WARNING: Any misrepresentat	tion made in the Personal Data Sheet an	d the Work Experience Sheet	shall cause t	he filing of	administra	tive/criminal ca	se/s against tl	he person	
concerned. READ THE ATTACHED GUIDE 1	TO FILLING OUT THE PERSONAL DATA	SHEET (PDS) BEFORE ACCO	MPLISHING	THE PDS F	ORM.				
Print legibly. Tick appropriate boxes	) and use separate sheet if necessary. Ind	licate N/A if not applicable. DO NO	T ABBREVIAT	TE.	1. CS ID No		(Do not fill up. F	or CSC use on	
	ERESMAS								
-	DELLANNE					NAME EXTENSION	(JR., SR)		
-	CAYASA								
3. DATE OF BIRTH	6/7/1996	16. CITIZENSHIP				FILIPING	<u>,                                     </u>		
(mm/dd/yyyy)	0/1/1330	ID. UTIZENSHIP				FILIFING			
4. PLACE OF BIRTH	BICOL, LEGAZPI CITY	If holder of dual citizenship,			Pls. indicate co	Pls. indicate country:			
5. SEX	FEMALE	please indicate the o	please indicate the details.						
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRE	RE KM 7 532 House/Riock/L ot No. BANGKAL, PEACE AVENUE Subdivision/Village DAVAO CITY			SABAT			
						TALO	Street MO (POBLAC	ION)	
	1.5240	_				Barangay			
		_	City/Municipality		Province				
8. WEIGHT (kg)	43	ZIP CODE		K44 7 500		8000			
9. BLOOD TYPE	0	18. PERMANENT ADDRE		KM 7 532 e/Block/Lot	ck/Lot No.		SABATI Street		
0. GSIS ID NO.	N/A			L, PEACE		TALOMO (POBLA Barangay		ION)	
1. PAG-IBIG ID NO.	N/A			DAVAO C	ITY		DAVAO DE	DAVAO DEL SUR	
2. PHILHEALTH NO.	N/A	ZIP CODE	Cit	v/Municipali 8000	τν		Province		
3. SSS NO.	N/A	19. TELEPHONE NO.				2978763			
	N/A	20. MOBILE NO.	09951719570						
	N/A	21. E-MAIL ADDRESS (if a		DEL	LANNE.EF	RESMAS@GMA	IL.COM		
II. FAMILY BACKGROUND			23. NAME o	f CHILDREN	V (Write fu	I name and list	DATE O	F BIRTH	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR.,	all)		. (			ld/vvvv)	
FIRST NAME	N/A	SR)	N/A				N/A		
	N/A		N/A				N/A		
	N/A		N/A			N/A			
EMPLOYER/BUSINESS NA BUSINESS ADDRESS	N/A		N/A				N/A		
TELEPHONE NO.	N/A		N/A				N/A		
4. ATHER'S SURNAME	N/A ERESMAS	<u> </u>	N/A	ERESMAS,	ERIC RUS	S C.	N/A 10/18/199		
FIRST NAME	PACIFICO	JR.	E	RESMAS, H	ABILLE J	OY C.			
MIDDLE NAME	DELICANO		ERESMAS, DELL ANN						
	DELIGAN	,		ERESMAS	, GABRIEL	. C.	8/21/2001		
25. MOTHER'S MAIDEN NAME				ERESMAS,	ERIC RUS	01/			
SURNAME	CAYASA		ERE		ABILLE J	OY C.	10/18/1990		
FIRST NAME	FLOCERFIN	A	ERESMAS, DELL ANN						
MIDDLE NAME	ARIAR		ERESMAS, GABRIEL C.			. C.			
						eparate sheet if necessary)			
III. EDUCATIONAL BACKGRO	UND								
6. LEVEL	(Write in full)	BASIC EGREE/COURSE (Write in full)			DD OF DANCE To	EVEL/ UNITS EARNED (if not	YEAR GRADUAT ED	HIP/ ACADEMI HONORS	
ELEMENTARY	ROYAL VALLEY SDA ELEMENTARY SCHOOL	PRIMARY EDUCATION		2009	2011	N/A	2011	RECEIVE SILVER MEDAL	
SECONDARY	INTERNATIONAL CHRISTIAN SCHOOL OF DAVAO	L HIGH SCHOOL		2011	2015	N/A	2015	SALUTAT RIAN	
VOCATIONAL / TRADE COURSE	N/A								
			NCV	2015	2045	N/A	N/A	N/A	
COLLEGE			ING I	2013	2015	N/A	N/A	N/A	
	UNIVERSITY OF IMMACULATE CONCEPTION	BS IN NUTRITON & DI	ETETICS	2015	2016	N/A	N/A	N/A	
	CENTRAL MINDANAO UNIVERSITY	BS IN NUTRITON & DI	ETETICS	2016	2020	N/A	N/A	N/A	
GRADUATE STUDIES	N/A								
	(Co	ntinue on separate sheet if n	ecessarv)						

IV. CIVIL S	ERVIĈE ELIO	GIBILITY							
SFECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMI	NATION / CONFERMENT		LICENSE (if applicable)		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE				CONFERMENT 10/17/2021-				NUMBER	Date of Validity
BOAR	BOARD OF NUTRITIONIST-DIETITIAN		82.8	10/17/2021-	DAVAO CITY			N/A	
			(Cont	inue on separate shee	t if necessary)				
V. WORK EX		t. Start from your recent wo	ork) Description of a	duties should be indic	ated in the attached Worl	k Experience sl	heet.		
28. INCLU (mn	INCLUSIVE DATES (mm/dd/yyyy) (Write in full/Do not abbreviate) (Write in full/Do not abbreviate) (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T (Y/ N)				
From	To 2015						(Format "00- 0"\/ N/A		N
2015 2020	PRESENT	ONLINE ENGLISH TEACH		BIBO GLOBAL OPP	ORTUNITY, INC.	P8,000 P15,000	N/A	TEMPORARY CASUAL	N
2020	FREGENT	DIET TECHNICIAN/N		VEGAN HTG		F 13,000	IN/A	CASUAL	N
			(Coi	ntinue on separate sheet	if necessary)				
SIGN	ATURE	Gun			DATE		10/27/2021		
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. AME & ADDRESS OF ORGANIZATION (Write in full)		(mm/dd/yyyy) NUMBER OF HO		NUMBER OF HOURS		POSITION / NATURE OF WORK		
			То					
		inue on separate s		)				
VII. LEARNING AND DEVELOPMENT (L&D	) INTERVENTIONS/TRAINING							
30. E OF LEARNING AND DEVELOPMENT INTERVENTION	NS/TRAINING PROGRAMS	INCLUSIVE DATES OF (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	DUCTED/ SPONSORED BY (Write in full)		
(Write in full)	)	From To		NUMBER OF HOURS				
68TH DIABETES WORKSHOP & 33RD DIABETES FC	DRUM	9/5/2019	9/6/2019	16 HOURS	N/A	DIABETES PHILIPPINES, INC.		
						· · · · · · · · · · · · · · · · · · ·		
	(Cont	inue on separate s	sheet if necessary	)		I		
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. EMIC DISTINCTIONS / RECOGNITIO	33. XATION/ORGANIZATION (Write in full)						
ENGLISH WRITING		N/A						
CONTENT EDITOR								
MENU PLANNING								
COMMUNICATION								
MAKING SIMPLE VIDEO VLOGS	LOGS							
PHOTO AND VIDEO EDITOR								
RECIPE MAKING (Continue on separate sheet if necessary)								
SIGNATURE	( min				A <i>TE</i>	10/27/2021		
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	4							

_						
34.	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree?					
	b. within the fourth degree (for Local Government Unit - (	If YES, give deta	ils:			
35.	a. Have you ever been found guilty of any administrative	If YES, give details:				
	b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	If YES, give details:				
37.	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?	f the following modes: resignation, , end of term, finished contract or phased	If YES, give details:			
38.	a. Have you ever been a candidate in a national or local Barangay election)?	election held within the last year (except	If YES, give details:			
	b. Have you resigned from the government service durin last election to promote/actively campaign for a national		If YES, give details:			
39.	Have you acquired the status of an immigrant or perman	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897					
а	Are you a member of any indigenous group?		If YES, please specify:			
b	Are you a person with disability?	If YES, please specify ID No:				
с	Are you a solo parent?		If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to appli	cant /appointee)				
	NAME	ADDRESS	TEL. NO.			
	WILMAR JUN O. ELOPRE, RND	CENTRAL MINDANAO UNIVERSITY -	9359391132			
	RACHELLE BLANCO CAIÑA, RND	CENTRAL MINDANAO UNIVERSITY	9177708687			
42.	I declare under oath that I have personally accomplished	correct and corr	DELL ANNE C ERESMAS PHOTO			
F	Sovernment Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) ILEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: PASSPORT D/License/Passport No.: P2697939B	~ ох)				
D	ate/Place of Issuance: 08/01/2019-DAVAO CITY		Right Thumbmark			
F						
	SUBSCRIBED AND SWORN to before me this	ting his/her validly issue	ed government ID as indicated above.			
	-	h				

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