CS Form No. 212 Revised 2017	PERSO	NAL DAT	ΔSH	IFF1	<u>г</u>				
	i Litooi	INAL DAI	4 011						
WARNING: Any misinterpretation concerned.	on made in the Personal Data Sheet and the	Work Experience Sheet shall	ll cause the fi	ling of adm	inistrative/d	riminal case/s a	gainst the pe	rson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHI			E PDS FOR			/Da nat fill		
I. PERSONAL INFORMATION	(and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not till up. I	For CSC use only)	
2. SURNAME	POGADO								
FIRST NAME	JHAD					NAME EXTENSION (JR	., SR)		
MIDDLE NAME	YAMSON								
3. DATE OF BIRTH									
(mm/dd/yyyy)	11/04/1992	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ☐ by naturali			ization			
4. PLACE OF BIRTH	San Pedro, Laguna	If holder of dual citizens				ountry:			
5. SEX	✓ Male ☐ Female	please indicate the det	details.				•		
6 CIVIL STATUS	☐ Single ✓ Married	17. RESIDENTIAL ADDRESS		, , , , , , , , , , , , , , , , , , ,			Purok 5		
	Widowed Separated Other/s:		House/Block/Lot No.			Street Gabas			
7 HEICHT (m)	1.67	1	Sub	odivision/Village Baybay	Э		<i>Barangay</i> Leyte		
7. HEIGHT (m)		-	Cit	ty/Municipality			Province		
8. WEIGHT (kg)	54	ZIP CODE				6522			
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Hous	se/Block/Lot N	0.		San Roque St. Street		
10. GSIS ID NO.	N/A		Sub	odivision/Village	9		Tinago Barangay		
11. PAG-IBIG ID NO.	121187845104]	Inopacan			Leyte Province			
12. PHILHEALTH NO.	12-051529760-5	ZIP CODE	City/Municipality 6522		6522	riovince			
13. SSS NO.	06-3873601-8	19. TELEPHONE NO.	NO.			N/A			
14. TIN NO.	4. TIN NO. 333-949-926			09658442212					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jhadyamsonp@gmail.co			<u>om</u>			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	POGADO		23. NAME of CHI			list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	FRETZELJANE	NAME EXTENSION (JR., SR)		THYO). POGADO		26/11/2016		
MIDDLE NAME	OLOR								
OCCUPATION	Instructor								
EMPLOYER/BUSINESS NAME	Department of Biological Sciences, VISA	YAS STATE UNIVERSITY							
BUSINESS ADDRESS	Baybay City, Leyt	te							
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	POGADO								
FIRST NAME	Joseph	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Rondina								
25. MOTHER'S MAIDEN NAME	Emmalinda Cabigas Y	amson							
SURNAME	YAMSON								
FIRST NAME	EMMALINDA								
MIDDLE NAME	CABIGAS			(Co	ontinue on se _l	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	(Write in full)		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	INOPACAN CENTRAL SCHOOL	PRIMARY EDUCATIO	1		2006		2006		
SECONDARY	TINAGO NATIONAL HIGH SCHOOL	HIGH SCHOOL		2006	2009		2010		
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A		N/A				

BSED (PHYSICAL SCIENCES)

DATE

2010

10/27/2020

2016

2016

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

VISAYAS STATE UNIVERSITY

COLLEGE

GRADUATE STUDIES

SIGNATURE

	ERVICE ELIG	IBILITY							
?7. CAREE	ER SERVICE/ RA 1 SPECIAL LAV	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFER	RMENT	LICENSE (if a	pplicable) Date of
	RANGAY ELIGIBILI	TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Validity
CIVIL SERV	/ICE EXAM (PR	ROFESSIONAL LEVEL)		AUGUST 4, 2019	MAAS	IN CITY		H-12-15-	
	DRIVER'S LICENSE				BAYB	BAYBAY CITY			2018-2023
								003165	
			(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE								
	ate employmer SIVE DATES	nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Exp	salary/ JOB/ PAY		
	n/dd/yyyy) To	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
08/10/2020	09/30/2020	PSA Enume	rator	Philippines Statistics Office		10,000		Contractual	Y
12/5/2016	01/15/2017	Customer service re	presentative		O, BPO Inc.	12000.00		Regular	N
							-		

0.014	TUDE		(Co	ntinue on separate sheet			00.505	40 /Design 1007	3
SIGNA	TURE			DATE	10/27/2020		CS FORM 2	12 (Revised 2017), I	age 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF (Write in the			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A		N/A	N/A	N/A	N/A			
		tinue on separate s						
VII. LEARNING AND DEVELOPMENT (L&L (Start from the most recent L&D/training program and incl				f/Evecutive/Manage	orial nositions)			
	and only the relevant Eddritaining taken for a	INCLUSIVE	DATES OF	/Lxecutive/manage	Type of LD			
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in t			DANCE d/yyyy)	NUMBER OF HOURS	RS (Managerial/ Supervisory/ (Write in full)			
		From	То		Technical/etc)			
	(Con	tinue on separate s	heet if necessary)					
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	ICTIONS / RECOG e in full)	NITION		33. MEM	BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SIGNATURE	(Con	tinue on separate s	heet if necessary) DATE		10/27/2020		CS FORM 212 (Revised 2017), Page 3 of 4	
OIGHA! ONL	1		DATE		. 0, 21, 2020		30 / 31.m 212 (Neviseu 2011), Fage 3 01 4	

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 ☑ NO ☐ YES ☑ NO 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 arby any court or tribunal?	☐ 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, en out (abolition) in the public or private sector?	d of term, finished contract or phased	✓ YES □ NO If YES, give details:	GNATION			
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	☐ YES ☑ N If YES, give details:	0			
	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?	please allower the following kerne.	YES IN	NO			
b.	Are you a person with disability?		If YES, please specify: YES NO				
C.	Are you a solo parent?		If YES, please specify ID No: YES If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL. NO.				
	Joy A. Bellen	Department of Teachers Education, Visayas State University	+639751375686				
	Christine Paragsa	WIPRO, Cebu	+639066123238	6 500			
	Engr. Hanzel N. Mejia	Department of Civil Engineering, Visayas State University					
42.	I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, rules the agency head / authorized representative to verify misrepresentation made in this document and its attachmagainst me.	is Personal Data Sheet which is a true, and regulations of the Republic of the Pulvalidate the contents stated herein.	hilippines. I authorize I agree that any	РНОТО			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	01/					
	overnment Issued ID: Driver's license						
ID	/License/Passport No.: H-12-15-003165	pox)					
Da	ate/Place of Issuance: Baybay City	10/27/2020 Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued governme	ent ID as indicated above.			
	L	Person Administering Oa	th				
			CS	S FORM 212 (Revised 2017), Page 4 of 4			