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 TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes () d use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only I. PERSONAL INFORMATION **ISRAEL** 2. SURNAME NAME EXTENSION (JR., SR) **ANTONIETA** FIRST NAME MIDDLE NAME DIAZ 3. DATE OF BIRTH 6/13/1969 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization **BAYBAY CITY, LEYTE** 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Female 5. SEX ☐ Male Single Married 7. RESIDENTIAL ADDRESS #19 A. MABINI STREET 6 CIVIL STATUS House/Block/Lot No ✓ Widowed □ Separated ZONE 7 Other/s: **BAYBAY CITY** LEYTE 7. HEIGHT (m) 156.5 m City/Municipality 8. WEIGHT (kg) 60 kg ZIP CODE 6521 #19 A. MABINI STREET 18. PERMANENT ADDRESS 9. BLOOD TYPE "0" House/Block/Lot No ZONE 7 10. GSIS ID NO. 69061301224 Subdivision/Village Barangay BAYBAY CITY **LEYTE** 11. PAG-IBIG ID NO. 1210-7546-6112 City/Municipality Province 12. PHILHEALTH NO. 13-000065403-6 ZIP CODE 6521 13. SSS NO. 06-1625485-5 19. TELEPHONE NO. NA 14. TIN NO. 186-774-847 20. MOBILE NO. 09173041369 V000615 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) annette.israel@vsu.edu.ph / jadi_34@yahoo.com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME ISRAEL DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME **JOHN** JOHANN ANGELO D. ISRAEL 05/05/2002 MIDDLE NAME **FLANDEZ DECEASED** OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS NA NA TELEPHONE NO 24. FATHER'S SURNAME ΠΙΔ7 NAME EXTENSION (JR., SR) FIRST NAME **AQUILINO** MIDDLE NAME **ESCUADRA** 5. MOTHER'S MAIDEN NAME **CALUNGSOD** SURNAME FIRST NAME **CHRISTINA MONTEFOLKA** MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR **ACADEMIC** LEVEL UNITS FARNED HONORS RECEIVED GRADUATED (Write in full) (Write in full) (if not graduated) From ELEMENTARY **Baybay South Central School Primary Education** 1975 1981 1981 Franciscan College of the Immaculate SECONDARY **Secondary Education** 1981 1985 1985 Conception VOCATIONAL / NA TRADE COURSE COLLEGE **University of San Carlos Bachelor of Science in Commerce** 1985 1989 1989 NA GRADUATE STUDIES **SIGNATURE** DATE April 5, 2022

IV. CIVIL SE	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF				LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / PLACE OF EXAMINATION / CONFERME CONFERMENT			RMENT	NUMBER	Date of Validity	
NONE									
V. WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attache	ed Work Exp			
	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)			DEPARTMENT / AGI	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То	(Willo III fall) Bo flot	abbieviate)	(Write in full/Do not abbreviate)		O/ IE II II	(Format "00-0")/ INCREMENT		(Y/ N)
06/01/2003	present	Administrative Aid	le III	Office of the	Jniv. Secretary	591.77	3	Casual	Yes
07/01/2001	05/31/2003	Clerk I		Institue of Tro	ppical Ecology	272.50	3	Casual	Yes
07/01/2000	06/30/2001	Computer Operate	or	Institue of Tro	Institue of Tropical Ecology			MOOE	Yes
10/01/1997	06/30/2000	Computer Operate	or	ViSCA-GTZ	ViSCA-GTZ			Contractual	Yes
01/15/1997	09/30/1997	Clerk I		ViSCA-GTZ	200.00	3	Emergency	Yes	
SIGNA	TUPE		Con	ntinue on separate sheet		I	A!!	5 2022	
SIGNA	ITUKE		4	•	DATE		April	5, 2023	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY (ORGANIZATIO	ON/S	
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
NONE						
AND DEVELOPMENT (LODGE		inue on separate s				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include)				hief/Executive/Man	agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
TRAINING ON FRONTLINE AND EXCELLI	ENT CUSTOMER SERVICE	From 11/09/2022	To 11/11/2022	24		PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES (POAP)
						FRILIFFINES (FOAF)
					_	
		inua ar '	boot if			
VIII. OTHER INFORMATION	(Cont	inue on separate s	neet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	CTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate	None					LSU-AdPA
OIOMATURE		inue on separate s	heet if necessary) TE	A
SIGNATURE				DATE		April 5, 2023 CS FORM 212 (Revised 2017), Page 3 of 4

 34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care 	_	✓ NO ✓ NO s:				
35. a. Have you ever been found guilty of any administrative offer	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:					
36. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
	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?					
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 permanent	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☑ YES ☐ NO					
44 DEFEDENCE (Dans on talk to the control of the co	(Associated)	If YES, please specify	y ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	ADDRESS	TEL. NO.				
NAME	1231200					
Prof. Francisco G. Gabunada, Jr. Dr. Ma. Juliet C. Ceniza	VSU, ViSCA, Baybay City, Leyte VSU, ViSCA, Baybay City, Leyte	09059132929 09173095016				
Dr. Victor B. Asio VSU, ViSCA, Baybay City, Leyte 09176341438 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. PHOTO						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID ID/License/Passport No.: 006006882860	Signature (Sign inside the b	ox)				
Date/Place of Issuance: Baybay City, Leyte	April 5, 2023 Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	Person Administering Oat	th	CS FORM 212 (Revised 2017), Page 4 of 4			