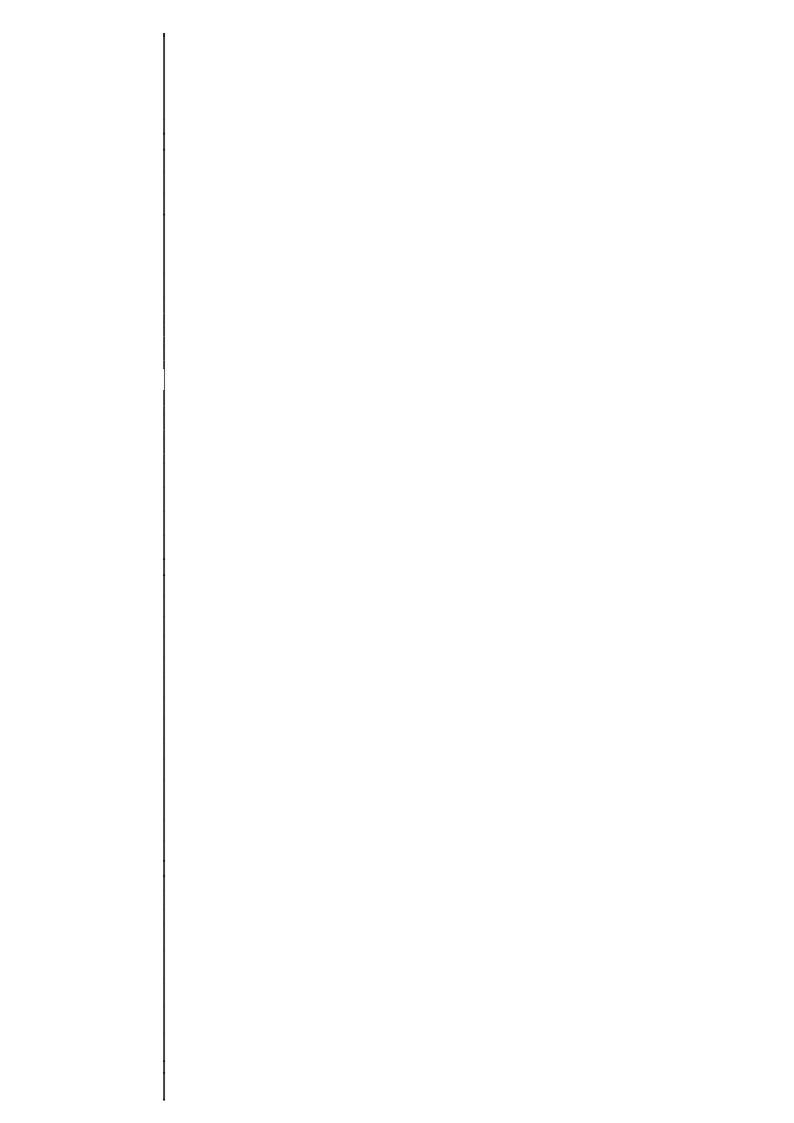
## Revised 2017

## **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.

	FILLING OUT THE PERSONAL DATA SHEET (PDS) Implied use separate sheet if necessary. Indicate N/A if not a				1. CS ID No.		(Do not fill up	. For CSC use only)	
I. PERSONAL INFORMATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second of th					(==	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. SURNAME	MANGAOANG								
FIRST NAME	EURICE ED NAME EXTENSION (JR., SR)								
MIDDLE NAME	DELA CRUZ								
3. DATE OF BIRTH (mm/dd/yyyy)	4/18/1995	16. CITIZENSHIP							
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizens	ship,	Pls. indicate country:					
5. SEX		please indicate the det	ails.						
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS							
V GIVIL GIATOG				House/Block/Lot No. BLK 1, LOT 3			Street		
			Su	Subdivision/Village  VSU SUBDIVISION		Barangay LEYTE			
7. HEIGHT (m)	1.65			Citv/Municipality		Province			
8. WEIGHT (kg)	55	ZIP CODE	BAYBAY		LEYTE				
9. BLOOD TYPE	0+	0+ 18. PERMANENT ADDRESS			House/Block/Lot No. Street				
10. GSIS ID NO.	NA		BLK 1, LOT 3						
11. PAG-IBIG ID NO.	NA NA		Subdivision/Village  VSU SUBDIVISION				Barangay MARCOS		
12. PHILHEALTH NO.	NA NA	ZIP CODE	c	CityMunicipality Province BAYBAY LEYTE			Province LEYTE		
13. SSS NO.	NA NA	19. TELEPHONE NO.							
14. TIN NO.	477-204-477	20. MOBILE NO.			09	967 504 8035			
15. AGENCY EMPLOYEE NO.	20	21. E-MAIL ADDRESS (if any)		eurice.mangaoang@vsu.edu.ph					
II. FAMILY BACKGROUND				<u></u>		<u></u>	<u></u>		
22. SPOUSE'S SURNAME			23. NAME of CHIL	DREN (Write fu	Il name and list a	all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	MANGAOANG								
FIRST NAME	EDUARDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	OLIVAS								
25. MOTHER'S MAIDEN NAME	YOLANDA DELA CRUZ								
SURNAME	MANGAOANG								
FIRST NAME	YOLANDA								
MIDDLE NAME	DELA CRUZ	(Continue on separate sheet if necessary)							
III. EDUCATIONAL BACKGROU	UND								
26. LEVEL	(Write in full)	UCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL (VFES)			6/1/2001	4/15/2007		2007		
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL (VSULHS)			6/5/2007	4/21/2011		2011		
VOCATIONAL / TRADE COURSE									
COLLEGE	VISAYAS STATE UNIVERSITY	AGRIBUSINESS		6/1/2011	4/22/2015		2015		
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	AGRIBUSINESS		7/1/2016	9/30/2020		2020	CHED	
		 (Continue on separate sheet if neces	sary)	I	l .	<u>I</u>	I	l	
SIGNATURE				DA	<b>NTE</b>		June 29, 2022		
							CS FORM 212 (Revi	sed 2017), Page 1 of 4	



IV. CIVIL SE	RVICE ELIGIBI	LITY							
27. CAREER	SERVICE/ RA 1080 (	(BOARD/ BAR) UNDER SPECIAL	RATING	DATE OF EXAMINATION /	DI ACE OF EVAMINA	FION / CONFEDA	4FNIT	LICENSE (if ap	plicable)
LAWS/ GE	S/ CES/ CSEE BARANGAY (If Applicable) (If Applicable) DATE OF EXAMINATION / CONFERMENT PLACE OF EXAMINATION / CONFERMENT				IEN I	NUMBER	Date of Validity		
	DRIVER'S LICENSE 7/1/2019 LTO BAYBAY		H12-19-002887	2019-2024					
V. WORK EX	(PERIENCE		(Co	ontinue on separate sheet if	necessary)				
		Start from your recent work	() Description of duti	ies should be indicated	d in the attached Work Expe	rience sheet.			
	JSIVE DATES nm/dd/yyyy)	Æ		ENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)&	STATUS OF	GOV'T
From	To	(Write in full/Do not a			I/Do not abbreviate)	SALARY	STEP (Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
		DADT TIME INCT	DUCTOR	VICAVACC	CATE LIMIN/EDOITY	44000.00		DA DT TIME	v
9/1/2015	5/1/2017	PART-TIME INST			TATE UNIVERSITY	11000.00		PART-TIME	Υ
2015	2016	RESEARCH	HER	NEHEMIAH BUS	INESS CONSULTANCY	11000.00		CONTRACTUAL	N
2020	2021	PART-TIME INST	RUCTOR	VISAYAS ST	TATE UNIVERSITY	20000.00		PART-TIME	Y
2021	2022	RESEARCH	HER	NEHEMIAH BUS	INESS CONSULTANCY	25000.00		CONTRACTUAL	N
2021	Present	SUBSTITUTE INS	TRUCTOR	VISAYAS ST	TATE UNIVERSITY	29000.00		TEMPORARY	Y
	-								
	-								
			(Co	ontinue on separate sheet if					•
SIGN	ATURE				DATE			June 29, 2022	
								CS FORM 212 (Revised	2017), Page 2 of 4

										_
VI. VOLUNTA	ARY WORK OR INVOLVEME	NT IN CIV	IC / NON-GOVERNMENT	/ PEOPLI	E / VOLUNTARY	Y ORGANIZATI	ON/S			
29. NAME & A	ADDRESS OF ORGANIZATION	full)		(Write in	(mm/do	d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
										_
										_
										_
										-
										-
										_
										_
					ntinue on separate s	heet if necessary)				_
VII. LEARNI	ING AND DEVELOPMENT (L	&D) INTE	RVENTIONS/TRAINING P	ROGRAM	IS ATTENDED	_				
30. TITLE C	OF LEARNING AND DEVELOPMENT INT	TERVENTIONS (Write in full)	S/TRAINING PROGRAMS		NDANCE (mm/do		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
					From	То				
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
										_
				(Co	ntinue on separate s	heet if necessary)				
VIII. OTHER	RINFORMATION			<u> </u>						Ī
31.	SPECIAL SKILLS and HOBBIES		32. I-ACADEMIC DISTINCTIONS	/ RECOGNIT	ION (Write	in full)			33. SOCIATION/ORGANIZATION (Write in full)	١
	RESEARCH/WRITING									
	ARTICLE WRITING									
	COMPUTER WORKS									_
										_
										_
	01011471175	Ī		(Co	ntinue on separate s	heet if necessary)		4 T.C		_
	SIGNATURE						DA	A <i>TE</i>	June 29, 2022	

_							
34.	Are you related by consanguinity or affinity to the appointing or rec chief of bureau or office or to the person who has immediate super Bureau or Department where you will be apppointed,						
	a. within the third degree?						
	b. within the fourth degree (for Local Government Unit - Career En	If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offense?	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 of any law, or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of the follow from the rolls, dismissal, termination, end of term, finished contract private sector?	If YES, give details:					
38.	a. Have you ever been a candidate in a national or local election h election)?	If YES, give details:					
	b. Have you resigned from the government service during the three promote/actively campaign for a national or local candidate?	e (3)-month period before the last election to	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent reside	If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Ca Solo Parents Welfare Act of 2000 (RA 8972), please answer the fo						
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:					
c.	Are you a solo parent?	If YES, please specify IE					
44	DEFENDED (Posses of taleful by a second sittle of the fact that a self-sect (see a fact that a sect (see a fact that a s	4)	ii 120, picase specify in	7110.			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appoin	, I					
	NAME ANTONIO P. ABAMO	ADDRESS  VISAYAS STATE UNIVERSITY	TEL. NO. 0920 983 5693				
	JOVIEL R. TEVES	VISAYAS STATE UNIVERSITY	0917 560 9183				
	JOVIEL R. TEVES	VIGATAG STATE UNIVERSITT	0917 300 9103				
42.	I declare under oath that I have personally accomplished this Pers	onal Data Sheet which is a true, correct and co	omplete statement	РНОТО			
	Sovernment Issued ID (i.e. Passport, CSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance						
1 -	overnment Issued ID: DRIVER'S LICENSE						
	D/License/Passport No.: H12-19-00287	x)					
D	ate/Place of Issuance: JULY 2019		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	his/her validly issued govern	nment ID as indicated above.			
		D A.I. 11.1					
		Person Administering Oath					