CS Form No. 212 Revised 2017	PERSO	NAL DAT	'A SI	HEE	т				
WARNING: Any microproposition	tation made in the Personal Data Sheet and the								
1	E TO FILLING OUT THE PERSONAL DATA SHE					riminai case/s aga	enst the pers	on concerned.	
Print legibly. Tick appropriate box	es ( ) til use separate sheet if necessary. Indicate	e N/A if not applicable. DO NO	T ABBREVIAT	E PDS FORM E.	1. CS ID No		(Do not fill up	p. For CSC use on	
I. PERSONAL INFORMATI	ION								
2, SURNAME	APAS								
FIRST NAME	GENALYN			NAME EXTENSION (JR., SR) N/A					
MIDDLE NAME	MENDEZ								
DATE OF BIRTH     (mm/dd/yyyy)	12/04/1992	16, CITIZENSHIP		☐ Filipino ☐ Dual Citizenship ☐ Duy birth ☐				by naturalization	
4. PLACE OF BIRTH	BRGY, KANSUNGKA, BAYBAY CITY, LEYTE	If holder of dual citizenship,		Pls, indicate country:				22001	
5, SEX	☐ Male	please indicate the details.							
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	I						
o divication	✓ Widowed Separated Other/s:				House/Block/Lot No. Street  KANSUNGKA Subdivision/Village Barangey			1	
7. HEIGHT (m)	1.52			BAYBAY	LEYTE				
8. WEIGHT (kg)	48	ZIP CODE		City/Municipality Province 6521					
9. BLOOD TYPE	N/A	18. PERIMANENT ADDRESS							
10. GSIS ID NO.			-	House/Block/Lot No. Street KANSUNGKA					
	N/A			Subdivision∕Village Barangay					
11. PAG-IBIG ID NO.	121216630526			BAYBAY LEYTE City/Municipality Province					
12. PHILHEALTH NO.	12-051414065-6	ZIP CODE		6521					
13, SSS NO.	05-1251960-7	19, TELEPHONE NO,		N/A					
14, TIN NO.	717-770-885	20, MOBILE NO.		09513539477					
15, AGENCY EMPLOYEE NO.	N/A	21, E-MAIL ADDRESS (if any)			genalynap	as2017@gmail.co	om		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Write	full name and	list all)	DATE OF BIR	RTH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		N/A			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	APAS								
FIRST NAME	DANILO	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	GALADO								
25, MOTHER'S MAIDEN NAME									
SURNAME	MENDEZ								
FIRST NAME	GINA								
MIDDLE NAME	NAPOLES	NAPOLES			Continue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	KANSUNGKA ELEMENTARY SCHOOL	N/A		1999	2005	GRADUATED	2005	VALEDIC- TORIAN	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A		2005	2009	GRADUATED	2009	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCI		2009	2013	GRADUATED	2013	ACADEMIC SCHOLAR	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	(Continue on separate sheet if necessary)			DA	TE		05/23/2022		

	SERVICE ELI			DATE OF				LICENSE (if a	pplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE  BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)		EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity		
PROFESSIONAL LEVEL 0.8		04/15/2018	BAN CITY		N/A	N/A			
. WORK	EXPERIENCE		(Cor	ntinue on separate sheet	if necessary)			Arran de la constant	
		ent. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
8. INCL	USIVE DATES nm/dd/yyyy)	POSITION TT (Write in full/Do not a	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (f applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
1/10/2018	PRESENT	CLERK		DEPARTMENT O VISAYAS ST	553.40/ day	N/A	JOB ORDER	NO	
0/06/14	03/31/2017	BRANCH CAS	SHIER		RVICES CORPORATION	7,100.00	N/A	REGULAR	NO
6/04/2013	02/08/2014	FARM ENCODER/ QUALI	TY CONTROLLER	R COREFOODS PHILS. EXPORT-IMPORT CORPORATION		350/day	N/A	CONTRACTUAL	NO
						9			
							,		
			-				*		
SIGNA	ATURE	X	(Con	tinue on separate sheet i	necessary) DATE			3/2022	

CS FORM 212 (Revised 2017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMEN				DRGANIZATIO	N/S		
29. NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
N/A		N/A	N/A	N/A		N/A	
						X-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	(Con	ntinue on separate	sheet if necessary	1			
VII. LEARNING AND DEVELOPMENT (L&I (Start from the most recent L&D/training program and incl				/Executive/Manager	ial positions)		
			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
SO 9001:2015 AWARENESS/RE-AWARENESS	WEBINAR	11/27/2020	11/27/2020	4	TECHNICAL	QUALITY ASSURANCE CENTER, VISAYAS STATE UNIVERSITY	
WEBINAR ON HOW TO ORGANIZE YOUR VSU	EMAIL	11/20/2020	11/20/2020	2	TECHNICAL	WEBTEAM, VISAYAS STATE UNIVERSITY	
WEBINAR ON DOCUMENT TRACKING SYSTEM	11/13/2020	11/13/2020	8	TECHNICAL	HUMAN RESOURCE INFORMATION SYSTEM, VISAYAS STATE UNIVERSITY		
ORIENTATION OF THE NEW SUPPLY, PROCUREMENT, AND PROPERTY MANAGEMENT INFORMATION SYSTEM (SPPMIS)			05/26/2020	8	TECHNICAL	HUMAN RESOURCE INFORMATION SYSTEM, VISAYAS STATE UNIVERSITY	
WORKSHOP ON THE UNIFORMITY OF THE UNIVERSITY'S SPECIFICATIONS AND PRICES OF GOODS & TRAINING FOR THE IMPLEMENTATION (PPMP & PR) OF THE SUPPLIES PROCUREMENT AND SUPPLIES MANAGEMENT INFORMATION SYSTEM			03/10/2020	8	TECHNICAL	BIDS AND AWARDS COMMITTEE, VISAYAS STATE UNIVERSITY	
SEMINAR WORKSHOP ON RECORDS MATRIX AND NAP FORM-1 COMPLETION			12/13/2019	8	TECHNICAL	QUALITY ASSURANCE CENTER, VISAYAS STATE UNIVERSITY	
WORKSHOP ON CORRECTIVE ACTION			09/16/2019	4	TECHNICAL	QUALITY ASSURANCE CENTER, VISAYAS STATE UNIVERSITY	
ECHO-SEMINAR FOR ISO AWARENESS			07/16/2019	4	TECHNICAL	DEPARTMENT OF PURE AND APPLIED CHEMISTRY, VISAYAS STATE UNIVERSITY	
NORKSHOP ON ONLINE ENROLMENT 2019			07/16/2019	4	TECHNICAL	UNIVERSITY COMPUTER CENTER  QUALITY ASSURANCE CENTER, VISAYAS	
SO 9001:2015 QMS ROLL-OUT ORIENTATION		04/11/2019	04/11/2019	4	TECHNICAL	STATE UNIVERSITY	
ORIENTATION-WORKSHOP FOR JO WORKERS			01/15/2019	8	TECHNICAL	OFFICE OF THE DIRECTOR OF ADMINISTRATION AND HUMAN RESOURCE DEVELOPMENT, VISAYAS STATE UNIVERSITY	
	(Continu	e on separate s	hoat if naces	and			
VIII. OTHER INFORMATION	Contain	e on separate s	sneet ii necess	sary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
TYPING	N/A				N/A		
READING							
DRAWING							
	(Cont	inue on separate s	heet if necessary)				
SIGNATURE				DA	TE	05/23/2022	

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 - Car 35. a. Have you ever been found guilty of any administrative office.)  b. Have you been criminally charged before any court?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details: ☐ Date Filed: Status of Case/s:						
any court or tribunal?  37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	☐ YES ☑ NO If YES, give details:  ☑ YES ☐ NO If YES, give details:  Resignation from the last work attended in SUM Finance						
38. a. Have you ever been a candidate in a national or local election Barangay election)?  b. Have you resigned from the government service during the election to promote/actively campaign for a national or local  39. Have you acquired the status of an immigrant or permanent	Services Corporation last March 31, 2018.  YES						
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	☐ YES ☑ NO  If YES, please specify: ☐ YES ☑ NO  If YES, please specify ID No: ☐ YES ☑ NO ☐ YES ☑ NO ☐ YES ☑ NO ☐ YES ☑ NO ☐ YES, please specify ID No:						
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)		Section 1				
NAME	ADDRESS	TEL. NO.					
MA. THERESA P. LORETO	VSU, VISCA, BAYBAY CITY, LEYTE	09056893008					
KYZA MAE M. RAMONEDA	BRGY. STA CRUZ, BAYBAY CITY, LEYTE	09614642430	1				
LOURD FRANZ M. GABUNADA	VSU, VISCA, BAYBAY CITY, LEYTE	563-0301	8				
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. I agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.							
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: TIN  ID/License/Passport No.: 717-770-885  Date/Place of Issuance: CITY OF BAYBAY	> Oxx) Right Thumbmark						
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated abo	ve.				
	Person Administering Oath	h .					