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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. rint legibly. Tick appropriate boxes ( ) and 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 I. PERSONAL INFORMATION 2. SURNAME LAMBERT AME EXTENSION (JR., SR) ANTHONY FIRST NAME MIDDLE NAME PASCUAL 3. DATE OF BIRTH 16. CITIZENSHIP ☐ Dual Citizenship ▼ Filipino MARCH 26, 1981 by naturalization ☐ by birth 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX ✓ Male ☐ Female ☐ Single ✓ Married 17. RESIDENTIAL ADDRESS APARTMENT 52 6 CIVIL STATUS House/Block/Lot No.
VISAYAS STATE UNIVERSITY □ Separated PANGASUGAN ☐ Other/s: Subdivision/Village **BAYBAY CITY** I FYTF 7. HEIGHT (m) 1.8 m City/Municipality 8. WEIGHT (kg) 105 kg ZIP CODE 6521 18. PERMANENT ADDRESS APARTMENT 52 9. BLOOD TYPE A+ House/Block/Lot No VISAYAS STATE UNIVERSITY **PANGASUGAN** 10 GSIS ID NO 2005462271 Subdivision/Village BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 002197585507 City/Municipality 12. PHILHEALTH NO. 190895776479 ZIP CODE 6521 (053) 563 7024 13. SSS NO. 0622438571 19. TELEPHONE NO. 14. TIN NO. 920852844 20. MOBILE NO 09176309716 / 09190616898 15. AGENCY EMPLOYEE NO. V01087 21. E-MAIL ADDRESS (if any) lambertapl@yahoo.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME LAMBERT 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) IAME EXTENSION (JR., SR) MA. JESUSA CORAZON ABIEGAIL M. LAMBERT 12/26/2002 FIRST NAME MIDDLE NAME **MORALDE** ANTHONY DARYL M. LAMBERT 10/02/2012 INSTRUCTOR OCCUPATION EMPLOYER/BUSINESS NAME **VISAYAS STATE UNIVERSITY** BUSINESS ADDRESS **BAYBAY CITY LEYTE** TELEPHONE NO. (053) 563 7027 LAMBERT 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME **ALOYSIUS GLENROY** MIDDLE NAME MIRAL 25. MOTHER'S MAIDEN NAME **PASCUAL** SURNAME FIRST NAME **NELEN** MIDDLE NAME **PLEÑOS** (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND HIGHEST LEVEL/ UNITS EARNED (if not graduated) SCHOLARSHIP/ CADEMIC HONOF RECEIVED PERIOD OF ATTENDANCE YEAR GRADUATED NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) (Write in full) From То VISCA FOUNDATION ELEMENTARY ELEMENTARY 1988 1994 **SCHOOL** VISCA LABORATORY HIGH SCHOOL SECONDARY 1998 VOCATIONAL / NA TRADE COURSE BS AGRIBUSINESS MAJOR BUSINESS COLLEGE **VISAYAS STATE UNIVERSITY** 1998 2002 2002 CUMLAUDE MANAGEMENT **MASTER OF MANAGEMENT MAJOR VISAYAS STATE UNIVERSITY** 2018 2016 2018

**BUSINESS MANAGEMENT** 

DATE

GRADUATE STUDIES

SIGNATURE

July 1, 2021

ERITHICATE OF ELIBERITY (PHONE STUDENT)  PROFESSIONAL DRIVER'S LICENSE  0.2-2-2019  LTO BAYBAY CITY  H83-8-430607 0-3-2-3  PROFESSIONAL DRIVER'S LICENSE  0.2-2-2019  LTO BAYBAY CITY  H83-8-430607 0-3-2-3  REPROFESSIONAL DRIVER'S LICENSE  Combust on measurity theory finesteering  FORTION TO BE COMPANY OF THE PROFESSIONAL DRIVER'S LICENSE  PROFESSIONAL DRIVER'S LICENSE  Combust on measurity theory finesteering  FORTION TO BE COMPANY OF THE PROFESSIONAL DRIVER'S LICENSE  FORTION TO BE	IV. CIVIL SE	ERVICE ELIG	BILITY							
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WORK EXPERIENCE	PRUF	ESSIONAL DI	RIVER'S LICENSE		03-26-2019	LIUBA	TIBAT CITT		HU3-98-U3UUU7	03-26-2024
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Include private analogoment, Sort from your record work Description of duties should be indicated in the attached Work Expesions electrons   Post of the private analogoment	V WORKE	VDEDIENCE		(Cor	ntinue on separate shee	t if necessary)				
Position   To   Position   True   Write in altition or adherorate)   DEPARTMENT   AGENCY (OFFICE COMEN)   Worker   Wilder   Wil				t work) Description	n of duties should b	oe indicated in the attacl	hed Work Exp	erience sheet		
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MONE	VI. VOLUNI	IARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNIARY (	JRGANIZATIO	)N/S		
NOME    NOME	29. NAME & ADDRESS OF O			(mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
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SIGNATURE		NONE		From	То				
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CS ECPM 212 (Pavisad 2017		SIGNATURE				Di	ATE	July 1, 2021  CS FORM 212 (Revised 2017), Page 3 of	

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 apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NC						
		If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 by any court or tribunal?	ny law, decree, ordinance or regulation	☐ 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 out (abolition) in the public or private sector?	nd of term, finished contract or phased	✓ YES					
38.	a. Have you ever been a candidate in a national or local election)?		☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	•						
a.	Are you a member of any indigenous group?	☐ YES  If YES, please specify:	☑ NO					
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:					
C.	Are you a solo parent?		☐ YES ☑ NO If YES. please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)						
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42.	42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.  I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	No						
H	overnment Issued ID: DRIVER'S LICENSE							
╽┢	/License/Passport No.: H03-98-030007	ox)						
Da	ate/Place of Issuance: 03/26/2019 LTO BAYBAY CITY		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued gove	ernment ID as indicated above.				
	Person Administering Oath  CS FORM 212 (Revised 2017) Page.							