth degree (for Local Government Unit - C						
35. a. Have you ever been found guilty of any administrative	offense?	[] YES [X] NO	l			
, , ,		If Yes, give detail	is:			
		[] YES [X] NO				
		Date Filed :				
b. Have you been criminally charged before any court?						
	[] YES [X] NO Status of Case/s:					
		Status of Case/s.				
36. Have you ever been convicted of any crime or violation o	any law, decree, ordinance or regulation by any	court [] YES [X] NO				
or tribunal?	If Yes, give detail	ls:				
 Have you ever been separated from the service in any of from the rolls, dismissal, termination, end of term, finishe 		[]IE2 [V]INO				
private sector?	, , , , , , , , , , , , , , , , , , , ,	If Yes, give detail	IS:			
38. a. Have you ever been a candidate in a national or local e election)?	lection held within the last year (except Baranga	y [] YES [X] NO If Yes, give detail	[]YES [X]NO			
0.000.7,1		ii res, give detail				
		[] YES [X] NO				
h. Hannanian ad Garardha ann an an an aire ad aire	. No a bloom of (2) and with a seried base of the death of the	-	If Yes, give details:			
 b. Have you resigned from the government service during promote/actively campaign for a national or local candida 						
39. Have you acquired the status of an immigrant or permand	ent resident of another country?	[] YES [X] NO	[] YES [X] NO If Yes, give details (country):			
		ii res, give detai	ir res, give details (country):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA 7277): and (c) [] YES [X] NO	[] YES [X] NO			
Solo Parents Welfare Act of 2000 (RA 8972), please answer		If Yes, please spe	If Yes, please specify:			
a. Are you a member of any indigenous group?						
•		[] YES [X] NO If Yes, please spe	ecify ID No:			
b. Are you a person with disability						
		[] YES [X] NO				
		If Yes, please spe	ecify ID No:			
c. Are you a solo parent?						
41. REFERENCES (Person not related by consanguity or affinit	y to applicant / appointee)		ID picture taken within			
NAME	ADDRESS	TEL. NO.	the last 6 months 3.5 cm. X 4.5 cm			
JOCELYN I. ANCHETA	AGOO, LA UNION	09182406040	(passport size)			
			With full handwritten			
			name tag and signature over			
42. I declare under oath that I have personally accomplished			printed name			
pursuant to the provisions of pertinent laws, rules and head/authorized representative to verify/validate the co			Computer generated			
document and its attachments shall cause the filing of adi		esentation made in this	or photocopied picture is not acceptable			
		-	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driv	ver's					
License, etc.) PLEASE INDICATE ID Number Government Issued ID: PHILHEALTH	 					
	Signature (Sign insi	de the box)				
ID/License/Passport No. 03-250982240-8						
Date/Place of Issuance: CALASIAO, PANGASINAN	Date Accompl	ished				
			Right Thumbmark			
SUBSCRIBED AND SWORN to before me this ———	, affiant exhib	iting his/her validly issued gove	ernment ID as indicated above.			
	:h					
			CC Form 212 (Device 12017) D			
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