CS Form No. 212 Revised 2017	PERSON	AL DATA	SHE	ET		-			
concerned. READ THE ATTACHED GUIDE	tion made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING THE	PDS FORM	-	t*		1	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.	(Do no	ot fill up. F	or CSC use on	
2. SURNAME	SABLAS				400				
FIRST NAME	JOVELYN			1		N/A			
MIDDLE NAME	ALKUINO								
DATE OF BIRTH (mm/dd/yyyy)	02/27/1985	16. CITIZENSHIP		✓ Filipino * Dual Citizenship			p by naturalization		
4. PLACE OF BIRTH	BAYBAY CITY LEYTE	If holder of dual citize			country:				
5. SEX	☐ Male ✓ Female	please indicate the di	etails.						
6 CIVIL STATUS	☐ Single ✓ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hou	N/A House/Block/Lot No.		SITIO SAN ISIDRO Street			
	Other/s:			N/A bdivision/Village		Ba	KILIM Barangay		
7. HEIGHT (m)	1.5		1	BAYBAY CITY ity/Municipality		LEYTE Province			
8. WEIGHT (kg)	50	ZIP CODE			65	521			
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	N/A ise/Block/Lot No		SAN ISIDRO Street			
10. GSIS ID NO.	N/A	1001200	_	N/A			KILIM		
11. PAG-IBIG ID NO.	12-1005775874			Subdivision/Village BAYBAY CITY			Barangay LEYTE		
12. PHILHEALTH NO.	130501185877	ZIP CODE	City/Municipality 6601			P	rovince		
								- 17	
13. SSS NO.	0630830491	19. TELEPHONE NO.	N/A_						
14. TIN NO.	424858816	20, MOBILE NO.	09199317998						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jovely	n.navale	es@vsu.edu.p	<u>oh</u>		
II. FAMILY BACKGROUND							DA	E OF BIRTH	
22. SPOUSE'S SURNAME	SABLAS	N/A	23. NAME of CH	ILDREN (Write			(mm/dd/yyyy)		
FIRST NAME	KEVIN	BALLIN OF LEVEL	-		SABLAS	*	12/31/2016		
MIDDLE NAME	OMILLON PUMB MASTER			TAL VI PA	ONDENO		0	1/2//2020	
OCCUPATION SAME	PETRON		-						
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	CANDADAM BAYBAY CI	TYLEYTE							
TELEPHONE NO.	N/A	TTLETTE		_					
24. FATHER'S SURNAME	ALKUINO								
FIRST NAME	MATIAS	SR.							
MIDDLE NAME	GUMBA								
25. MOTHER'S MAIDEN NAME									
SURNAME	NAVALES								
FIRST NAME	LOLITA		3						
MIDDLE NAME	PARAISO		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRAD UATED	SCHOLARSH ACADEMIC HONORS RECEIVED	
ELEMENTARY	KILIM ELEM SCHOOL	PRIMARY EDUCAT	PRIMARY EDUCATION		00/00/19		1998	WITH HONOR	

00/00/19 00/00/20 2002 DIPLOMA BAYBAY NATIONAL HIGH SCHOOL SECONDARY EDUCATION SECONDARY 98 00/00/20 VOCATIONAL / TRADE COURSE COMMERCIAL COOKING 2012 NCII FCIC 00/00/20 31/09/20 VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN AGRIBUSINESS 2021 DIPLOMA COLLEGE 03 21 DATE SIGNATURE

May 19, 2025 CS FORM 212 (Revised 2017), Page 1 of 4

1		1080 (BOARD/ BAR) UNDER	RATING	DATE OF	or in the state of the	W 1 - H, - C 10		LICENSE (if applica	ble)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION		ENT	NUMBER	Date of Validity	
DRIVER'S LICENSE		70.0	02/07/2017	BAYBAY CITY LTO			H12-17-003713	27/02/203	
	CSC SUI	B-PROF	80.7	AUG.11,2024	TACLOBA	AN			
CSC PROF		-	March 2,2025	EVSU TACLOBAN			*		
		-							
. WORK	(EXPERIENC	DE .		(Continue on separa	te sheet if necessary)				
nclude pr	rivate employr		cent work) De	scription of duties sl	nould be indicated in the a	ttached Wo	SPILMANTI	ience sheet.	
7.0	nm/dd/yyyy)	(Write in full/Do not abbreviate)		DEPARTMENT / AGE (Write in ful	MONTHLY SALARY	JOB/ PAY GRADE (if applicable) & STEP (Format	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)	
/24/2023	Present	ADDRC/DDRC		DEPARTMENT OF ANIM	12000.00	*no-o*v	JOB ORDER	N	
4/09/2014	11/30/2014	SALES STA	FF		IEBAKE BAKESHOP	7000.00	N/A	PERMANENT	N
4/16/2012	10/30/2012	QUALITY CONTROL	CASHIER	MANG IN	IASAL BAYBAY	7000.00	N/A	CONTRACTUAL	N
	07/30/2011	QUALITY CON	TROL	MANG IN	IASAL BAYBAY	7000.00	N/A	CONTRACTUAL	N
3/17/2007	07/30/2010	INVENTOR	Υ	RJET	MARKETING	5000.00	N/A	PERMANENT	N
/16/2005	2/28/2006	РНОТОСОРІ	ER	MARNEL	5000.00	N/A	PERMANENT	N	
2/10/2004	11/28/2004	SALES LAD	Υ	STOP OVER BAKE	1200.00	N/A	PERMANENT	N	
5/01/2002	05/30/2002	5/30/2002 CLERK/UTILITY/MESSENGER		BAYBAY MUNICIPAL		6500.00	N/A	SUMMER JOB	Y
									-
							\vdash		-
		-			7				
					1				
				-					
	+ =								
									-
		-							
		3							
dina j				(Continue on separat	e sheet if necessary)				2 177
SIGN	ATURE	(AA:	-		DATE	n.	10	, wit	1

29. NAME & ADDRESS OF		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOUSE	POSITION / NATURE OF WORK			
(Write in full)		From	/dd/yyyy) To	NUMBER OF HOURS				
N/A					N/A			
						*		
					-			
	Amedidi g				796			
					119	A		
		on separate she						
VII. LEARNING AND DEVELOPMENT (L& Start from the most recent L&D training program and in	D) INTERVENTIONS/TRAINING PR	ROGRAMS A	TTENDED was for Division (Thirt Executive Man	acerial positio			
start from the most recent Law daming program and in	didde only the relevant Latin laming tween for		VE DATES OF		Type of LD			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Manageri	CONDUCTED/ SPONSORED BY (Write in full)		
	1 162,394	From	To		al/ Superviso			
Basic Records and Archives Management (BRAM)		07/30/2024	07/31/2024	16.0		RECORDS		
Privacy Impact Assessment (PIA)	31	07/29/2024	07/29/2024	8.0		RECORDS		
Financial Transactions Forum	271	03/20/2024	03/20/2024	8.0		HRMO/ACC		
Inlocking Excellence: The 5s Revolution for Clerk	s and Heads at Visayas State University	11/29/2023	11/29/2023	8.0	-1	VSU PRESIDENT		
HRIS Software Onboarding		12/06/2023	12/06/2023	4.0		HRMO		
DBM and SABS Orientation Seminar		10/14/2018	10/14/2017			SABS President		
			10			5		
5.0						3		
	4							
			-			, P		
			1		++			
		1	-	+	+			
1	(Continu	e on separate she	eet if necessary)			The state of the s		
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COSTUMER SERVICE	V/A (Write in full)					SOCIETY OF AGRIBUSINESS STUDENTS		
DANCING								
		(a. 1)	+		-			
BASIC COMPUTER								
READING	1 2	. 9			**			
	A (Continue	le on separate sh	burgagand hitse					

×

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?	YES V	10			
b. within the fourth degree (for Local Government Unit - Care	YES V N	10			
35. a. Have you ever been found guilty of any administrative offe	YES V N	NO .			
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 an regulation by any court or tribunal?	☐ YES ☐ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES NO If YES, give details: End of Contract				
38. a. Have you ever been a candidate in a national or local election.	☐ YES ☑ NO If YES, give details:				
 b. Have you resigned from the government service during the last election to promote/actively campaign for a national or le 	YES If YES, give details:	NO			
39. Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? 		YES If YES, please specify:	√ NO		
Are you a person with disability?		YES If YES, please specify ID N	NO lo:		
Are you a solo parent?		If YES, please specify ID N	NO lo:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
NAME	ADDRESS	TEL. NO.			
JADE DHAPNEE Z. COMPENDIO	Visca, Baybay City, Leyte	9070181218	66		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repres I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nt laws, rules and regulations of the sentative to verify/validate the conten	Republic of the ts stated herein.	SOUELYN N. AL-KUINO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	4.0				
Government Issued ID: DRIVERS LICENSE ID/License/Passport No.: H12-17-003713	John John				
Date/Place of Issuance: BAYBAYCITY LEYTE	Signature (Sign inside the	4	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhi	biting his/her validly issued government	ernment ID as indicated above.		
	Person Administering C	ath			