## **PERSONAL DATA SHEE**

WARNING: Any misrepresentatio						trative/crim	inal case/s agains	at the person (	concerned.	
READ THE ATTACHED GUIDE TO Print legibly. Tick appropriate boxes (	and use separate sheet if	SONAL DATA SHEET necessary. Indicate N/	(PDS) BEFORE ACCOMPLIA A if not applicable. DO NOT AB	ISHING THE P	DS FORM.	1. CS ID No.		(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATION										
2. SURNAME	VEGA							NA	Merc	
FIRST NAME	MARIA LILIA		- 1005 No				2 74101			
MIDDLE NAME	PABON							nh.		
3. DATE OF BIRTH (mm/dd/yyyy)	25/04/1967		16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐			]by naturaliza	tion		
4. PLACE OF BIRTH	BAYBA	·Υ	If holder of dual citizen	nship,			Pls. indicate country:			
5. SEX	☐ Male	☑ Female	please indicate the details.		1			_		
6 CIVIL STATUS	☐ Single ☐ Widowed ☐ Other/s:	☑ Married ☐ Separated	17. RESIDENTIAL ADDRESS	House/Block/Lot No. SubdivisionWillage			Purok 3 Street STA. CRUZ Barangay			
7. HEIGHT (m)	5'3'				AYBAY CITY			LEYTE Province		
8. WEIGHT (kg)	60KG			- Ci	ултынырану		6521			
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS	Hause/Block/Lot No.			Purok 3 Street			
10. GSIS ID NO.	NA			House/Block/Lot No.  Subdivision/Village					STA CRUZ Barangay	
11. PAG-IBIG ID NO.	1212-76808072				BAYBAY CITY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	19-000065560-4		ZIP CODE		6521					
13. SSS NO.	0111-7251401-2		19. TELEPHONE NO.		N/A					
14. TIN NO.	218-049-835-00		20. MOBILE NO.		09617605332					
15. AGENCY EMPLOYEE NO.	NA		21. E-MAIL ADDRESS (if any)		<u>n</u>	na.lilia.ve	ga@vsu.edu	.ph		
II. FAMILY BACKGROUND	ſ									
22. SPOUSE'S SURNAME	VEGA		Lucy exercises	23. NAME of CHI	23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	SAMUEL		NAME EXTENSION (JR., SR)		VEGA, JUNKEN			AUG. 6, 1989		
MIDDLE NAME	CABEL			VEGA, JANINE			24/05/1989		5/1989	
OCCUPATION	NONE			VEGA, JERON					2, 1993	
EMPLOYER/BUSINESS NAME				VEGA, JEMUEL		04/05/1996		5/1996		
BUSINESS ADDRESS				The second secon						
TELEPHONE NO.										
24. FATHER'S SURNAME		PABON	_				~~~			
FIRST NAME	MARCIAL		NAME EXTENSION (JR., SR)							
MIDDLE NAME		TAMBILING			70 m					
25. MOTHER'S MAIDEN NAME		HIPOLITO								
SURNAME	PABON									
FIRST NAME	ROSA									
MIDDLE NAME		CASTIL			(C	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL	NAME OF SO (Write in		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	BUNGA ELEMENTA	ARY SCHOOL	PRIMARY EDUCATION		1974	1974	GRADUATED	1974	NA	
SECONDARY	BUNGA BARANGAY HS, NOV	N BUNGA NATIONAL HS	SECONDARY EDUCATION		1974	1983	GRADUATED	1983	NA	
VOCATIONAL / TRADE COURSE										
COLLEGE	VISAYAS STATE COLLEGE VISAYAS STATE		BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION major in Broadcasting		1983	1988	GRADUATED	1988	NA	
GRADUATE STUDIES	VISAYAS STATE	UNIVERSITY	MASTER OF MANAGEMENT m		2013	2019	GRADUATED	2019	NA	
SIGNATURE		g <sub>m</sub>	Continue on separate sheet if nece	essary)	DA	ATE	24	Nov.	かか	

27. CAREER SERVICE ELIGIBILITY  PATING				DATE OF		LICENSE (if applicable)			
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  N/A				PLACE OF EXAMINATION	N / CONFERMEN	NT	NUMBER	Date of Validity	
				1					
	W.W. Commission of the Commiss							V. 22	
	A A A A WAR A CO. A								
	***************************************								
			(Contir	nue on separate sheet if n	ecessary)				
	XPERIENCE	t Start from vour rocan	t work) Description	of duties should be	indicated in the attached	l Work Eyner	ience st	reef	
B. INCLU	JSIVE DATES m/dd/yyyy)	POSITION (Write in full/Do not	TILE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY  I/Do not abbreviate)	MONTHLY SALARY	JOB/ PAY GRADE (if applicable)&	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/N)
From	То					9	STEP (Format *00-		
01/07/22	31/12/22	ADMINISTRATIV	····		SSURANCE OFFICE SSURANCE OFFICE	16, 125.10 16, 125.10	3	CASUAL	Y
03/21/2022	06/30/2022	ADMINISTRATIV ADMINISTRATIVE			SSURANCE OFFICE	16, 125.10	3	CASUAL	Y
8/03/2021	31/12/2021	ADMINISTRATIVE		QUALITY A	20,000.00	GRADE 11	JOB ORDER	Υ	
1/11/2020	31/12/2020	MEDIA PRODUCTIO	N ASSISTANT	DEPARTN	15, 000.00		JOB ORDER	Υ	
1/03/2009	02/30/2015	ADMINISTRATIVE	OFFICER 1	ACIAR HORT	15, 000.00		JOB ORDER	Υ	
1/03/2015	31/12/2019	ACIAR PROGRAM C	ORRDINATOR	ACIAR HORT	20,000.00		JOB ORDER	Υ	
1/01/1995	30/06/2004	COMMUNITY AFFAI	RS OFFICER I	CITY GOVERNMENT OF PARANAQUE		12, 000.00	GRADE 12	CASUAL	Υ
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			(Conti	nue on separate sheet if n	ecessary)				
SIGN	ATURE		Open		DATE		54 1	10v. 20	957

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	N/S	是《 <b>第</b> 》的诗句,"文文章,《西·文文章》	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
ZIGMA ALPHA EPSILON FRATERNITY	09/ 2022	09/2023		AD	VISER - VSU Collegiate Chapter	
USTRALIAN AWARDS ALUMNI MEMBER	2018	Up to present			Australian Alumni Member	
	ntinue on separate	a facet if account				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P Start from the most recent L&D/training program and include only the relevant L&D/training (aken for the	ROGRAMS A	ITIENDED		erial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Good-Gobyerno Celebrating Good Governance Champions	09/23/2022	09/23/2022	8.0	Australian Alumni	Australian Alumni Communities	
SO AWARENESS AND RE-AWARENESS SEMINAR	08/30/2022	08/30/2022	8.0	dDRC	Dr. Edgardo E. Tulin Angel G. Fernandez, Jr. Principal	
ITERNAL QUALITY AUDIT TRAINING	08/172022	08/19/2022	24	Supervisory	Consultant, Founder & CEO	
lands-Only Cardiopulmonary Resuscitation eminar on Social Security Act of 1997 RA 8282	07/21/2022 05/12/2022	07/21/2022 05/12/2022	4.0	Staff Staff	Exuperia B. Sabalberino, MD,MPH, CESe Dr. Porferio Saladaga, Jr.	
eminar on Data Privacy Act (RA 10173)	04/07/2022	04/07/2022	4.0	Staff	Dr. Rolando R. Marasigan	
Quality Customer Relations/Customer Service Excellence	10/19/2021	10/19/2021	8.0	Managerial	TÜV RHEINLAND	
SO 9001-2015 AWARENESS SEMINAR	13/09/2021	13/09/2021	4.0	Staff	Visayas State University  Angel G. Fernandez, Jr. Principal	
orrective Action Reporting Training	29/07/2021	29/07/2021	8.0	Supervisory	Consultant, Founder & CEO	
ive of the Key Audit Point sin conducting QMS	09/07/2021	09/07/2021	1.0	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
Inderstanding the New ISO 10013-2021	02/07/2021	02/07/2021	1.0	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
low to implement business Process Improvement	21/05/2021	21/05/2021	1.0	Staff	Angel G. Fernandez, Jr. Principal	
<del>en la la companya de la companya de</del>	<del> </del>	-	-		Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
orrecting Corrective Actions	28/05/2021	28/05/2021	1.0	Staff	Consultant, Founder & CEO	
To Document or Not To Document? Documents and Records Management Must-Know	04/05/2021	04/05/2021	1.0	Staff	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
Risk-Based Thinking Explained	07/05/2021	07/05/2021	1.0	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
raining on Open Date Kit (ODK)	13/07/2019	13/07/2019	8.0	Staff	VISERDAC, VSU	
Training Series on Advanced Quantitative Approaches to Project Impacts	03/12/2018	07/12/2018	40.0	Supervisory	VISERDAC, VSU	
raining Series on Advanced Quantitative Approaches to	Sept. 23, 2018	Sept. 27, 2018	40.0	Cupandanu	MICERDAC VCII	
Project Impacts	Зерг. 23, 2016	Sept. 27, 2016	40.0	Supervisory	VISERDAC, VSU	
				<del> </del>		
	ntinue on separate	sheet if necessary	)			
VIII. OTHER INFORMATION	and the second					
31. SPECIAL SKILLS and HOBBIES 32. NON	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)			
Cooking	NA				NA	
Singing						
Planting cmamentals			1 10			
					4-14	
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(Ca)	ntinue on separate	sheet if necessary	)	1		
SIGNATURE	Lvery			ATE	24 Nov. 2022	
	<del>/ `                                   </del>		+ 87 B		CS FORM 212 (Revised 2017), Page 3	

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?	☐ YES ☑ NO		
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☐ NO	
	S. Main, ale real at 20g100 (cr. 2001)	,	If YES, give details:	
35.	a. Have you ever been found guilty of any administrative offe	ense?	☐ YES ☑ NO	
			If YES, give details:	
				_
	h Have very hearn eniminally about ad before only court?		☐ YES ☑ NO	
	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 an	ny law, decree, ordinance or regulation by	☐ YES ☑ NO	
	any court or tribunal?		If YES, give details:	
37.	Have you ever been separated from the service in any of the	e following modes: resignation, retirement,	✓ YES □ NO	
	dropped from the rolls, dismissal, termination, end of term, fi		If YES, give details:	
	in the public or private sector?		COTERMINUS	
38.	a. Have you ever been a candidate in a national or local electrical of the second seco	ction held within the last year (except	☐ YES ☑ NO	
	Barangay election)?		If YES, give details:	
	b. Have you resigned from the government service during the		☐ YES ☑ NO	
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:	
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO	
			If YES, give details (country):	
40.	· modern to (Ly mangement) copie of the (i o toot ty) (by man			
a.	7277); and (o) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:		
Ĭ.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:	
b.	Are you a person with disability?		☐ YES ☑ NO	
			If YES, please specify ID No:	
C.	Are you a solo parent?		YES NO	SEPARATED
		*****	If YES, please specify ID No:	SEPAINTED
41.	REFERENCES (Person not related by consanguinity or affinity to applicant a	/appointee)		
	NAME	ADDRESS	TEL. NO.	
	CHRISTINA A. GABRILLO	SOUTHERN, LEYTE	9470069304	
	JOSE L. BACUSMO	VISCA, BAYBAY CITY, LEYTE	9192136283	
_		VIOUA, BATBAT CITT, LETTE	3132130203	
	LILIAN B. NUNEZ	GABAS, BAYBAY CITY, LEYTE	975255910	
42.	r decide direct out that I have personally decomplished			
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized representations of pertination of			
	agree that any misrepresentation made in this docu			РНОТО
	administrative/criminal case/s against me.			
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			acto
P	LEASE INDICATE ID Number and Date of Issuance			
G	overnment Issued ID: PHILHEALTH ID-19-0000655560-4	quezu		
	/License/Passport No.: P1786256C	/, 0		
11		ox)		
P	ate/Place of Issuance: 27Sept2022 - DFA Tacloban	Date Accomplished		Right Thumbmark
	OUDOODIDED AND OWARDLY A TO THE	·		ID in Park 1
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government	in as indicated above.