Revised 2017	PERSO	NAL DAT	AS	HEE	T			
WARNING: Any misinterpreta concerned.	tion made in the Personal Data Sheet and th					re/criminal case/s	against the	person
READ THE ATTACHED GUIDE	E TO FILLING OUT THE PERSONAL DATA SH				1. CS ID No	100	(Do not fill un	. For CSC use onl
I. PERSONAL INFORMATION	es () and use separate sheet if necessary. Indicate ON	e N/A if not applicable. DO NOT	ABBREVIAL		1.00 10 110		(DO HOLINI SP	. FOI COO tase c
2. SURNAME	POSAS							
FIRST NAME	MARICAR					NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO							
3. DATE OF BIRTH	NOVEMBER 07,1977	16. CITIZENSHIP		☑ Fill		Dual Citizenship		ī la
(mm/dd/yyyy)					pino L	by birth	by natura	lization
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citize	enship,			Pls. indicate	country:	
5. SEX	☐ Male ☑ Female	please indicate the d	letails.					_
6 CIVIL STATUS	☑ Single ☐ Married	17, RESIDENTIAL ADDRESS				IL.	ANG ILAN	IG
	☐ Widowed ☐ Separated ☐ Other/s:			iouse/Block/Lo	t No.		Street MARCOS	
		6521		Subdivision/Vill BAYBA			Barangay LEYTE	
7. HEIGHT (m)	1.5	0321		City/Municipal			Province	
8. WEIGHT (kg)	80	ZIP CODE		* *	5.4		ANIO II AN	10
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS	Н	louse/Block/Lo	t No.	IL.	ANG ILAN Street	IG
10. GSIS ID NO.	N/A			Subdivision/Vill	age		MARCOS Barangay	
11. PAG-IBIG ID NO.	121045720662	6521		BAYB. City/Municipal	AY		LEYTE Province	
12. PHILHEALTH NO.	030500706763	ZIP CODE		6521	ity		Province	
13. SSS NO.	33-6943383-6	19. TELEPHONE NO.				NONE		
14. TIN NO.	01109918	20. MOBILE NO.			09155992	609/0908625	9128	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	posa	sricafire	Dvahoo.c	om/maricar.p	osas@vsu	.edu.ph
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (W	rite full name an	d list all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		FIRHEY	P. CAYU	NDA	6/19	9/2007
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A		-			PARES		
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	POSAS							
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)			3/5/			
MIDDLE NAME	BAGARINAO							
25. MOTHER'S MAIDEN NAME	MARTINA GODINES BAGARINA	AO						
SURNAME	BAGARINAO							
FIRST NAME	MARTINA							He e
MIDDLE NAME	GODINES			1	Continue on se	parate sheet if neces	ssary)	
II. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY .	VISCA FOUNDATION ELEMENTARY SCHOOL			6/1/1984	3/1/1990		1990	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL			6/1/1990	3/1/1994		1994	
VOCATIONAL / TRADE COURSE	N/A				T g			
COLLEGE		BACHELOR OF ANIMAL SCIENCE ANIMAL HEALTH	E MAJOR IN	6/1/1994	10/1/1998		1998	
GRADUATE STUDIES		N. S.						
		Continue on separate sheet if nece	essary)					
SIGNATURE	- Prayour			D	ATE	M. M.	arch 4, 2021	

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	ES/ CSEE ELIGIBILITY / DRIVI	ARD/BAR) UNDER SPECIAL BARANGAY ER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAM	INATION / CONFERN	MENT	LICENSE (if a	Date
	ELIGIBLITY			OOM ENGINE					Valid
7	3 - V - V -							7 8 1	
			(Co	ontinue on separate she	et if necessary)				
	(PERIENCE	art from your recent wor	k) Description o	f duties should be i	ndicated in the attached V	Vork Experience	choot		
	DATES (mm/dd/yyyy)	POSITION TITI			ENCY/OFFICE/COMPANY		SALARY/ JOB/ PAY GRADE (if	STATUS OF	GO
From	То	(Write in full/Do not abbreviate)			II/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SER\
1/4/2021	2/28/2021	EDUCATION RE		Office of the	Graduate School			CASUAL	YE
0/1/2020	12/31/2020	ASSISTAN EDUCATION RE	SEARCH	Office of the	Graduate School	18, 784.04		CASUAL	YE
/1/2020	09/31/20	ASSISTAN			Graduate School	18, 784.04 9960.00		JOB	N
								ORDER JOB	
1/1/2019	12/31/2019	Data Enco			Graduate School	9600.00		ORDER	N
1/1/2018	12/31/2018	Data Enco			Graduate School	5200.00		ORDER JOB	N
/1/2017	12/31/2017	Data Enco	der	Office of the	Graduate School	5200.00		ORDER	N
								-	
			*		*				-
			Valle III.						
				N P N					
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									1 10
	7								
							. P. N.		

VI. VOLGNTARY WORK OR INVOLVEMENT IN CIVIC	/ NON-GOVERNMEN	T / PEOPLE / VOL	UNTARY ORGA	NIZATION/S		
29. NAME & ADDRESS OF ORGANIZATI	ON		IVE DATES	NUMBER OF		
(Write in full)		From	To	HOURS		POSITION / NATURE OF WORK
		-				
			N N			
	*					
		(Cantinua an agram)	a character of the second			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVI	ENTIONS/TRAINING P	(Continue on separat				
(Start from the most recent L&D/training program and include only the						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTION (Write in full)	S/TRAINING PROGRAMS		S OF ATTENDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	То			
ISO 900:2015 AWARENESS/RE-AWAREN		11/27/2020	11/27/2020	8.0	TECHNICAL	QAC,VSU
ORIENTATION WORKSHOP AMONG JO LAB.TECHNICIANS	CLERKS AND	1/15/2019	1/15/2019	8.0	TECHNICAL	ODHARD,VSU
RECORD MANAGEMENT TRA	NING	7/6/2017	7/7/2017	16.0	TECHNICAL	VSU
					120.1110.12	
				F2.		
		-				
		1-14-1				
			- K-17.		# PDT	
	- x					
			400			
				1 1		
			- 10			
AUL OTUGO MEODINATION		(Continue on separate	sheet if necessary)			
VIII. OTHER INFORMATION		NON ACADEMIC DISTI	NOTIONS ADDROGOUS			
31. SPECIAL SKILLS and HOBBIES 32.		NON-ACADEMIC DISTII (Writ	e in full)	HUN	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
AWN TENNIS				*		
DRIVING	2					
COMPUTER SKILLS						
		Continue on separate :	sheet if necessary)			
SIGNATURE		مسده		. D	ATE	MARCH 4, 2021
	Can O					CS FORM 212 (Revised 2017), Page 3 of 4

Dat	e/Place of Issuance: BAYBAY CITY, LEYTE	Right Thumbmark			
H	License/Passport No.: N03-98-029834	x)			
-	vernment Issued ID: DRIVERS LICENSE	~			
PL	vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation of pertiperation in the provision of pertiperation of pertiperation in the provision of pertiperation in the provision of pertiperation of pertiperation in the pertiperation of the pe	inent laws, rules and regulations of the F sentative to verify/validate the contents state	Republic of the d herein.		
	EDITHA G. CAGASAN I declare under oath that I have personally accomplished	VSU, BAYBAY CITY, LEYTE			
	JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076		
120000	ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9150727521		
	NAME	ADDRÉSS	TEL. NO.		
\$1 .	REFERENCES (Person not related by consanguinity or affinity to applican		in 125, pictos apour in 110.		
	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:		
	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:		
	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:		
0.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972				
9.	Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (country):			
	b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:			
a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?			☐ YES ☑ NO If YES, give details:		
	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
36.	Have you ever been convicted of any crime or violation of any court or tribunal?	☐ 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:			
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:			
	b. within the fourth degree (for Local Government Unit - C	☐ YES ☑ NO If YES, give details:			
	chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed, a. within the third degree?	ing or recommending authority, or to the ate supervision over you in the Office,	YES NO		

affiant exhibiting his/her validly issued government ID as indicated above.

SUBSCRIBED AND SWORN to before me this