CS Form No. 212 Revised 2017										
PERSONAL DATA SHEET										
WARNING: Any misrepresentati	ion made in the Personal Data Sheet and the \	Work Experience Sheet shall	l cause the filir	ng of admin	istrative/cri	minal case/s agai	nst the perso	on concerned.		
	TO FILLING OUT THE PERSONAL DATA SHE (and use separate sheet if necessary. Indicate N	' '		PDS FORM	1. CS ID No.		(Do not fill up. I	For CSC use only)		
I. PERSONAL INFORMATION		I/A II flot applicable. DO NOT Al	DEREVIATE.	-	1. 00 ID No.		(Do not nii up. i	or coc use only)		
2. SURNAME	LUCHAVEZ									
FIRST NAME	VIVIEN GRACE					NAME EXTENSION (JF	, SR)			
MIDDLE NAME 3. DATE OF BIRTH	MONTE									
(mm/dd/yyyy)	06/11/1999	16. CITIZENSHIP		☑ Filipii	no 🗆	Dual Citizenship	_			
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citize	nchin	☐by birth		by naturalization				
4. PLACE OF BIRTH	_	If holder of dual citized								
5. SEX	☐ Male ☑ Female	produce indicate the de	otalio.	Philippines				•		
6 CIVIL STATUS	☑ Single	17. RESIDENTIAL ADDRESS	House	e/Block/Lot No.			5 Street			
	Other/s:						LIBERTAD			
7. HEIGHT (m)	1.61		ORM	division/Village OC			Barangay LEYTE			
			City	//Municipality			Province			
8. WEIGHT (kg)	45	ZIP CODE				6541				
9. BLOOD TYPE	"B"	18. PERMANENT ADDRESS	House	e/Block/Lot	No.		5 Street			
10. GSIS ID NO.	N/A		Subo	division/Villa	ae		LIBERTAD Barangay			
11. PAG-IBIG ID NO.	N/A		ORMOC City/Municipality			LEYTE Province				
12. PHILHEALTH NO.	13-250746633-1	ZIP CODE	6541							
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A							
14. TIN NO.	616-298-393-00000	20. MOBILE NO.	09359336939							
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	vivien.luch	avez18@	gmail.co	<u>om</u>				
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	e full name and	l list all)	DATE OF BIR	TH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)								
MIDDLE NAME	N/A									
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A									
TELEPHONE NO.	N/A									
24. FATHER'S SURNAME	LUCHAVEZ									
FIRST NAME	BIENVENIDO	NAME EXTENSION (JR., SR)								
MIDDLE NAME	DOMINGUITO									
25. MOTHER'S MAIDEN NAME										
SURNAME	MONTE									
FIRST NAME	VICENTA									
MIDDLE NAME	MALAZARTE			(Co	ontinue on se _l	parate sheet if neces	sary)			
III. EDUCATIONAL BACKGE	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	LIBERTAD ELEMENTARY SCHOOL	PRIMARY EDUCATION		2005	2012	N/A	2012	N/A		
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL/ORMOC CITY SENIOR HIGH SCHOOL	HIGH SCHOOL		2012	2018	N/A	2018	WITH HONORS		
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY E MAJOR IN MATHEMATICS	DUCATION	2018	2022	N/A	2022	CUM LAUDE		

N/A

N/A

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N/A

12/23/2023

N/A

N/A

GRADUATE STUDIES

SIGNATURE

N/A

DATE

N/A

SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) (If Applicabl	IV. CIVIL SERVICE ELIGIBILITY									
MARCE MARC	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE					TION / CONFERMENT				
Part Across Part Associate Part As			(If Applicable)					NUMBER		
Continue on requests should a recovery	LICENSURE EXAMINATION FOR TEACHERS (LET) 81.00			81.00%	03/01/2023	TACLOE	BAN CITY		2058259	06/11/2026
Commission Com	CAREER SERVIC			RSITY						
WORK PURPERINCE		GINDONIE								
WORK PURPERINCE										
WORK PURPERINCE										
WORK PURPERINCE				(0	4:	f				
POSITION TILE POSITION	V. WORK EX	XPERIENCE		(Con	tinue on separate sneet i	r necessary)				
POSITION TITLE			nt. Start from your recen	t work) Description	of duties should be	indicated in the attached	d Work Expe			
Fight To Witter Handle Street Core Witter Handle S								GRADE (if applicable)& STEP	STATUS OF	
G912X2Z Q912Z PARTITME INSTRUCTOR OFFARTMENT OF MATHEMATICS 13,000.00 NA ONITACTUAL Y	From	То	(Write in full/Do not	t abbreviate)	(Write in ful	I/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
Continuo os separate sheel if ancessary)	08/16/2023	12/202023	PART-TIME INS	TRUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Υ
	09/12/2022	02/01/2023	PART-TIME INS	TRUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Y
SIGNATURE DATE 12/23/2023 CS FORM 212 (Revised 2017), Page 2 of 4				(Con	tinue on separate sheet i	f necessary)				
	SIGNATURE		8%	DATE	12/23/2023			CS FORM 212 (Revised 2017), Page 2 of 4		
				<u> </u>				•		

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNM	ENT / PEOPL	E / VOLUNTA	RY ORGAN	IZATION/S			
29. NAME & ADDRESS OF OR (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		OF WORK	
I/A		110						
/II. LEARNING AND DEVELOPMENT (L&D		IG PROGRAM)	tive/Managerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTER	RVENTIONS/TRAINING PROGRAMS		DATES OF	NUMBER OF	Type of LD	C	ONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy)		HOURS	(Managerial/ Supervisory/ Technical/etc)		(Write in full)	
		From	То					
		(Continue on se	parate sheet if ne	cessary)				
/III. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32.	NON-ACADE	MIC DISTINCTION (Write in full)				MEMBERSHIP IN ASSOCIATION/ORGANIZATION (With in full)	
COMPUTER SKILLS			N/A				(Write in full) PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS	
SINGING AND PLAYING INSTRUMENTS						· = OHEN	2.000,000	
HANDICRAFT MAKING (DIY)								
ELISIOIVII I MINIMINO (DIT)								
		(Continue on se	parate sheet if ned	cessary)				
SIGNATURE	88		DATE		12/23/2023		CS FORM 212 (Revised 2017), Pag	
	00		_				,	

J4.	chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Car] NO] NO ls:			
35.	a. Have you ever been found guilty of any administrative off	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector?	☐ YES If YES, give detail	☐ YES ☑ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	☐ YES ☑ NO			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	If YES, give details: ☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972); Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES If YES, please specif ☐ YES If YES, please specif ☐ YES If YES, please specif	☑ NO iy ID No: ☑ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant of	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	JONATHAN G. BASMAYOR	BRGY. DOLORES, ORMOC CITY	9128760047			
	BEATRICE D. MABITAD	ORMOC CITY	beatrice.mabitad @evsu.edu.ph			
	JOFFER JETT C. ZAMORA	ORMOC CITY	9171809033			
42.	I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attachmagainst me.	rules and regulations of the Republic of verify/validate the contents stated herein	the Philippines. In It agree that any	VIVIEN GRACE GO LUCHANER PHOTO		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
Н	overnment Issued ID: TIN	83				
ID)/License/Passport No.: 616-298-393	Signature (Sign inside the bo	x)			
D	ate/Place of Issuance: 19-OCT-2022		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issue	d government ID as indicated above.		
		Person Administering Oath	1			
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