CS Form No. 212 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 concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME RICARTE NAME EXTENSION (JR., SR) FIRST NAME ROLAN CELESTE MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 03/05/1993 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: BAYBAY, LEYTE If holder of dual citizenship. 4. PLACE OF BIRTH please indicate the details. Female ✓ Male 5. SEX N/A N/A Married 17. RESIDENTIAL ADDRESS ✓ Single 6 CIVIL STATUS Stree House/Block/Lot No Widowed Separated SAN AGUSTIN N/A Other/s: Subdivision/Villag Barangay BAYBAY **LEYTE** 7. HEIGHT (m) 1.64 City/Municipality Province 6521 8. WEIGHT (kg) 77 ZIP CODE N/A N/A 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot N SAN AGUSTIN N/A 10. GSIS ID NO. N/A Subdivision/Vii Barangay BAYBAY **LEYTE** 121277230502 11 PAG-IBIG ID NO City/Municipality Province ZIP CODE 6521 12. PHILHEALTH NO. 13-050172312-7 N/A 06-3697722-2 19. TELEPHONE NO. 13. SSS NO. 0935 947 2128 14. TIN NO. 607-326-351-00000 20. MOBILE NO. ROLANRICARTE.PH@GMAIL.COM 15 AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) N/A 22. SPOUSE'S SURNAME NAME EXTENSION (JR. SR) N/A N/A N/A FIRST NAME MIDDLE NAME N/A ADMINISTRATIVE AIDE III OCCUPATION VISAYAS STATE UNIVERSITY - MAIN CAMPUS EMPLOYER/BUSINESS NAME VISCA, BAYBAY CITY, LEYTE **BUSINESS ADDRESS** +63 53 565 0600 Local 1010 TELEPHONE NO. RICARTE 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) RODOLFO FIRST NAME PAI OMA MIDDLE NAME 25. MOTHER'S MAIDEN NAME CELESTE SURNAME FIRST NAME MARILYN (Continue on separate sheet if necessary) LUCERNAS MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE ACADEMIC HONORS YEAR GRADUATED BASIC EDUCATION/DEGREE/COURSE 26. NAME OF SCHOOL UNITS EARNED LEVEL (Write in full) (Write in full) (if not graduated) RECEIVED То 3RD HON. 2006 N/A SAN AGUSTN ELEMENTARY SCHOOL PRIMARY EDUCATION 2000 2006 ELEMENTARY **MENTION** 1ST HON. BUNGA NATIONAL HIGH SCHOOL SECONDARY EDUCATION 2006 2010 N/A 2010 SECONDARY **MENTION** VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE VISAYAS STATE UNIVERSITY - MAIN **BACHELOR OF SCIENCE IN** N/A 2020 N/A 2020 2010 COLLEGE **AGRIBUSINESS** CAMPUS

N/A

N/A

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GRADUATE STUDIES

SIGNATURE

N/A

4/16/2025

N/A

N/A

DATE

N/A

IV. CIVIL:	SERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF EXAMINATION / CONFERMENT MARCH 26, 2023	51 405 OF 5V444N	ATION / CONFEDNENT		LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE CAREER SERVICE ELIGIBILITY - PROFESSIONAL				(If Applicable)	PLACE OF EXAMINATION / CONFER		KMENÍ	NUMBER	Date of Validity
				82.4	PAWING ELEMENTA		, PAWING,		
	LEV	EL			PALO	, LEYTE			

			(Co	ontinue on separate sheet	if necessary)				
	EXPERIENCE	nt. Start from your recent v	vork) Description	n of duties should be	indicated in the attacher	l Work Evne	rianca shaat		
28. INCL	LUSIVE DATES						SALARY/ JOB/ PAY		GOVT
(mm/dd/yyyy) POSITION TIT (Write in full/Do not a				NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	SERVICE (Y/N)	
	From To		UNIVERSITY F		GISTRAR, VI SAYAS	-	INCREMENT		
03/25/2022	PRESENT	ADMINISTRATIVE	AIDE III		SITY - MAIN CAMPUS	13274.80	N/A		
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				ntinue on separate sheet it	necessary)		, -		
SIGNATURE		Rual	d:		DATE	4/16/2025			

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
HE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS, BURGOS ST., DISTRICT 3, CAUAYAN CITY, ISABELA	07/15/2016			PROSELYTING	ROSELYTING MISSIONARY		
ionition of another only ionopen	1						
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	(Continue on separate	sheet if necessary)					
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I	PROGRAMS ATT	ENDED					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	(mm	ES OF ATTENDANCE //dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
SPARKLING SPACES: MASTERING THE ART OF HOUSEKEPING (BATC	From	To 03/26/2024	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
UNLOCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND	03/20/2024						
HEADS AT VISAYAS STATE UNIVERSITY	11/29/2023	11/29/2023	4		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
ISO 9001:2015 AWARENESS AND REAWARENESS SEMINAR	08/29/2023	08/29/2023	3		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
ISO AWARENESS AND REAWARENESS SEMINAR	08/30/2022	08/30/2022	3		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
MANDATORY ORIENTATION AND REORIENTATION OF ACADEMIC ADVISERS, DEPT. ENROLLMENT FOCAL PERSONS	08/25/2022	08/25/2022	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
VIRTUAL AWARENESS SEMINAR ON R.A. NO. 11032	06/28/2022	06/28/2022	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
AWARENESS WEBINAR ON DATA PRIVACY ACT OF 2012	04/07/2022	04/07/2022	8	1	VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
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	(Continue on separa	te sheet if necessary)					
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES 32.		TINCTIONS / RECOGN	IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
DDIVING	N/A						
Samo					BAYBAY CHAPTER		
SWIMMING							
		-					
REAL	(Continue on separa	ate sheet if necessary)		DATE	4/16 pms		
SIGNATURE CLUIC	1V .			UNIE	CS FORM 212 (Revised 2017), Page 3 of		

-				THE RESIDENCE OF THE PROPERTY		
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 ☑	MO			
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES If YES, give details:			
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 an 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, find 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	☐ YES ☑ NO If YES, give details (country):				
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),					
a.	Are you a member of any indigenous group?	YES If YES, please specify:	✓ NO			
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.			
MILA	A BALAN	SAN AGUSTIN, BAYBAY CITY, LEYTE	N/A	90		
MIRI	IAM M. DE LA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	N/A			
EVE	LYN C. SOCORIN	SAN LUCAS, BAYBAY CITY, LEYTE	N/A			
Company of the Compan	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the F ntative to verify/validate the contents state	Republic of the d herein.	l can do all things		
PL	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	DICAL.				
-	overnment Issued ID: briver's Licence					
-	/License/Passport No.: H12 - 23 - 003745	x)				
Dai	Date/Place of Issuance: ID/IZ/2023 BAYBAY CITY , LEYTE Date Accomplished Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	g his/her validly issued gover	nment ID as indicated above.		
		Person Administering Oath				