CS Form No. 212

SIGNATURE

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. (Do not fill up. For CSC use only) 1. CS ID No. Print legibly. Tick appropriate boxes (🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME ITALIO FIRST NAME ELIZABETH MIDDLE NAME ABELARDO 3. DATE OF BIRTH 05/10/1989 16. CITIZENSHIP Dual Citizenship ✓ Filipino (mm/dd/yyyy) BAYBAY CITY If holder of dual citizenship, Pls. indicate country: 4. PLACE OF BIRTH please indicate the details. ✓ Female Male 5. SEX 17. RESIDENTIAL ADDRESS ☐ Single Married 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated BRGY KAMBONGGAN SITIO TIBAL WA Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.53M City/Municipality Province 8. WEIGHT (kg) 73 KGS. ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No. Street SITIO TIBALWA BRGY, KAMBONGGAN 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO N/A City/Municipality Province 12. PHILHEALTH NO. 13-025122981-4 ZIP CODE 6521 0630201842 19. TELEPHONE NO. 13. SSS NO 14. TIN NO. N/A 20. MOBILE NO 0947-8013040 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) elizabeth.italio1089@yahoo.com 22. SPOUSE'S SURNAME ITALIO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) NICHOLAS ANTONIO A. ITALIO FIRST NAME **JEOFFREY** 11/29/2012 MIDDLE NAME **PASTORIL** SELF-EMPLOYED OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO **ABELARDO** 24. FATHER'S SURNAME NAME EXTENSION (JR, SR) ROLANDO FIRST NAME MIDDLE NAME **GENTALLAN** 25. MOTHER'S MAIDEN NAME SURNAME GUINOCOR **ELIZABETH** FIRST NAME SARNO MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To BAYBAY NORTH CENTRAL SCHOOL RIMARY EDUCATION ELEMENTARY 06/05/1995 3/30/2001 GRADUATE 2001 N/A N/A **BAYBAY NATIONAL HIGH SCHOOL** SECONDARY EDUCATION 04/01/2005 2005 SECONDARY 06/04/2001 GRADUATE FRANCISCAN COLLGE OF THE IMMACULATE VOCATIONAL / NURSING AIDE 6/13/2005 3/24/2007 DIPLOMA 2007 N/A TRADE COURSE CONCEPTION FRANCISCAN COLLEGE OF THE IMMACULATE **BACHELOR OF ELEMENTARY EDUCATION** 03/06/2018 N/A COLLEGE 06/09/2014 GRADUATE 2018 CONCEPTION GRADUATE STUDIES

12-14-23

DATE

(Married Married Marri						
34.	Are you related by consanguinity or affinity to the appointin 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 - Ca	YES	NO			
		If YES, give details:				
			ii 1 Lo, give details.			
35.	a. Have you ever been found guilty of any administrative of	ffense?	☐ YES ✓	NO		
			If YES, give details:			
		ii 1 Lo, give details.				
	b. Have you been criminally charged before any court?		The second secon	] NO		
		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of	U VEC	- NO			
	any court or tribunal?		NO			
		If YES, give details:				
37.	Have you ever been separated from the service in any of the	✓ YES	NO			
	dropped from the rolls, dismissal, termination, end of term,	If YES, give details:				
	in the public or private sector?		FINISHED CONTRACT			
38.	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ☑ NO			
	Barangay election)?		If YES, give details:	V NO		
	b. Have you resigned from the government service during	[2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017]		✓ NO		
	election to promote/actively campaign for a national or local	al candidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or permaner	nt resident of another country?	YES	✓ NO		
			If YES, give details (country):			
			ii 1 Lo, give details (co	oundy).		
40	Durayant to: (a) Indianaya Baarlela Act (DA 9274), (b) A4	Onto to Disable I Day (DA				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma		THE RESERVE OF THE PERSON OF T			
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	), please answer the following items:				
a.	Are you a member of any indigenous group?		YES	✓ NO		
h	A		If YES, please specify:			
b.	Are you a person with disability?		YES	✓ NO		
C.	Are you a solo parent?		If YES, please specify ID No:			
	Are you a solo parent:		YES NO If YES, please specify ID No:			
44	DESERVINES IN					
41,	REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)		productive and the second second second second second		
	NAME	ADDRESS	TEL. NO.	ID picture taken		
	DR. IRMA BARBARA T. GUIBONE	BAYBAY CITY	9175457323	the last 6 more		
-	DR. MARIA VICTORIA GONZAGA	BAYBAY CITY	9126944280			
	MTY. RYSAN C. GUINOCOR	BAYBAY CITY	09173126266			
42	I declare under oath that I have personally accomplished			***		
	complete statement pursuant to the provisions of perti					
	Philippines. I authorize the agency head/authorized repres	sentative to verify/validate the contents state	d herein			
	agree that any misrepresentation made in this doc			PHOTO		
	administrative/criminal case/s against me.		dio ming or			
G	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: PRC LICENSE	EASTAILLY				
IC	D/License/Passport No.: 1756659	Signature (Sign inside the bo	(xr			
	ate/Place of Issuance; 05/30/2019-PRC ORMOC					
L	and last of location.		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	4 DEC 2023 affiant exhibiting	ng his/her validly issued gove	ernment ID as indicated above		
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	2 1 2 122 122					
	-	n				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	NT / PEOPLE /	VOLUNTARY	ORGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		SIVE DATES n/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
WESTERN LEYTE PROVINCIAL HOSPITAL	9/16/2007	12/17/2017		NURSING AIDE		
(6	Continue on separat	te sheet if necessa	ny)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING		VE DATES OF				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	From To			Technical/etc)	(**************************************	
					Element had been seen	
ISO 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	08/29/2023	8/29/2023	4 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY	
GENDER SENSITIVITY ORIENTATION	07/11/2023	07/11/2023	4 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY PHILIPPINE REC CROSS-ORMOC	
OCCUPATIONAL FIRST AID AND BLS-CPR WITH AED  INTEGRATING 21ST CENTURY COMPETENCIES AND ICT IN THE TEACHING AND	10/10/2019	10/11/2019	16 HOURS	TECHNICAL	CHAPTER  GEEN ED CONSULTANCY, TRAINING AND REVIEW	
LEARNING		06/03/2019	80 HOURS	TECHNICAL	CENTER  PHILIPPINE ASSOCIATION FOR TEACHERS AND	
REGIONAL TEACHING CONGRESS	2/17/2018	2/17/2018	8 HOURS	TECHNICAL	EDUCATORS EDUCATORS	
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	Continue on separat	e sheet if necessa	ny)			
VIII. OTHER INFORMATION	OU 1015 FM 0 FM					
31. SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DIST	rite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
READING	1					
DANCING						
SOCIAL NETWORKING						
COMPUTER LITERATE				2	The second secon	
BAKING		23/4	1 1 1		The state of the s	
SPORTS	In the second	of the section				
The state of the s	ontinue on separat	e sheet if necessa	nd)			
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5,54,6	121				CS FORM 212 (Revised 2017), Page 3 of 4	

	SERVICE ELIGIE REER SERVICE/ RA 108	80 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	nonlicable)
	SPECIAL LAWS/ CES/ CSEE  BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)					ATION / CONFERMENT		NUMBER	Date of
		77.0	3/24/2019	TACLOBAN CITY				Validity	
				FCIC-BAYBAY CITY					
		* 1 1 1 1							14-16
	EXPERIENCE			ntinue on separate sheet in					
	vate employment.  LUSIVE DATES	Start from your recent	work) Description	of duties should be i	ndicated in the attached	l Work Expe	SALARY/ JOB/ PAY		
(1	mm/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY 603.4/HR	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То	OLED!							
02/01/2023	PRESENT 4/30/2012	CLERK			VISAYAS STATE UNIVERSITY			JOB ORDER	
01/01/2008	06/01/2011	CLINIC SECRE			ALUE, INC.	13000.00		CONTRACTUAL	
0110112000	00/01/2011	CLINIC SECK	IAKI	KIUZ	KLINIKA	3000.00		PART TIME	
4.5			DATE:						
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		1	(Con	tinue on separate sheet if	necessary)				
SIGN	ATURE	GACHAU	w		DATE		12-14-	23	