## CS Form No. 212 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 ( ) a 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 2. SURNAME DULCE NAME EXTENSION (JR., SR) FIRST NAME **MARIA VENUS** MIDDLE NAME **OLAN-OLAN** 3. DATE OF BIRTH 16. CITIZENSHIP 3/6/1999 ✓ Filipino (mm/dd/yyyy) ☐ Dual Citizenship ☐ by birth □ by naturalization 4. PLACE OF BIRTH ORMOC CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details 5 SEX ☐ Male ✓ Female 17. RESIDENTIAL ADDRESS **BLK. 19 LOT 22** N/A ✓ Single ☐ Married 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed □ Separated VILLA THRESA HEIGHTS SAN ISIDRO ☐ Other/s: Subdivision/Village Barangay ORMOC CITY I FYTF 7. HEIGHT (m) 151cm City/Municipality Province 8. WEIGHT (kg) 45 ZIP CODE 6541 18. PERMANENT ADDRESS **BLK. 19 LOT 22** N/A 9. BLOOD TYPE AB+ Street House/Block/Lot No VILLA THRESA HEIGHTS SAN ISIDRO 10. GSIS ID NO. N/A Barangay Subdivision/Village ORMOC CITY **LEYTE** 11. PAG-IBIG ID NO. 1212-8785-1358 City/Municipality Province 12. PHILHEALTH NO. 6541 13-025550189-6 ZIP CODE 13. SSS NO. 34-9298205-0 19. TELEPHONE NO. N/A 14. TIN NO. 369-726-694-00000 20. MOBILE NO. 09926238618 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if anv) venus.dulce@vsu.edu.ph **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NAME N/A N/A N/A BUSINESS ADDRESS N/A N/A N/A TELEPHONE NO. N/A N/A N/A 24. FATHER'S SURNAME **DULCE** N/A N/A N/A FIRST NAME **ROGELIO** N/A N/A MIDDLE NAME **CALLOSA** N/A N/A 25. MOTHER'S MAIDEN NAME N/A N/A SURNAME **OLAN-OLAN** N/A N/A FIRST NAME **JENIFER** N/A MIDDLE NAME **GERUNDIO** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP/ HIGHEST LEVEL/ 26. PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED То From COGON ELEMENTARY SCHOOL PRIMARY EDUCATION ELEMENTARY 2005 2011 N/A 2011 N/A SECONDARY WESTERN LEYTE COLLEGE HIGH SCHOOL 2011 2015 N/A 2015 N/A

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 EDUCATION MAJOR IN MAPEH		2015	2019	N/A	2019	N/A		
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY MED- PE 2		2023	2025	N/A	N/A	N/A		
(Continue on separate sheet if necessary)									
SIGNATURE	Temas			TE	June 27, 2025				

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF EXAMINATION / CONFERMENT		DMENT	LICENSE (if applicable)		
			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
PROFESS	IONAL REGUL	ATION COMMISSION	84.0	OCT. 02, 2023	TACLO	BAN CITY		N/A	N/A
N/A			N/A	N/A	N	/A		N/A	
N/A			N/A	N/A	N	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A			
	N/A	<b>I</b>	N/A	N/A	N	/A		N/A	
	N/A	1	N/A	N/A	N	/A		N/A	
	N/A	1	N/A	N/A	N	/A		N/A	
N/A			N/A	N/A	N	//A		N/A	
V WORK F	WALDIEWOE.			N/A					
	XPERIENCE ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
(mi	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)			GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From AUG. 23, 2021	To JAN. 28, 2022	PART-TIME INST	RUCTOR	INSTITUTE OF	F HUMAN KINETICS	156/HR		SEMESTRAL	Y
FEB. 15, 2022		PART-TIME INST			F HUMAN KINETICS			SEMESTRAL	Y
SEPT. 15, 2022		PART-TIME INST	RUCTOR				SEMESTRAL	Y	
FEB. 20, 2023		PART-TIME INST	RUCTOR	INSTITUTE OI	156/HR	N/A	SEMESTRAL	Y	
AUG. 16, 2023	DEC. 21, 2023	PART-TIME INST	RUCTOR	INSTITUTE O	F HUMAN KINETICS	156/HR	N/A	SEMESTRAL	Y
JAN. 15, 2024	5/17/2024	PART-TIME INST	RUCTOR	INSTITUTE O	156/HR	N/A	SEMESTRAL	Υ	
AUG. 14, 24	DEC. 13, 2024	PART-TIME INST	RUCTOR	INSTITUTE OI	182/HR	N/A	SEMESTRAL	Y	
JAN. 16, 2025	5/23/2025	PART-TIME INST	RUCTOR	INSTITUTE O	182/HR	N/A	SEMESTRAL	Υ	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A			N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A N/A	N/A N/A	N/A N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A	
INIA	N/A	IN/A	(Cor	ntinue on separate sheet	N/A if necessary)	N/A	N/A	IVA	N/A
SIGNA	ATURE	Tem			DATE			June 27, 2025	

VI. VOLUN	TARY WORK OR INVOLVEMENT	N CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	ORGANIZATIO	N/S		
29.		ADDRESS OF ORGANIZATION INCLUSIVE DATES						
	(Write in full)		(mm/d From	d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A			N/A	N/A	N/A		N/A	
N/A			N/A	N/A	N/A		N/A	
N/A			N/A	N/A	N/A		N/A	
	N/A		N/A	N/A	N/A		N/A	
N/A				N/A	N/A		N/A	
	N/A		N/A	N/A	N/A	N/A		
N/A				N/A	N/A	N/A		
(Continue on separate sheet if necessary)  VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED								
	most recent L&D/training program and include				f/Executive/Manage	rial positions)		
30. TI	ITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/d		NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical(etc)		
	FIELD EXPERIENCE TE	ACHER	Oct. 20, 2018	3/3/2019	180 hrs.	N/A	IPIL NATIONAL HIGH SCHOOL	
I	Philippine Red Cross "Basic Volunted	er Orientation Course"	Oct. 06, 2019	Oct. 07, 2019	8hrs.	N/A	EASTERN VISAYAS STATE UNIVERSITY	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
		N/A		N/A	N/A	N/A	N/A	
N/A				N/A	N/A	N/A	N/A	
		N/A		N/A	N/A	N/A	N/A	
N/A				N/A	N/A	N/A	N/A	
		N/A		N/A	N/A	N/A	N/A	
		N/A		N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
	N/A		N/A	N/A	N/A	N/A	N/A	
VIII. OTHE	ER INFORMATION	(Con	tinue on separate s	heet if necessary)				
31.	SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
DANCING Dance Troupe Awardee						Eastern Visayas State University Alugyaw		
N/A						Dance Troupe N/A		
N/A						N/A		
N/A						N/A		
N/A						N/A		
N/A						N/A		
	N/A	N/A	N/A			N/A		
SIGNATURE				DATE June 27, 2025			June 27, 2025	
		Temas					CS FORM 212 (Revised 2017), Page 3 of 4	

34.	chief of bureau or office Bureau or Department v	sanguinity or affinity to the appointing or to the person who has immedia where you will be apppointed,						
	a. within the third degree			☐ YES ☑ NO				
	b. within the fourth degr	ree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO				
			If YES, give deta	ils:				
	a Haya yay ayaa baaa	formal aviilar of any administrative a						
35.	a. Have you ever been	found guilty of any administrative of	mense?	☐ YES	☑ NO 			
				If YES, give deta	IIS:			
					·			
	b. Have you been crimin	inally charged before any court?		☐ YES ☑ NO				
				If YES, give deta Date Filed				
				Status of Case/s				
36.	Have you ever been con	onvicted of any crime or violation of	any law, decree, ordinance or regulation by	☐ YES	✓ NO			
	any court or tribunal?			If YES, give details:				
37.	Have you ever been se	eparated from the service in any of t	he following modes: resignation,	☐ YES	▼ NO			
			end of term, finished contract or phased out	If YES, give deta				
	(abolition) in the public of	•		-				
38.	a. Have you ever been a Barangay election)?	a candidate in a national or local e	lection held within the last year (except	YES	✓ NO			
				If YES, give det				
		rom the government service during ively campaign for a national or loca	the three (3)-month period before the last all candidate?	☐ YES ☑ NO If YES, give details:				
39.		status of an immigrant or permanel		II 1 LO, give details.				
39.	riave you doquired the	status of all illimitigrant of pormano	in resident of unotion country:	☐ YES ☑ NO If YES, give details (country):				
				ii 120, give deta	iis (country).			
40.	Pursuant to: (a) Indigen	nous People's Act (RA 8371); (b) M	agna Carta for Disabled Persons (RA					
	, , ,	`	), please answer the following items:					
a.	Are you a member of ar	ny indigenous group?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with d	disability?		YES ☑ NO				
			If YES, please specify ID No:					
C.	Are you a solo parent?			☐ YES ☑ NO If YES, please specify ID No:				
				II 1 LO, ploudo apoc				
41.	REFERENCES (Person not re	related by consanguinity or affinity to applicar	·· ·					
NAME ADDRESS			ADDRESS	TEL. NO.				
ROXY BANDEJO			ORMOC CITY	9989824823				
FRANZ MARTIN SOMBILON CALLANO ORMOC CITY			ORMOC CITY	9498642277				
EDILBERTO, ARTIGA JR. BAYBAY CITY			BAYBAY CITY	09383644332				
42.	I declare under oath the	that I have personally accomplish	ed this Personal Data Sheet which is a tr	rue, correct and				
	complete statement pu	ursuant to the provisions of pert	inent laws, rules and regulations of the	Republic of the	MARH VENUS O. DULCE			
		0 ,	sentative to verify/validate the contents state cument and its attachments shall cause		PHOTO			
	administrative/criminal	- T	currient and its attachments shall causi	e the lilling of	PHOTO			
	Sovernment Issued ID (i.e.Pass	sport, GSIS, SSS, PRC, Driver's License, etc.)						
H	overnment Issued ID:							
l		PHILHEALTH 13-025550189-6	Toronto.					
l H	June 27, 2025			ox)	<b>{</b>			
D	Date/Place of Issuance: SEPT. 09 2020 Date Accomplished				Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	20000 NICE AND		, amant campui	validiy loode				
		H	h					
		L	Person Administering Oat	П	I			