CS Form No. 212										
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 concerned.										
READ THE ATTACHED GUIDE							Illinia. Jac	not c ,		
Print legibly. Tick appropriate boxes	() and use separate sheet if nec		STATE OF THE STATE			1, CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO										
2. SURNAME	DIDAL	dentification of the second se		And the second			NAME EXTENSION (J	R., SR)		
FIRST NAME	POCA JOE	****				and the second				
MIDDLE NAME 3. DATE OF BIRTH	ASIS		1							
(mm/dd/yyyy)	2/23/1990		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizens ☐ by birth			☐by natural	lisation	
4. PLACE OF BIRTH	BAYBAY LEY	TE	If holder of dual citize	enship,					Zauon	
5. SEX	☑ Male	Female	please indicate the d	letails.						
6 CIVIL STATUS	☑ Single ☐ Widowed ☐ Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		168 House/Block/Lot No. Subdivision/Village			A BONIFACIO Street Barangay		
7. HEIGHT (m)	1.75				BAYBAY			LEYTE		
8. WEIGHT (kg)	72	-	ZIP CODE		City/Municipality			Province		
9. BLOOD TYPE	0		18. PERMANENT ADDRESS	16	168	.,,		A BONIFACIO		
10. GSIS ID NO.	N/A				House/Block/Lot No.			Street		
11. PAG-IBIG ID NO.	PAG-IBIG ID NO. 121086456876				Subdivision/Village BAYBAY			Barangay LEYTE Province		
12. PHILHEALTH NO.	EALTH NO. 120511519514		ZIP CODE		City/Municipality 6521			FTOVINCE		
13. SSS NO.	SS NO. 0630264009		19. TELEPHONE NO.		N/A					
14. TIN NO.	4. TIN NO. 3128003120000		20. MOBILE NO.		09150689270					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		phaj joe@yahoo.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		N/A	Diane systematics and	23. NAME of CI	HILDREN (Wri		d list all)	DATE OF BIR	RTH (mm/dd/yyyy)	
FIRST NAME	N/A NAME EXTENSION (JR., SR) N/A			'	N/A					
MIDDLE NAME	N/A									
OCCUPATION EMPLOYED OUT OF THE PROPERTY OF TH	N/A									
EMPLOYER/BUSINESS NAME N/A										
TELEPHONE NO.	USINESS ADDRESS N/A									
24. FATHER'S SURNAME						TO KATE OF THE STATE OF THE STA				
FIRST NAME	MANUEL	DIDAL	NAME EXTENSION (JR., SR)	-				<u> </u>	***	
MIDDLE NAME	MANOLL	CALIPARA			***************************************		*****			
25. MOTHER'S MAIDEN NAME		DUARTE						-		
SURNAME		DIDAL	**************************************			WII	***************************************	 		
FIRST NAME		MAURA	The state of the s				W. HAGE			
MIDDLE NAME ASIS		The state of the s	(Continue on separate sh		parate sheet if neces	ate sheet if necessary)				
III. ÉDUCATIONAL BACKGE	ROUND									
26. LEVEL	NAME OF SCHOO (Write in full)	OL.	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY NORTH CENTRA	AL SCHOOL	PRIMARY EDUCATION		N/A	N/A	N/A	2002	N/A	
SECONDARY	BAYBAY NATIONAL HIGH	1 SCHOOL	HIGH SCHOOL		N/A	N/A	N/A	2006	N/A	
VOCATIONAL / TRADE COURSE										
COLLEGE	VISAYAS STATE UNIV	ERSITY	BS ECONOMICS	5	N/A	N/A	N/A	2010	N/A	
GRADUATE STUDIES	CEBU NORMAL UNIVI	ERSITY	MASTERS IN PUBLIC ADMI	NISTRATION	N/A	N/A	CERTIFICATE OF PROFICIENCY	N/A	N/A	
		"	Continue on congrete cheet if noe							

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IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		DATING	DATE OF				LICENSE (if ap	oplicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CO		RMENT	NUMBER	Date of Validity	
CAREER SERVICE PROFESSIONAL 8		80.9	5/3/2015	CEBU CITY TEST CENTER					
N 1000 DV			(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme		t work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet		
	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE DEI (Write in full/Do not abbreviate)			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То						INCREMENT	100	(Y/N)
7/1/2021 11/5/2012	Present 9/30/2019	CUSTOMER FEEDBACK ACCOUNT MA			R FOR QUALITY ASSURANCE:VSU	12900.00	N/A	JOB ORDER REGULAR	N N
1/18/2012	5/31/2012	RESEARCH AS	******		E UNIVERSITY-ISRDS	9000.00	N/A	CONTRACTUAL	Y
8/29/2011	10/14/2011	RESEARCH AS	SISTANT		ERSITY;VISAYAS STATE	8000.00	N/A	CONTRACTUAL	Υ
				Old	IVEROITI				
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		0010000							
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70.00		and the second							
			(Cor	ntinue on separate sheet	if necessarv)				
SIGNATURE			1301	and the second	DATE				
							~	FORM 242 (Pavined 20	471 Ocea 2 -4.

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN GIVIC / NON-GOVERNMENT	/PEOPLE/	VOLUNTARY	ORGANIZATIO	ava		
29. NAME & ADDRESS OF (Write in f		INCLU (mr	SIVE DATES n/dd/yyyy)	NUMBER OF HOURS	, POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A		
	the second secon					11897	
			1			A PARTY AND A PART	
			-				
				1		· Output programme Administration of the Adm	
<u> </u>		1		+			
	· · · · · · · · · · · · · · · · · · ·		-	+			
			te sheet if necessa	ry)			
VII. LEARNING AND DEVELOPMENT (L&I				lettéxecutive/Manau	etial nositions)		
(Start from the most recent L&D/training) program and include only the relevant L&D/training (aken for to a second		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC JAPANESE LANGAUGE COURSE		8/12/2013	11/26/2013	100.0	TECHNICAL	ICOMM INTERNATIONAL	
INTEGRATED MANAGEMENT SYSTEM AWARENES	S	7/16/2021	7/16/2021	1.0	TECHNICAL	OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE:VSU	
CORRECTIVE ACTION REPORTING TRAINING		7/29/2021	7/29/2021	8.0	TECHNICAL	OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE:VSU	
ISO 9001:2015 AWARENESS/RE-AWARENESS	CONSTRUCTION OVER 1	8/13/2021	8/13/2021	4.0	TECHNICAL	OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE:VSU	

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	(1) V 1						
VIII. OTHER INFORMATION	(Co.	ntinue on separa	te sheet if necessar	(v)			
	NO.	N-ACADEMIC DIS	TINCTIONS / RECO	GNITION		MEMBEDOLID IN ACCOUNTION OF CAME AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSE	
31. SPECIAL SKILLS and HOBBIES	32.		rite in full)	CHITON	· · · · · · · · · · · · · · · · · · ·	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
VOLLEYBALL	NIA					N/A	
CUSTOMER CENTRIC/SALES	N/A					N/A	
					····		

			Accessor and the second				
							
	(Co	ntinue on separa	te sheet if necessa	ny)			

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 ☑ ☐ YES ☑ If YES, give details:	NO NO					
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 any any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin 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 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 of	☐ YES ☑ NO If YES, give details:						
39	Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):						
40	40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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 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 If YES, please specify ID No:						
41	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.	ID picture taken within				
	KIRBY JUNTONG	CEBU CITY	9499915891	the last 6 months 3.5 cm. X 4.5 cm (passport size)				
ERNESTO BULAYOG		VISAYAS STATE UNIVERSITY	9981625091	With full and handwritten name tag and signature over				
	LORRAINE MAY ACEJAS	CEBU CITY	9257888878	printed name Computer generated				
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.								
G	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance							
	PASSPORT							
11	D/License/Passport No.: P1781653A	Signature (Sign inside the bo	nx)					
	late/Place of Issuance: 27/1/2017 DFA CEBU	Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued gov	emment ID as indicated above.				

Person Administering Oath