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.

FRST NAME	. SURNAME	Cayone							
MODIL ENAME Maragharing		Kybee							
R. AIRCE OF BRTH	FIRST NAME								
Controllynyn Coll System Coll Col		Managbanag	_						
SEX		08/15/1997	16. CITIZENSHIP		the state of the s			and the same of th	ization
SIZE	4. PLACE OF BIRTH	Cebu City	If holder of dual citizen	nship,			Pls. indicate c	ountry:	
Widowed Other/sr: Separated Place Place Subdivision Village Brangay	5. SEX	☐ Male ✓ Female	please indicate the de	etails.	Philippines				
Other/s: Subdivision/Village Binangay ClystAncigality Province	3. CIVIL STATUS		17. RESIDENTIAL ADDRESS	Hav	uso/Plank/Lat N			Street	
R. MEGINT (mg)									
R. MEIGHT ((ii)) S.5.0.0 S.PERLAMENT ADDRESS House Block of the Law Street	7. HEIGHT (m)	1.52							
10. GSIS D NO.	8. WEIGHT (kg)	55.00	ZIP CODE						
MACESIS DINO. NIA	9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	use/Block/Lot N	0.		Street	
11 PAG-BISI D NO. 121233287724 2P OODE	10. GSIS ID NO.	N/A		Su	ıbdivision/Villag	в		Barangay	
1.	11. PAG-IBIG ID NO.	121233287724							
1. TN NO. 350299065 20. MOBILE NO. 969-070-7455	12. PHILHEALTH NO.	120257526378	ZIP CODE						
15. AGENCY EMPLOYEE NO. VJ001238 21. E-MAIL ADDRESS (# amy) kybee.cayone@vsu.edu.ph	13. SSS NO.	N/A	19. TELEPHONE NO.				N/A		
PAMILY BACKGROUND	14. TIN NO.	350299065	20. MOBILE NO.		969-070-7455				
22 SPOUSEYS SURNAME N/A NAME EXTENSION (R.S. SR) Kyeff Leigh C. Flores 0.3/01/2019	15. AGENCY EMPLOYEE NO.	VJO01238	21. E-MAIL ADDRESS (if any)			kybee.cay	one@vsu.edu.ph	1	
N/A	II. FAMILY BACKGROUNE								
MIDULE NAME	22. SPOUSE\'S SURNAME	N/A		23. NAME of CI	ME of CHILDREN (Write full name and list all) DATE OF BIR			H (mm/dd/yyy	
MICHAEL MICH	FIRST NAME	N/A			Kyeff Lei	gh C. Flores	s 03/01/		/2019
BUSINESS ADDRESS N/A TELEPHONE NO. N/A AFATHER'S SURNAME FIRST NAME MIDDLE NAME MODULE NAME SURNAME FIRST NAME MODULE NAME	MIDDLE NAME	N/A							
SUSINESS ADDRESS	OCCUPATION	N/A							
TELEPHONE NO. N/A 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME MIDDLE NAME MIDDLE	EMPLOYER/BUSINESS NAME	N/A							
A FATHER'S SURNAME FIRST NAME MIDDLE NAME Abinion Myra Cristina Managbanag SurnAME Myra Cristina Managbanag FIRST NAME Myra Cristina Moragbanag Myra Cristina Moragbanag Morag	BUSINESS ADDRESS	N/A							
FIRST NAME MIDDLE NAME Abinion SURNAME Myra Cristina Managbanag FIRST NAME Myra Cristina Managbanag FIRST NAME Myra Cristina Middle NAME Mellejor Me	TELEPHONE NO.	N/A							
MIDDLE NAME Abinion SurnAME Myra Cristina Managbanag SurnAME Myra Cristina Managbanag FIRST NAME MIDDLE NAME MURICIPATIONAL BACKGROUND SECONDARY Baybay II Central School Elementary Baybay II Central School Elementary Baybay II Central School Beachelor of Science in Customs Administration MIDDLE NAME M	24. FATHER\'S SURNAME	Cayone							
SURNAME Managbanag FIRST NAME Myra Cristina MIDDLE NAME Myra Cristina MIDDLE NAME Mellejor (Continue on separate sheet if necessary) MILLEDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) ELEMENTARY Baybay II Central School Elementary Baybay II Central School Elementary SECONDARY Franciscan College of Immaculate Conception High School CONTINUE OF SCHOOL (Mille in full) MYRA Cristina M	FIRST NAME	Robert	NAME EXTENSION (JR., SR)						
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MIDDLE NAME Mellejor Mel	SURNAME								
MIDDLE NAME Mellejor (Continue on separale sheet if necessary) MILEDUCATIONAL BACKGROUND ANAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) From To To GRADUATED (If not graduated) To GRADUATE STUDIES N/A PERIOD OF ATTENDANCE LEVELUNITS (ACAD GRADUATED) WEAR GRADUATED (If not graduated) From To (If not graduated) YEAR GRADUATED (If not graduated) YEAR GRADUATED (If not graduated) ACAD GRADUATE STUDIES N/A SECONDARY Franciscan College of Immaculate Conception High School 2010 2014 2014 N. COLLEGE University of Cebu - Main Campus Bachelor of Science in Customs Administration 2014 2018 N. GRADUATE STUDIES	FIRST NAME						-		
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LEVEL (Write in full) College C			PASIC EDITICATION/DECD	EE/COLIDSE	PERIOD OF	ATTENDANCE			SCHOLARSH
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COLLEGE University of Cebu - Main Campus Bachelor of Science in Customs Administration 2014 2018 2018 No. GRADUATE STUDIES N/A	SECONDARY	Franciscan College of Immaculate Conception	High School		2010	2014		2014	N/A
GRADUATE STUDIES N/A	VOCATIONAL/ TRADE COURSE	N/A							
	COLLEGE	University of Cebu - Main Campus	Bachelor of Science in Customs Administ		2014	2018		2018	N/A
(Continue on separate sheet if necessary)	GRADUATE STUDIES	Control of the contro							
SIGNATURE DATE 06/04/2024		1611	(Continue on separate sheet if nec	essary)					

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) Career Service Sub-Professional 80.04			DATE OF			LICENSE (if applicable)			
				EXAMINATION / CONFERMENT	ATION / CONFER	MENT	NUMBER	Date of Validity	
			80.04	03/03/2024	National High So	chool	N/A	N/A	
	EXPERIENC ate employment		t work) Descripti	(Continue on separate sheet	if necessary) indicated in the attache	ed Work Exper	ience sheet.		
INCLUS (mm	SIVE DATES n/dd/yyyy) To	POSITION TIT (Write in full/Do not al			CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format*00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
09/05/2018	06/05/2020	Billing Cler	K	Agility Interna	ational Logistics	13,000.00	-	Permanent	N
05/20/2018	08/20/2018	Import in Cha	rge	Lao Custor	ms Brokerage	12,000.00		Temporary	N
				(Continue on separate shee	at if napaseana				
	ATURE	111.		Continue on separate sheet	DATE		06/04	1/2024	

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON	-GUVERNIVIEN I / PEU	PLE/ VOLUNI.	ARY URGANIZ	ZATIUN/S	
9. NAME & ADDRESS OF ORGANIZATION (Write in full)		JSIVE DATES m/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A		N/A
				31	
I. LEARNING AND DEVELOPMENT (L&D) INTERVENTIO		parate sheet if necessar, AMS ATTENDE			
art from the most recent L&D/training program and include only the relevant L&I	D/training taken for the last five (5) years for Division (agerial positions)	
io. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING (Write in full)	PROGRAMS AT	SIVE DATES OF TENDANCE nm/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
"HRIS Software Onboarding"	12/06/2023		8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
"Unlocking Excellence: The 5S Resolution for Clerks and Heads at Visayas State	University" 11/29/202	3 11/29/2023	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	08/29/202	3 08/29/2023	8	Technical	Supply, Property and Procurement Management Office, Visay State University
PPB Basic Course Training on the RA 9184 and its Revised Implementing Rules and 2016	Regulations Act of 08/22/202	3 08/24/2023	24	Technical	VSU Baybay City, Leyte
Orientation/ Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, ar Documents and Records Control Procedure Manuals and Guidelines	nd Cascading of 09/07/202	2 09/07/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/202	2 07/22/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
Women Inspiring Women	03/22/202	2 03/22/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
ISO 9001:2015 Awarenes/Re-awareness Seminar	08/30/202	08/31/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte
III. OTHER INFORMATION	(Continue on s	separate sheet if necess	ary)		
	NON-ACADEM	IC DISTINCTIONS / RE	ECOGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		(Write in full)			(write in full)
N/A		N/A			N/A
	(Continue on	separate sheet if necess	sary)		

-	the chief of bureau or office or to the person who has imm Office, Bureau or Department where you will be appointed.	nediate supervision over you in the			
	a. within the third degree?		YES	✓ NO	
	b. within the fourth degree (for Local Government Unit - C		YES If YES, give details:	✓NO	
35.	a. Have you ever been found guilty of any administrative of		YES If YES, give details:	✓NO	
	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 regulation by any court or tribunal?		YES If YES, give details:	NO	
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, phased 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 (except Barangay election)?	election held within the last year	YES If YES, give detail	✓NO s:	
	b. Have you resigned from the government service during last election to promote/actively campaign for a national		YES If YES, give detail	V NO s:	
39.	Have you acquired the status of an immigrant or permanent	ent resident of another country?	YES If YES, give details (Country):	
b.	Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES			
41	REFERENCES (Person not related by consanguinity or affinity to appl	icant /appointee)			
422	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of perti Philippines. I authorize the agency head/authorized repr	nent laws, rules and regulations of the	Republic of the	KYBEEHMS CAYONE	
	agree that any misrepresentation made in this doc administrative/criminal case/s against me.			РНОТО	
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A D/License/Passport No.: N/A Date/Place of Issuance: N/A	Signature (Sign inside the United Accomplished		Right Thumbmark	
-	CLIDCODIDED AND CWOODS to before me this	officent ox	chibiting his/hor validly is	accused appearament ID as indicated above	
	SUBSCRIBED AND SWORN to before me this	, amant ex	unbung nis/ner Validiy R	ssued government ID as indicated above.	
		Person Administering C	ath		