CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SHEET		
WARNING: Any misrepresent concerned.	tation made in the Personal Data Sheet and th	e Work Experience Sheet s	hall cause the filing of admin	istrative/criminal case/s	against the person
	E TO FILLING OUT THE PERSONAL DATA SH	IEET (PDS) BEFORE ACCO			
Print legibly. Tick appropriate boxe I. PFRSONAL INFORMATION	es () tuse separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE. 1. (CS ID No.	(Do not fill up. For CSC use only
2. SURNAME					
	PERMEJO			NAME EXTENSION (J	R., SR) NON
FIRST NAME	TIMOTHY JOHN				
MIDDLE NAME	QUIÑONES				
3. DATE OF BIRTH (mm/dd/yyyy)	11/21/1992	16. CITIZENSHIP	✓ Filipino	Dual Citizenshi	
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citize	nshin	✓ by birth Pls. indicate of	by naturalization
		please indicate the d		F13. IIIuicate c	ourni y.
5. SEX	Male Female				
6 CIVIL STATUS	☐ Single ☑ Married ☐ Separated	17. RESIDENTIAL ADDRESS	ZONE 1 House/Block/Lot No.		Street
	Other/s:				MALBOG
7 11510117 ()	1.7(_	Subdivision/Village TOLOSA		Barangay LEYTE
7. HEIGHT (m)	1. 76 m	_	City/Municipality		Province
8. WEIGHT (kg)	86 kg	ZIP CODE		6503	
9. BLOOD TYPE		18. PERMANENT ADDRESS	ZONE 1 House/Block/Lot No.		Street
10. GSIS ID NO.		_	TIOUSE/BIOCK/EULIVO.		MALBOG
		_	Subdivision/Village TOLOSA		Barangay LEYTE
11. PAG-IBIG ID NO.	1211-3071-3171				Province
12. PHILHEALTH NO.	03-025685838-6	ZIP CODE		6503	
13. SSS NO.	34-4843181-4	19. TELEPHONE NO.			
14. TIN NO.	287935017000	20. MOBILE NO.	09067539586		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	timothyjohnpermejo@gmail.com		
II. FAMILY BACKGROUNI					
22. SPOUSE'S SURNAME	PERMEJO		23. NAME of CHILDREN (Write full	name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOLINA		LIANNE ALEXIS BLAIRE	BORINES PERMEJO	02/17/2020
MIDDLE NAME	BORINES				
OCCUPATION	UNIVERSITY INSTRUCTOR				
EMPLOYER/BUSINESS NAME	EASTERN VISAYAS STATE UNIVERSITY-	TANAUAN CAMPUS			
BUSINESS ADDRESS	TANAUAN LEYTE				
TELEPHONE NO.					
24. FATHER'S SURNAME	PERMEJO				
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR)			
MIDDLE NAME	AZUCENA				
25 MOTHED'S MAIDEN NAME					

BALDELOBAR MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP/ ACADEMIC HONORS RECEIVED PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE (Write in full) YEAR GRADUATED LEVEL From То SACRED HEART COLLEGE-TACLOBAN CITY GRADE 6 2005 ELEMENTARY K-1 ST. MICHAEL DEV. CENTER OF TOLOSA INC. TOLOSA LEYTE 1ST YEAR 4TH YEAR SECONDARY 2009 VOCATIONAL / TRADE COURSE TRANSFER 4TH YEAR COLLEGE ABE COLLEGE, CAINTA RIZAL 2015 SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES, PALO LEYTE GRADUATE STUDIES JURIS DOCTOR 2nd YEAR present 50 units ON-GOING SIGNATURE DATE May 12,2021

SURNAME

FIRST NAME

QUIÑONES

ANNABETH

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CAREI	ER SERVICE/ R SPECIAL	A 1080 (BOARD/ BAR) UNDER LAWS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFER	RMENT	LICENSE (if a	Ī
		BILITY / DRIVER'S LICENSE		CONFERMENT	RMENT		NUMBER	Date of Validity	
PROFESS	SIONAL CIVI	L SERVICE ELIGIBILITY	80.17	MARCH 3, 2017	BORONGAN CITY	'EASTERN S	SAMAR		
	(EXPERIEI			(Continue on separate					
	rivate emplo ISIVE DATES	oyment. Start from your r	recent work) [Description of duties	should be indicated in	the attached		nce sheet.	
From	m/dd/yyyy)	POSITION TITLI (Write in full/Do not abb		DEPARTMENT / AGE (Write in full	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
07/17/2017	PRESENT	CLERK		VISAYAS STATE	UNIVERSITY TOLOSA	Php 9,954.00		JOB ORDER	Y
12/15/2015	2/10/2016	SERVICE ATTEN	DANT		TEL, TOLOSA LEYTE	Php 6,000.00		REGULAR	N
10/20/2016	05/31/2017	SERVICE ATTEN	DANT	THE ORIENTAL F	OTEL AND RESORTS, O LEYTE	Php 7,410.00		ORGANIC	N
SIGN	ATURE			(Continue on separate	sheet if necessary) DATE	[May, 12,2021	
SIGIV	TIUKE				DATE			May, 12,2021 S FORM 212 (Revised 2	1017) Dans 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	T / PEOPLE / \	OLUNTARY	ORGANIZATIO	ON/S		
29. NAME & ADDRESS OF OI (Write in fulf.	rganization)	INCLUSI (mm/c	/E DATES ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N-O-N-E							
VII. LEARNING AND DEVELOPMENT (L&D)		nue on separate sh					
VII. LEARNING AND DEVELOPIVIENT (L&D) (Start from the most recent L&D/training program and included)					agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY	
(Write in full,)	From	To		Technical/etc)	(Write in full)	
Echo-Seminar on Records Management		02/28/2020	02/28/2020	8 hours		Visayas State University-Tolosa	
Seminar Workshop on Traffic Rules and Regulations and Pedestrians in Tolosa, Leyte	and Safety Measures for motorists	11/18/2019	11/19/2019	16 hours		Visayas State University-Tolosa	
	Contle						
VIII. OTHER INFORMATION	(Contin	ue on separate sh	eet ii necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)			
Computer Literate	Computer Literate					NONE	
Written and Oral Communication							
	(Contin	ue on separate sh	eet if necessary)				
SIGNATURE				D	ATE	May, 12,2021	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be approinted,					
	a. within the third degree?	☐ YES ☑	NO			
	b. within the fourth degree (for Local Government Unit - Card	☐ YES ☑ If YES, give details:	NO			
35.	a. Have you ever been found guilty of any administrative offe	ense?	☐ YES 🔽	NO		
		If YES, give details:				
	b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:] NO			
36.	Have you ever been convicted of any crime or violation of an regulation by any court or tribunal?	ny law, decree, ordinance or	☐ YES ☑ NO If YES, give details:			
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er phased out (abolition) in the public or private sector?	nd of term, finished contract or	YES NO If YES, give details: resignation.			
38.	A. Have you ever been a candidate in a national or local electron (except Barangay election)?	ction held within the last year	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during the last election to promote/actively campaign for a national	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	YES If YES, give details (c	NO country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons				
	(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)	972), please answer the following				
a.	Are you a member of any indigenous group?		YES If YES, please specify:	✓ NO		
b.	Are you a person with disability?			 NO:		
C.	Are you a solo parent?			✓ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	DANILO D. LERIOS	VSU-TOLOSA	9184390817			
	MARIELI CHERRY C. CIPRES	VSU-TOLOSA	9176307511			
42	OBDULIA G. CAMOYING	VSU-TOLOSA	9954121541			
42.	I declare under oath that I have personally accomplished the and complete statement pursuant to the provisions of pertine the Philippines. I authorize the agency head/authorized repherein. I agree that any misrepresentation made in the filling of administrative/criminal case/s against me.	ent laws, rules and regulations of presentative to verify/validate the	f the Republic of contents stated	РНОТО		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) ILEASE INDICATE ID Number and Date of Issuance					
l ⊩	overnment Issued ID: Driver License					
	0/License/Passport No.: HO2-16-003669	Signature (Sign inside	the box)			
D	ate/Place of Issuance: Tacloban, City	hed Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, <u>af</u> fiant ex	xhibiting his/her validly issue	d government ID as indicated above.		
		Person Administering	Oath			