S Form No. 212 evised 2017	ремене	ERSO	NAL DATA	SH	EET	20 140 CR8		LEGS CARLESTON	noornod
			Vork Experience Sheet shall cau			ative/crimin	al case/s against	me person co	ncemeu.
EAD THE ATTACHED GUIDE I int legibly. Tick appropriate boxes	TO FILLING OUT THE PERS and use separate sheet if I	necessary. Indicate N/	ET (PDS) BEFORE ACCOMPLISE A if not applicable. DO NOT ABBRI	EVIATE.	1.	CS ID No	(1	Do not fill up. For	CSC use only
PERSONAL INFORMATIO	N								
2 SURNAME	VERGIS					IN.	AME EXTENSION (JR., S	GR)	
FIRST NAME	ALBERT								
MIDDLE NAME	MUAÑA								
DATE OF BIRTH (mm/dd/yyyy)	01/27/1992		16. CITIZENSHIP		☑ Filipino		Dual Citizenship by birth	by naturalizat	tion
4 PLACE OF BIRTH	BAYBAY, LEYTE		If holder of dual citizensh	nip,			Pls. indicate co	untry:	
5. SEX	☑ Male	☐ Female	please indicate the detail	ils.					•
6 CIVIL STATUS	☐ Single ☐ Widowed ☐ Other/s:	☑ Married ☐ Separated	17. RESIDENTIAL ADDRESS	POBL	e/Block/Lot No. ACION ZONE 1	6	BRGY. GO	SAYSAY AVENU Street DOOFREDO MOD	
- 176 176			survival and administration		division/Village OF BAYBAY	TREEDAY		Berengey LEYTE	
7. HEIGHT (m)	1.65		ZIP CODE	City	/Municipality			Province	
8. WEIGHT (kg)	73.5	1	18. PERMANENT ADDRESS			2001/13	R. MAG	SAYSAY AVENU	E
9. BLOOD TYPE	B+	4001305	- STEER STEER TO STEER		e/Black/Lat No.	16		Street DOFREDO MOD	one sta
10. GSIS ID NO.	CRN-021-3019-5121	-3	MANAGE STORY	Sub	division/Village		B/(07. 00	Barangay	
11. PAG-IBIG ID NO.	MID:1211-3298-2013	3 247 40 5	TROUGHS STATE		Y OF BAYBAY y/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-025154491-4	Meane	ZIP GODE				6521		
13. SSS NO:	NONE		19. TELEPHONE NO.			1	NONE		
14. TIN NO.	466-464-980		20. MOBILE NO.			(+63) 9	96-711-4987		
15. AGENCY EMPLOYEE NO.	NONE		21. E-MAIL ADDRESS (if any)		a	lbertvergi	s360@gmail.co	m	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	VERGIS		. 2	23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIRTI	4 (mm/dd/yyy
FIRST NAME	VALERIE		NAME EXTENSION (JR., SR)	TH	EO EZEK	IEL Y. VE	RGIS	07/09	/2021
MIDDLE NAME	YAMON								
OCCUPATION	OFFICE STAFF								
EMPLOYER/BUSINESS NAME	VISAYAS STATE U	NIVERSITY							
BUSINESS ADDRESS	BRGY. PANGASUG	AN, VSU, BAY	BAY CITY, LEYTE						
MOBILE NO.	(+63) 995-698-6060								
24. FATHER'S SURNAME	VERGIS								
FIRST NAME	ALBERTO		NAME EXTENSION (JR., SR)						
MIDDLE NAME	CALONIA								
25. MOTHER'S MAIDEN NAME	ANTONIA TORCIN	O MUAÑA							
SURNAME	VERGIS			-					
FIRST NAME	ANTONIA								
MIDDLE NAME	MUAÑA				(C	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	GROUND								SCHOLARSH
26. LEVEL	NAME OF (Write i		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	C.P. GARGIA ELEM	ENTARY SCHOOL	PRIMARY EDUCATION	ON	1997	2003		2003	
SECONDARY	FRANCISCAN COLLEGE CONCE	OF THE IMMACULATI	E HIGH SCHOOL		2003	2008		2008	
VOCATIONAL / TRADE COURSE									
COLLEGE	FRANCISCAN COLLEGE		BACHELOR OF SCIENCE IN BU		2008	2013		2013	
GRADUATE STUDIES	VISAYAS STAT		TASTER OF MANAGEMENT IN MANAGEMENT	AGRIBUSINESS	2014	2018	36 UNITS		
T SECAL	X 85 5 1 5 1 5 1 5		Centing of separaty sheet if nece	essary)			0-1	1 /	
SIGNATURE		0	The state of the s		D.	ATE	09/	09/4 S FORM 212 (Revise	122

7. CARE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if ap	plicable)
	SPECIAL LAWS/ RANGAY ELIGIBILITY	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date o Validity
CIVIL	SERVICE PROFES	SIONAL LEVEL	80.04%	3/18/2018	ORMO	C CITY	arenaile ra	KNE PERM	A SIGN
			10 × 12 27 1			3 - 2 - 3 - 3 - 3			-25/19/1
							Beserv		70-
							(BSEJA)		
PÉT IN	· Lebru yo Egi - Ar	mad (i							
	The state of the s						THE RESERVE		
	XPERIENCE			ntinue on separate sheet					
	ate employment. JSIVE DATES	Start from your recent	work) Descriptio	n of duties should b	e indicated in the attache	d Work Expe	SALARY/ JOB/ PAY		
(m	m/dd/yyyy)	POSITION TIT (Write in full/Do not a			ENCY / OFFICE / COMPANY VDo not abbreviate)	MONTHLY SALARY	GRADE (if applicable)8 STEP (Format "60-0")	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
From 3/01/2020	To 09/30/2020	ENUMERAT	OR	PHILIPPINE ST	ATISTIC AUTHORITY		INCREMENT	JOB ORDER	Y
3/18/2019	03/31/2020	ADMINISTRATIVI	E AIDE III	VISATAS STATE UNIVERSITY		P13,000.00	SG 3	REGULAR	Υ
8/01/2013	06/30/2018	PROPERTY CUS	TODIAN	STATE	MAN KINETICS-VISYAS UNIVERSITY			JOB ORDER	N
5/01/2015	03/30/2018	PART-TIME INST	RUCTOR		I COLLEGE OF THE TE CONCEPTION			PART-TIME	N
		- Short					172,575		
		e Carrier and a							
					-		2109 N		
Jesse J	60. F	SIGNAL Y LEDES	SECENT .				BABLAY		
Marie Control Control Control							MONAY	***************************************	
						DELL SERVICE	9 8 4 9 8 8 8		
				STVAL	TACH SPACENTS INC.	CENTRAL	PRGY PA		- 310
****						4300.00	3,001,000		
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						EDME ITO	AMOTHA		
							ADSOTSAB		u/i) s
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	Bag.		248	TANK KADIN		Arresides			
	Elex	1103	H	104 ml5/m26 m 7.0 x		100000	10		
			/ Co	ntinue on separate shee	If necessary)		1/09	1	

29. NAME & ADDRESS (Write	S OF ORGANIZATION te in full)	(1	USIVE DATES mm/dd/yyyy)	NUMBER OF HOU	As	POSITION / NATURE OF WORK		
IMMACULATE CONCEPTION PARISH, (ROMAN CATHOLIC)	CITY OF BAYBAY	From	To		CUAIDAAAI			
KABALIKAT CIVICOM BAYBAY CHAP	TER - 938 STATION					COMMISSION ON EDUCATION		
					OPERATIVE	MEMBER (REGULAR)		
	EXTENSE OF T			Tacong	Figure 1	To you'll go I manning our a		
			-					
		-	-	1				
	TERRORE I		-					
		(Continue on s	eparate sheet if ne					
II. LEARNING AND DEVELOPMENT	T (L&D) INTERVENTIONS/TRAIL	WING PROGI	RAMS ATTENI)FD				
fart from the most recent L&D training program		In the last five (5) years for D		Division ChiefiExe		cutive Managerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Wile in full)		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Manageriel/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
OCUREMENT ACT ORIENTATION		09/9/2016	09/09/2016	8	TECHNICAL	VISAYAS STATE UNIVERSITY		
CCUP LEVEL III, PHASE I ACCREDITATE		08/13/2016	06/14/2016	40	COACHING	COACHES ACROSS CONTINENT AND INSTITU OF HUMAN KINETICS-VSU		
CHNICAL SUPPORT DURING 32ND REGI		10/23/2016	10/28/2016	40	TECHNICAL	PHILIPPINE ASSOCIATION OF STATE UNIVERSITIES & COLLEGES RV8		
E HAT-TRICK INITIATIVE SOCCER FOR S		05/04/2015	05/08/2015	40	COACHING	COACHES ACROSS CONTINENT AND INSTITU OF HUMAN KINETICS-VSU		
CHNICAL SUPPORT DURING 31ST REGIO		10/25/2015	10/30/2015	40	TECHNICAL	PHILIPPINE ASSOCIATION OF STATE UNIVERSITIES & COLLEGES RV8		
MMER RECREATION PROGRAM, TABLE	TENNIS INSTRUCTOR	04/13/2015	04/30/2015		COACHING	INSTITUTE OF HUMAN KENITICS		
				Start in	1,0 (150)	PER PRESENTATION OF		
	Maria Maria			M. Turker	73 (0.1)3			
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Washington I		****	22.04					
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Santa Control of	Approximation and a		2 500 000					
	and take		alabasa Jas	-1 111 111	<u> </u>			
		Continue on seg	parate sheet if nece	ssary)		AND THE EXPENSION FOR THE AND THE		
OTHER INFORMATION								
. SPECIAL SKILLS and HOBBIES	32 NON	-ACADEMIC DIS	TINGTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)		
BIBLE PREACHING		NC	NE			LAY CATHOLIC MINISTER		
TRAVELING				***************************************		OASIS OF LOVE		
COMPUTER LITERATE	L. Series	Translating to the same of the			Pos	CATHOLIC FAITH LAY APOSTOLIC MOVEMENT OF THE PHILIPPINES		
TABLE TENNIS			7-50			KABALIKAT CIVICOM		
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	Conc. Const	11	DM Comment					
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SIGNATURE	1 (al	1-11	->	DA	TE	(94/2-1120.		

	Are you related by consanguinity or affinity to the oir chief of bureau or office or to the person who has immed. Bureau or Department where you will be appointed,	nting or recommending authority, or to the diate supervision over you in the Office,			
	a. within the third degree?				
			YES NO		
	b. within the fourth degree (for Local Government Unit -	Career Employees)?	☐ YES ☑ NO		
			If YES, give details:		
5	a. Have you ever been found guilty of any administrative	offense?			
	The state of the s	Ollerise :	☐ 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;		
6.	Have you ever been convicted of any crime or violation of	f any law, decree, ordinance or regulation by	-		
	any court or tribunal?	any terry assisted elements of regulation by	1 1 1 W		
			If YES, give details:		
7.	Have you ever been separated from the service in any of	the following modes: majoration			
	retirement, dropped from the rolls, dismissal, termination,	☐ YES ☑ NO If YES, give details:			
	(abolition) in the public or private sector?		in 120, give details.		
8.	a. Have you ever been a candidate in a national or local	election held within the last year (except	☐ YES ☑ NO		
	Barangay election)?		If YES, give details:		
	b. Have you resigned from the government service during	the three (3)-month period before the last	☐ YES ☑ NO		
	election to promote/actively campaign for a national or lo	cal candidate?	If YES, give details:		
9.	Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES ☑ NO		
			☐ YES ☑ NO If YES, give details (country):		
			- John Marine (Position)		
Ю.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N	Magna Carta for Disabled Persons (RA			
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	2), please answer the following items:			
	Are you a member of any indigenous group?		☐ YES ☑ NO		
	Are you a person with disability?		If YES, please specify:		
	a periodi with disability?		YES NO		
	Are you a solo parent?		If YES, please specify ID No:		
			☐ YES ☑ NO If YES, please specify ID No:		
1.	REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)			
		ADDRESS	TEL NO.		
	NAME				
PERSON			(+63)935-751-		
	MR. RICARIDO C. NANGGAN	DUMAGUITE, NEGROS OCIDENTAL	(+63)935-751- 0033		
			0033 (+63)917-913-		
-	MR. RICARIDO C. NANGGAN	DUMAGUITE, NEGROS OCIDENTAL IMMACULATE CONCEPTION PARISH, CITY OF BAYBAY	0033 (+63)917-913- 8719 (063)-053-563-		
)	MR. RICARIDO C. NANGGAN REV. FR. SAMUEL PAPA SR. M. EMILIE IGANO, OSF	DUMAGUITE, NEGROS OCIDENTAL IMMACULATE CONCEPTION PARISH, CITY OF BAYBAY A. BONIFACIO, BAYBAY CITY, LEYTE	0033 (+63)917-913- 8719 (063)-053-563-		
	MR. RICARIDO C. NANGGAN REV. FR. SAMUEL PAPA SR. M. EMILIE IGANO, OSF I declare under oath that I have personally accomplish complete statement pursuant to the provisions of performance.	DUMAGUITE, NEGROS OCIDENTAL IMMACULATE CONCEPTION PARISH, CITY OF BAYBAY A. BONIFACIO, BAYBAY CITY, LEYTE and this Personal Data Sheet which is a tr	0033 (+63)917-913- 8719 (063)-053-563- 7270 ue, correct and		
	MR. RICARIDO C. NANGGAN REV. FR. SAMUEL PAPA SR. M. EMILIE IGANO, OSF 1 declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized representations.	DUMAGUITE, NEGROS OCIDENTAL IMMACULATE CONCEPTION PARISH, CITY OF BAYBAY A. BONIFACIO, BAYBAY CITY, LEYTE and this Personal Data Sheet which is a tr	0033 (+63)917-913- 8719 (063)-053-563- 7270 ue, correct and Republic of the		
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Gov PLE Gov	MR. RICARIDO C. NANGGAN REV. FR. SAMUEL PAPA SR. M. EMILIE IGANO, OSF I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Phillippines. I authorize the agency head/authorized represagree that any misrepresentation made in this docadministrative/criminal case/s against me. Vernment Issued ID (a Passport, OSIS, SSS, PRC, Driter's Liberton, etc.) EASE INDICATE ID Number and Date of Issuance remment Issued ID: VOTER'S ID ilcense/Passport No.: 3708-0041A-A2792AMV10000 SIPPlace of Issuance: 03/07/08 COMELEC-Baybay, Leyte	DUMAGUITE, NEGROS OCIDENTAL IMMACULATE CONCEPTION PARISH, CITY OF BAYBAY A. BONIFACIO, BAYBAY CITY, LEYTE and this Personal Data Sheet which is a tr inent laws, rules and regulations of the feetative to verify/validate the contents state sument and its attachments shall cause Signature Sign viside the bo Dete Accomplished	0033 (+63)917-913- 8719 (063)-053-563- 7270 ue, correct and Republic of the di herein. I a the filling of the di herein. Republic		
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