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 T Print legibly. Tick appropriate boxes (1. CS ID No.		(Do not fill up. f	or CSC use only)	
I. PERSONAL INFORMATIO		,								
2. SURNAME	SACRO									
FIRST NAME	MARISOL NAME EXTENSION (JR., SR)									
MIDDLE NAME	GRANADA									
3. DATE OF BIRTH (mm/dd/yyyy)	29/06/1998 16. CITIZENSHIP			☑ Filipino ☐ Dual Citizenship ☐ by birth [☐ by naturalization			
4. PLACE OF BIRTH	BAYBAY CITY,	LEYTE	If holder of dual citizer	izenship,			Pls. indicate			
5. SEX	☐ Male		please indicate the de	etails.			▼			
6 CIVIL STATUS	✓ Single ✓ Widowed ✓ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS		N/A ise/Block/Lot No. N/A bdivision/Village		ЕМІ	Street ZONE 23 Barangay	Street ONE 23	
7. HEIGHT (m)	1.56m				BAYBAY		LEYTE Province			
8. WEIGHT (kg)	47kg		ZIP CODE	O	ty/Municipality		6521	Province 6521		
9. BLOOD TYPE	0		18. PERMANENT ADDRESS		N/A		ЕМІ	LIO JACINTO ST	IO JACINTO ST.	
10. GSIS ID NO.	N/A			House/Block/Lot No. N/A			Street ZONE 23			
11. PAG-IBIG ID NO.	1212702946				division/Village BAYBAY		Barangay LEYTE			
12. PHILHEALTH NO.	03-02609319	97-7	ZIP CODE	City/Municipality 6521			Province			
13. SSS NO.	N/A		19. TELEPHONE NO.		(0			53) 563 0159		
14. TIN NO.	754-445-540		20. MOBILE NO.	0939 392 7499			39 392 7499			
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)			marisol.sacro@vsu.edu.ph						
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		N/A		23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A NAME EXT		NAME EXTENSION (JR., SR)	N/A			N/A			
MIDDLE NAME	N/A					N/A		N/A		
OCCUPATION	N/A			NIA				N/A		
EMPLOYER/BUSINESS NAME	N/A			N/A				N/A		
BUSINESS ADDRESS	N/A			N/A			N/A			
TELEPHONE NO.	N/A				N/A				N/A	
24. FATHER'S SURNAME		SACRO				N/A		28/11/1968		
FIRST NAME	FELIX		N/A		N/A			N/A		
MIDDLE NAME		BITOY		N/A					N/A	
25. MOTHER'S MAIDEN NAME					N/A				N/A	
SURNAME	GRANADA			NIA				03/12/1972		
FIRST NAME	HERNANE			N/A N/A						
MIDDLE NAME	IBAÑEZ (Continue on separate sheet if necessary)									
III. EDUCATIONAL BACKG	ROUND								SCHOLARSHIP/	
26. LEVEL	NAME OF SCH (Write in full		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY I CENTRAL	SCHOOL	PRIMARY EDUCATION	ON .	2005	2011	N/A	2011	N/A	
SECONDARY	BAYBAY NATIONAL HI	GH SCHOOL	HIGH SCHOOL		2011	2015	N/A	2015	N/A	
VOCATIONAL / TRADE COURSE	N/A		N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UN	IVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH		2015	2019	N/A	2019	CUM LAUDE	
GRADUATE STUDIES	N/A			N/A	N/A	N/A	N/A	N/A		
SIGNATURE	(Continue on separate sheet if necessary) DATE March 7, 2021									
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					CS	FORM 212 (Revise	d 2017), Page 1 of 4	

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF	DIAGE OF EVANINATION (CONFEDNENT			LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERM		KWENT	NUMBER	Date of Validity	
PROFESSIONAL REGULATION COMMISSION		80.6	09-29-2019	TACLOBAN CITY			1809674	06-29-2022	
N/A		N/A	N/A	N/A			N/A		
N/A		N/A	N/A	N/A			N/A		
N/A		N/A	N/A	N	/A		N/A		
	N/A	1	N/A	N/A	N	/A	N/A		
N/A		N/A	N/A	N/A			N/A		
N/A		N/A	N/A	N/A			N/A		
	N/A								
	XPERIENCE ate employme	nt. Start from your recer	nt work) Descriptio	on of duties should	be indicated in the attach	ned Work Ex	perience she	et.	
	ISIVE DATES m/dd/yyyy)	POSITION T	TLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not	abbreviate)		//Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
08/01/2019	12/13/2019	PART-TIME INST	TRUCTOR	INSTITUTE OF	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A
01/20/2020	05/22/2020	PART-TIME INST	TRUCTOR	INSTITUTE OF	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A
08/13/2020	02/26/2021	PART-TIME INST	TRUCTOR	INSTITUTE OF	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A		N/A N/A			N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A N/A		N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A N/A	N/A	N/A	N/A
N/A N/A	N/A	N/A N/A			N/A		N/A	N/A	N/A
N/A N/A	N/A N/A	N/A N/A			N/A N/A N/A N/A N/A		N/A N/A	N/A N/A	
1417	IVA N/A		(Continue on separate shee			N/A N/A N/		N/A	NA
SIGNATURE			gs-		DATE	March 7, 2021			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORGANIZATION			INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS		POSITION / NATURE OF WORK			
(Write in full)			To	NUMBER OF HOURS		FOSHION/NATURE OF WORK		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A	N/A			
N/A		N/A	N/A	N/A	N/A			
N/A		N/A	N/A	N/A	N/A			
N/A		N/A	N/A	N/A	N/A			
N/A		N/A	N/A	N/A	N/A			
N/A			N/A	N/A	N/A			
VII. LEARNING AND DEVELOPMENT (L&D,	· ·	tinue on separate s						
(Start from the most recent L&D/training program and include				ief/Executive/Mana	gerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical/etc)			
OUTCOMES-BASED TEACHING AND LEAR	NING SYLLABUS WORKSHOP	1-31-2020	1-31-2020	8 HRS	TECHNICAL	INSTITUTE OF HUMAN KINETICS		
WORKSHOP ON CRAFTING THE SYLLABI FO	OR THE NEW BCaEd COURSES	08/10/2020	08/10/2020	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
WEBINAR ON SCHOOL MONITORING AND EVALUATION IN THE DIGITAL ERA			02/27/2021	3 HRS	TECHNICAL	PANPACIFIC UNIVERSITY		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
N/A	N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A N/A	N/A	N/A	N/A	N/A N/A		
N/A N/A			N/A N/A	N/A N/A	N/A N/A	N/A		
(Continue on separate sheet if necessary)								
VIII. OTHER INFORMATION	NON-	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
31. SPECIAL SKILLS and HOBBIES	32.		e in full)			33. (Write in full)		
DANCESPORTS ASST. COACH					N/A			
DANCING			\		N/A			
N/A					N/A			
N/A			\		N/A			
N/A N/A			\		N/A			
N/A			N/A N/A			N/A N/A		
(Continue on separate sheet if necessary)								
SIGNATURE Mg-				DA	ATE	March 7, 2021		

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34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES [☑ NO					
b. within the fourth degree (for Local Government Unit - Ca	=	☑ NO S:					
35. a. Have you ever been found guilty of any administrative of	☐ 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:						
Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO If YES, give details:						
	37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?						
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?						
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?						
39. Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————						
 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?		☐ YES ☑ NO If YES, please specify:					
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	t /appointee)						
NAME	ADDRESS	TEL. NO.					
MR. DENNIS JOEL L. CERNA	VSU, BAYBAY CITY, LEYTE	9190002810	(m m)				
MS. SHEENA EUNICE B. TABUDLONG	VSU, BAYBAY CITY, LEYTE	9209585002					
PROF. MARY JEAN M. SAPAN	VSU, BAYBAY CITY, LEYTE	9423679323					
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 filing 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: PRC ID - 1809674 ID/License/Passport No.: N/A Date/Place of Issuance: ORMOC CITY, DECEMBER 2019	ox)	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	ting his/her validly issued	government ID as indicated above.					
	Person Administering Oat	h					