

**VISAYAS STATE UNIVERSITY**  
**PERSONAL DATA SHEET**  
**For Job Order Workers**



Print legibly. Mark appropriate boxes ☐ with " ☒ " and use separate sheet if necessary.

1. SURNAME		R   O   D   R   I   G   U   E   Z																					
FIRST NAME		R   I   G   I   L     C   A   T   H   E   R   I   N   E																					
MIDDLE NAME		D   I   A   O																					
		2. NAME EXTENSION (e.g. Jr., Sr.)																					
3. DATE OF BIRTH (mm/dd/yyyy)		10/06/1998				11. PRESENT ADDRESS																	
4. PLACE OF BIRTH		CEBU, CEBU CITY				ZONE 17, M.L. QUEZON ST., BAYBAY CITY, LEYTE																	
5. SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																					
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____				12. ZIP CODE				6521													
						13. TEL. NO./CEL. NO.				0908-516-0495													
						14. PHILHEALTH NO.				13-250364304-2													
7. CITIZENSHIP		FILIPINO				9. WEIGHT (kg)		50		15. TIN				622-491-899-00000									
8. HEIGHT (m)		1.57				10. BLOOD TYPE		B		16. PAG-IBIG ID NO.													
17. SPOUSE'S SURNAME		N/A																					
FIRST NAME																							
MIDDLE NAME																							
		18. NAME OF CHILD (Write full name and list all)										DATE OF BIRTH (mm/dd/yyyy)											
		N/A										N/A											
19. HIGHEST EDUCATIONAL ATTAINMENT (Please check and underline the specific)		<input type="checkbox"/> Elementary (Grade _____ / Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input type="checkbox"/> College (1st, 2nd, 3rd, 4th, Graduated) Degree: _____ <input checked="" type="checkbox"/> Graduate School (1st, 2nd, <u>Graduated</u> ) Degree: <u>MS in Horticulture</u>																					
20. CAREER SERVICE ELIGIBILITY		<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input checked="" type="checkbox"/> Others, Specify: <u>PRC BOARD PASSER</u>																					
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)		DEPARTMENT / AGENCY / OFFICE / COMPANY / PROJECT (Write in full)				SALARY (Daily or Monthly)		STATUS OF APPOINTMENT (Perm/Temp/ Job Order)		GOV'T SERVICE (Yes / No)											
From To																							
11/1/2015 04/15/2016		CAFETERIA CASHIER		FPOSI, PAWING, PALO, LEYTE				DAILY		TEMP		NO											
02/01/2023 09/15/2023		FRONT DESK CLERK		VSU ACCOMMODATION, VISCA				EVERY 15 DAYS		JOB ORDER		YES											
07/16/2024 PRESENT		FRONT DESK CLERK		VSU ACCOMMODATION, VISCA				EVERY 15 DAYS		JOB ORDER		YES											
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check)												REMARKS									
		Highly Skilled				Average				Fair													
COMPUTER LITERATE						/								N/A									
ENGLISH PROFICIENT						/																	
DRIVING						/																	
COMMUNICATION SAVVY						/																	
SUBJECT MATTER EXPERTISE						/																	
TECH SAVVY						/																	
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)				NUMBER OF HOURS				CONDUCTED/ SPONSORED BY (Write in full)													
		From To																					
AGRICULTURAL CROP PRODUCTION NCII		10/25/2020 12/02/2020		320				TESDA															
ORGANIC AGRICULTURE NCII		01/15/2021 02/27/2021		320				TESDA															
PRESENTER IN 12TH DOST-ASTHRDP CONFERENCE CEBU CITY		09/12/2024 09/13/2024		16				DOST-ASTHRDP															
PRESENTER IN 6TH AFSA CONFERENCE BANGKOK, THAILAND		10/02/2024 10/04/2024		24				DOST-ASTHRDP															

I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

24. COMMUNITY TAX CERTIFICATE NO.		ISSUED AT:		ISSUED ON (mm/dd/yy):	
SIGNATURE : _____		DATE ACCOMPLISHED: (mm/dd/yyyy) _____			

31. SPECIAL SKILLS  
(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic,  
driving, et. al.)

(Continue on separate sheet if necessary)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)

(Continue on separate sheet if necessary)

a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

**If YES, give details:**

CS FORM 212 (Revised 2005), Page 3 of 4

# IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
AGRICULTURISTS LICENSURE EXAM	78.52%	11/12/2024	TACLOBAN CITY		

(Continue on separate sheet if necessary)

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(Continue on separate sheet if necessary)

22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	
COMPUTER LITERATE		/		N/A
ENGLISH PROFICIENT		/		
DRIVING		/		
COMMUNICATION SAVVY		/		
SUBJECT MATTER EXPERTISE		/		
TECH SAVVY		/		

## VII. TRAINING PROGRAMS (Start from the most recent training.)

23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
AGRICULTURAL CROP PRODUCTION NCII	10/25/2020	12/02/2020	320	TESDA
ORGANIC AGRICULTURE NCII	01/15/2021	02/27/2021	320	TESDA
PRESENTER IN 12TH DOST-ASTHRDP CONFERENCE CEBU CITY	09/12/2024	09/13/2024	16	DOST-ASTHRDP
PRESENTER IN 6TH AFSA CONFERENCE BANGKOK, THAILAND	10/02/2024	10/04/2024	24	DOST-ASTHRDP

24. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office, Department/Project where you will be appointed?

☐ YES

☒ NO

If YES, give details:

25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL NO.
ROSARIO A. SALAS	VSU, Visca, Baybay City	0908-873-2033
MARJORIE ESCUADRA	VSU, Visca, Baybay City	0999-429-8720
VICTOR B. ASIO	VSU, Visca, Baybay City	

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.



PHOTO

COMMUNITY TAX CERTIFICATE NO
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK  
(REQUIRED)