CS Form No. 212 Revised 2017	PERSO	NAL DA	TA S	HE	ET			
WARNING: Any misreprese	ntation made in the Personal Data Sheet and t							
	DE TO FILLING OUT THE PERSONAL DATA S					ve/criminal case/s a	against the pe	erson
Print legibly. Tick appropriate box	(es ([_]) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE	. THE PDS	1. CS ID	No.	(Do not fill u	p. For CSC use or
I. PERSONAL INFORMAT						ALC: USE		
2. SURNAME	GOFREDO							
FIRST NAME	DANILO NAME EXTENSION (J. SR)					R., JR.		
MIDDLE NAME	MISA							
DATE OF BIRTH (mm/dd/yyyy)	OCT.11, 1995	16. CITIZENSHIP	☑ Filipino dual citizenship,		lipino	Dual Citizenship	_	
4. PLACE OF BIRTH	BRGY. HIBUNAWAN BAYBAY LEYTE	If holder of dual citi				Dby birth Pls. indicate	by naturaliz	ration
5. SEX	☑ Male ☐ Female	please indicate the	e details.			1 io. maioato	oodila y.	
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS	Ecc					
O CIVIL STATOS	☐Widowed ☐ Separated	W. REGIDENTIAL ADDRESS	Н	ouse/Block/Lo	of No.		Street	
	Other/s:		S	Subdivision/Vil	llage		HIBUNAWAN Barangay	
7. HEIGHT (m)	5'5		BAYBAY City/Municipality		litv		LEYTE Province	
8. WEIGHT (kg)	75	ZIP CODE	Chymanopany		6521			
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS						
10. GSIS ID NO.			H	ouse/Block/Lo	t No.		Street HIBUNAWAN	
11. PAG-IBIG ID NO.	1212-0319-9283	2A-5980	S	ubdivision/Villi			Barangay LEYTE	
		080	City/Municipality			Province		
12. PHILHEALTH NO.	13-025281926-1	ZIP CODE		6521				
13. SSS NO.		19. TELEPHONE NO.						
4. TIN NO.	487-370-017	20. MOBILE NO.	09358235894					
5. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	danilo.go	fredo@v	su edu pl	1		
I. FAMILY BACKGROUND								
2. SPOUSE'S SURNAME	CALLEJA		23. NAME of CI	HILDREN (W	rite full name a	nd list all)	DATE OF BIR	RTH (mm/dd/yyyy)
FIRST NAME	NIFFA	NAME EXTENSION (JR., SR)	DANIELLA BLAIRE C. GOFREDO		OFREDO	12.19.2012		
MIDDLE NAME	CUEVAS		MARKIFF DANN C. GOFREDO		FREDO	8.20.2021		
OCCUPATION	Admin. Aide I							
EMPLOYER/BUSINESS NAME	Visayas State University							
BUSINESS ADDRESS	Brgy. Pangasugan Baybay City Leyte							
TELEPHONE NO.								
4. FATHER'S SURNAME	GOFREDO							
FIRST NAME	DANILO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	CAÑETE							
MOTHER'S MAIDEN NAME								
SURNAME	GOFREDO							
FIRST NAME	TERESITA							
MIDDLE NAME	MISA			+	Continue on :	separate sheet if neces	sary)	10471
. EDUCATIONAL BACKG	ROUND							
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)				HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	
ELEMENTARY	HIBUNAWAN ELEMENTARY SCHOOL			From	То			RECEIVED
				2002	2008			

MIDDLE NAME MISA (Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) From To

ELEMENTARY HIBUNAWAN ELEMENTARY SCHOOL 2002 2008

SECONDARY BAYBAY NATIONAL HIGH SCHOOL 2008 2010

VOCATIONAL / TRADE COURSE

COLLEGE

GRADUATE STUDIES

CONTINUE ON separate sheet if necessary)

CONTINUE ON separate sheet if necessary)

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IV. CIVIL SE	RVICE ELIGI	BILITY							
27. CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFEE	RMENT	LICENSE (if ap	
BAI		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINA	THOR / CONFER	SINCE T	NUMBER	Date of Validity
	BRGY. ELIC	GIBILITY							
			(0)	ntinue on separate sheet it	f neeseesty)				
V WORK E	XPERIENCE		(10	nunue on separate sneet o	necessary)				
		nt. Start from your rece	nt work) Descript	ion of duties should	be indicated in the atta	ched Work		eet	
	ISIVE DATES m/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not		(Write in full/	SALARY	applicable)& STEP (Formal "00-0")/ INCREMENT	APPOINTMENT	(Y/N)	
From	10								YES
2010	2013	SK CHAIR				3,000.00			-
04.01.2015	06.30.2020	Utility/Mess	enger	UF	RC/CCE	550.00		JO	YES
07.01.2020	11.30.2022	Utility/Mess	senger	01	/PSAS	553.40		JO	YES
12.01.2022	Present	Utility/Messenger			561.80		JO	YES	
		-							
					-1-				
						-			
						-			
						-			
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0/01:	ATUDE	70	Au (Ce	ontinue on separate sheet i			1/27 /	2023	
SIGN	ATURE	1			DATE			S FORM 212 (Revised)	2017). Page 2 of

29.	NAME & ADDRESS (Write		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	(write	iii ton)	From To		NOWELL OF HOOK			
			-					
			-	+				
VII. LEAR	NING AND DEVELOPMENT (L	&D) INTERVENTIONS/TRAINING	ontinue on separa PROGRAMS /	ATTENDED	(y)			
30. T				/E DATES OF		Type of LD	Selection of expense	
30.	TITLE OF LEARNING AND DEVELOPMENT (Write i		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	15 Awareness/Re-awareness		11/27/2022	11/27/2022	8 hrs	Seminar	VSU, ODQA	
Basic Life S	upport Training/First Aid		03/07/2022	03/08/2022	16 hrs	Training	VSU, USHER	
Standard Fir	st Aid Training - Lay Rescuer		03/09/2022	03/11/2022	24 hrs	Training	VSU, USHER	
IIV in the W	orkplace Seminar		12/09/2016	12/09/2016	8 hrs	Training	VSU, USHER	
		- H - LT 7 3						
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				-				
			-				III. AND TO A LOCAL COMMENTS OF THE PARTY OF	
				1				
		(Ce	ontinue on separate	sheet if necessary	0			
III. OTHE	RINFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST (Wri	INCTIONS / RECO ite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Cooking							
	Basketball							
	Landscaping							
	Carpentry							
	Cleaning							
	Driving							
	010114-11-	T (Cg	ptinue on separate	sheet if necessary			1/27/2023	
	SIGNATURE				DA	TE	1 11171111112	

34	4. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	ng or recommending authority, or to the ate supervision over you in the Office,				
	a. within the third degree?		☐ YES ☑	Luc		
	b. within the fourth degree (for Local Government Unit - C	areer Employees)?		l no		
35	5. a. Have you ever been found guilty of any administrative o		☐ YES ☑	NO		
50.	d. Hate you ever book found guilty of any autimite aure of					
	b. Have you been criminally charged before any court?	☐ YES ☑ If YES, give details: Date Filed: Status of Case/s:] NO			
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	YES If YES, give details:	☑ NO			
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	☐ YES ☐ If YES, give details:	✓ NO			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during t election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):				
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /					
	NAME .	ADDRESS	TEL NO			
	ROTACIO S. GRAVOSO		TEL. NO.			
	RYSAN C. GUINOCOR	VISCA BAYBAY LEYTE VISCA BAYBAY LEYTE	1023	28		
	ALELI A. VILLOCINO	VISCA BAYBAY LEYTE	1118			
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doctadministrative/criminal case/s against me.	ent laws, rules and regulations of the Fresentative to verify/validate the contents	Republic of the stated herein.	РНОТО		
Go PL	Divernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance					
Gov	overnment Issued ID:					
ID/L	License/Passport No.:	Signature (Sign inside the box	v)			
Date	te/Place of Issuance:	Date Accomplished	7	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued govern			
		Person Administering Oath				