## PERSONAL DATA SHEET

WARNING: Any misrepresent	ation made in the Personal	Data Sheet and the	e Work Experience Sheet sha	II cause the	filing of ad	ministrativ	e/criminal case/	s against the	person concerned.	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe						1. CS ID No.	Alterio	(Do	not fill up. For CSC use onl	
I. PERSONAL INFORMATI	ON									
2. SURNAME	CABIAS									
FIRST NAME	GLEN AGNES						NAME EXTENSION	(JR., SR) N/A		
MIDDLE NAME	BARORO									
DATE OF BIRTH     (mm/dd/yyyy)	08/12/19	996	16. CITIZENSHIP		☑ Filip	oino [	Dual Citizensh		alization	
4. PLACE OF BIRTH	Baybay City	, Leyte	If holder of dual citizen	ship,			Pls. indicate	country:		
5. SEX	☐ Male	✓ Female	please indicate the det	tails.					~	
6 CIVIL STATUS	Single	✓ Married	17. RESIDENTIAL ADDRESS		-		-1	N.L FERNA	NDEZ	
	Widowed	Separated		Ho	ouse/Block/Lot	No.		Street POBLACION		
	Other/s:	10000	Company of the second second	S	ubdivision/Villa	ge		Baranga	зу	
7. HEIGHT (m)	1.47				BAYBAY City/Municipalit	v		Province		
8. WEIGHT (kg)	45		ZIP CODE		6521	у		riovino		
o, were the	+	1975	18. PERMANENT ADDRESS		0021		100	N.L FERNA	NDF7	
9. BLOOD TYPE	N/A		10.FERWARENT ADDRESS	Но	ouse/Block/Lot	No.		Street		
10. GSIS ID NO.	N/A		OF CHITCHIAN TOWN					POBLACION		
TO GOLD HOUSE AND CHECKED	40400704		OC DAN SCHOOL MAN	Subdivision/Village  BAYBAY City/Municipality			Barangay LEYTE			
11. PAG-IBIG ID NO.	12120794	9392						Provinc	e	
12. PHILHEALTH NO.	12051557	1235	ZIP CODE		6521					
13. SSS NO.	06-4017653-0		19. TELEPHONE NO.			(053) 563 8926				
14. TIN NO.	340-470-658		20. MOBILE NO.		09359471907					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		glenagnes12@gmail.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	CABIAS			23. NAME of C	CHILDREN (W	ite full name a	nd list all)	DATE OF	BIRTH (mm/dd/yyyy)	
FIRST NAME	FEILMER		NAME EXTENSION (JR., SR) N/A	Al	OFAYE MI	KAL B. C	ABIAS		08/12/1996	
MIDDLE NAME	LATINA		-							
OCCUPATION	PNP OFFICER									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A									
TELEPHONE NO.	N/A									
24. FATHER'S SURNAME	N/A									
FIRST NAME	N/A		NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	N/A							6		
25. MOTHER'S MAIDEN NAME										
SURNAME	BARORO									
FIRST NAME	SUSAN									
MIDDLE NAME	VEGA	VEGA			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACK	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE (Write in full)	COURSE			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY II CENTRA	AL SCHOOL	N/A		2002	To 2007	GRADUATED	2011	N/A	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		N/A		2007	2012	GRADUATED	2015	N/A	
VOCATIONAL / TRADE COURSE	N/A		N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE U	NIVERSITY	BACHELOR OF SCIENCE IN AG	RIBUSINESS	2013	2017	GRADUATED	2017	N/A	
GRADUATE STUDIES	1		(Continue on separate sheet if ne	ecessarv)	-\-					
SIGNATURE	T Con	7			DA	TE	01	09/25		

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CAREE	R SERVICE/ RA 1080 SPECIAL LAWS/	(BOARD/ BAR) UNDER CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if ap	plicable)  Date of
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	Total en bas hadi	TOTAL BOOK	densile tens	NUMBER	Validity	
AGRICULTURIST LICENSURE EXAMINATION		80.2	11/22-24/2022	TACLOBAN	CITY, LEYTE	1100 114	0031922	11/28/20	
		_ <u> </u>	7						
	XPERIENCE			ontinue on separate sheet			A ALEX		
	sive DATES	Start from your recen				ed Work Exp	SALARY/ JOB/ PAY		GOV
	n/dd/yyyy) To	POSITION TI (Write in full/Do not a			MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/N)	
06/03/2024	Present	ADMINISTRATIV	E AIDE III	VISAYAS STA	TE UNIVERSITY	13000.00	N/A	JOB ORDER	YES
3/29/2019	07/15/2022	ACCOUNT OF	FICER	CARD	BANK INC	14000.00	N/A	REGULAR	NO
7/23/2018	01/31/2019	TRADE CHANNEL	ASSISTANT	TRADE MARKET	NG SOLUTION INC.	12000.00	N/A	PROBITIONARY	NO
						1551			
						Thomas I			
						100,000			
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SIGNA	ATURE	71		eresus Panera a single no	DATE		01	D 8 DS CS FORM 212 (Revised	

29. NAME & ADDRESS ( (Write		INCLUSI\ (mm/d		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	То			
N/A	N/A	N/A	N/A		N/A	
				beed.		
					7.	
			India Lake			
VII. LEARNING AND DEVELOPMENT (L		parate sheet if nece				
(Start from the most recent L&D/training program and				Chief/Execu	tive/Managerial pos	sitions)
30. TITLE OF LEARNING AND DEVELOPMENT	INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN		NUMBER OF	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write i		(mm/de	d/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
PUBLIC FINANCIAL MANAGEMENT WORKSHOP		From	To	24 has		VSII Office of the President
TOBLIO I INANGIAL IMANAGEMENT WORKSHOP		09/18/2024	09/20/2024	24 hrs.	Managerial	VSU, Office of the President
ISO 9001:2015 AWARENESS & RE-AWARENESS		09/09/2024	09/09/2024	8 hrs.	Managerial	VSU, Quality Assurance Cente VSU, Human Resource Management
SEMINAR WORKSHOP ON BASIC RECORDS AN	D ARCHIVES MANAGEMENT	07/30/2024	07/31/2024	16 hrs.	Managerial	Office
MONEY COUNTERFEIT AND FRAUD DETECTION	TRAINING	05/19/2021	05/19/2021	8 hrs.	Managerial	CARD BANK Inc.
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				3478	TORTHER THE	Latesta erar na es l
						The second second
VIII. OTHER INFORMATION	(Continue on sepa	arate sheet if neces	sary)	NATE OF STREET	New York	
	NON-AC	ADEMIC DISTINCT	IONS / RECOGNI	TION		MEMBERSHIP IN
31. SPECIAL SKILLS and HOBBIES	32.	(Write in		SV.	HE VICTORIES	33. ASSOCIATION/ORGANIZATION (Write in full)
Computer Skills	N/A N/A N/A					
Communication Skills	1 1	N/A				
Tellering	HODAHUS D HA	2/2 1772				
	(म.सीही कुंदर) मध	H W.V				
	(Continue on sepa	erate sheet if neces	sary)			

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 V NO				
b. within the fourth degree (for Local Government Unit - Care	YES V NO				
5. 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:				
66. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. 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?		YES NO If YES, give details:			
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	☐ 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:				
Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	YES V If YES, please specify:  YES V If YES, please specify ID No:  YES V If YES, please specify ID No:	NO			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
NAME	ADDRESS	TEL. NO.			
KENETH RANILE	DAVAO CITY	9981685891			
JONALYN BAUTISTA	HILONGOS, LEYTE	9554831102			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized reproduced that any misrepresentation made in this documents against the statement of the provisions of pertine Philippines. I authorize the agency head/authorized reproduced that any misrepresentation made in this documents against the statement of the provisions of pertine Philippines.	ent laws, rules and regulations of the resentative to verify/validate the content	Republic of the	EN APRIES B. CADIAS		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	1×2				
Government Issued ID: PRC ID	91				
ID/License/Passport No.: 0039394	ox)				
Date/Place of Issuance: ORMOC CITY, LEYTE	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this 0 8	Physical	iting his/her validly issued governm	nent ID as indicated above.		
	ATTY, RYSAN C. GUINOCOR VSU Chief Jegal Officer				
	Person Administering Oa	th			