| 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 ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.  1. CS ID No. (Do I |  |                                  |  |                          |  | (Do not fill up. F | For CSC use only)    |                                     |  |
| I. PERSONAL INFORMATION  |  | A in the capping abic. Be not Al | DIREVIATE.   |                          | 1. 00 15 110.                            |                    | (20 1101 1111 4121 1 | or occ acc orny)                    |  |
| 2. SURNAME   | COLMINAS   |                                  |  |                          |  |                    |                      |                                     |  |
| FIRST NAME   | ALBERTO  |                                  |  |                          |  | JR                 |                      |                                     |  |
| MIDDLE NAME  | JIMENEZ  |                                  |  |                          |  |                    |                      |                                     |  |
| DATE OF BIRTH     (mm/dd/yyyy)   | 15/05/1999   | 16. CITIZENSHIP                  | ✓ Filipino □ Dual Citizenship                        |                          |  |                    |                      |                                     |  |
| 4. PLACE OF BIRTH  | MOABOG, PILAR, CEBU  | If holder of dual citizenship,   |  |                          |  |                    | _ ′                  |                                     |  |
| 5. SEX   | ✓ Male Female  | please indicate                  | e the details.                                       | Please indicate country: |  |                    | •                    |                                     |  |
| 6 CIVIL STATUS   |  | 17. RESIDENTIAL ADDRESS          | DENTIAL ADDRESS    House/Bloc   PUROK S   Subdivisio |                          | k/Lot No.<br>AMBAG                       |                    |                      | N/A<br>Street<br>MOABOG<br>Barangay |  |
| 7. HEIGHT (m)  | 165  |                                  | PILA<br>City/Munic                                   |                          |  |                    | CEBU                 |                                     |  |
| 8. WEIGHT (kg)   | 89   | ZIP CODE                         | 6048   | <i>прин</i> су           |  |                    | Trovince             |                                     |  |
| 9. BLOOD TYPE  | N/A  | 18. PERMANENT ADDRESS            | N/A  |                          |  | N/A                |                      |                                     |  |
| 10. GSIS ID NO.  | N/A  |                                  | House/Block PUROK SA                                 | AMBAG                    | I. CS ID No.   (Do not fill up. For Once |                    |                      |                                     |  |
| 11. PAG-IBIG ID NO.  | 121348953931   |                                  | Subdivision<br>PILA                                  | AR                       |  | CEBU               |                      |                                     |  |
| 12. PHILHEALTH NO.   | 13-202845365-9   | ZIP CODE                         | City/Munio   | cipality                 |  |                    | Province             |                                     |  |
| 13. SSS NO.  | N/A  | 19. TELEPHONE NO.                |  | N/A                      |  |                    |                      |                                     |  |
| 14. TIN NO.  | 601-122-467-00000  | 20. MOBILE NO.                   |  |                          | 09502951174                              |                    |                      |                                     |  |
| 15. AGENCY EMPLOYEE NO.  | N/A  | 21. E-MAIL ADDRESS (if any)      |  | albertojr                | .colminas                                | @vsu.edu.pl        | <u>1</u>             |                                     |  |
| II. FAMILY BACKGROUND  |  |                                  |  |                          |  |                    |                      |                                     |  |
| 22. SPOUSE'S SURNAME   | N/A  |                                  | 23. NAME of CHILDREN (Write                          |                          | ist all)                                 |                    | DATE OF BIRT         | TH (mm/dd/yyyy)                     |  |
| FIRST NAME   | N/A  | NAME EXTENSION (JR., SR)         | N/A  |                          |  | N/A                |                      |                                     |  |
| MIDDLE NAME  | N/A  |                                  | N/A  |                          |  |                    | N/A                  |                                     |  |
| OCCUPATION   | N/A  |                                  |  | N/A                      |  |                    | N/A                  |                                     |  |
| EMPLOYER/BUSINESS NAME   | N/A  |                                  |  | N/A                      |  |                    | N/A                  |                                     |  |
| BUSINESS ADDRESS   | N/A  | N/A                              |  |                          | N  |                    | I/A                  |                                     |  |
| TELEPHONE NO.  | N/A  |                                  | N/A  |                          |  | N/A                |                      |                                     |  |
| 24. FATHER'S SURNAME   | COLMINAS   |                                  |  |                          |  |                    |                      |                                     |  |
| FIRST NAME   | ALBERTO  | NAME EXTENSION (JR., SR)         |  |                          |  |                    |                      |                                     |  |
| MIDDLE NAME  | CASIPE   |                                  |  |                          |  |                    |                      |                                     |  |
| 25. MOTHER'S MAIDEN NAME   |  |                                  |  |                          |  |                    |                      |                                     |  |
| SURNAME  | JIMENEZ  |                                  |  |                          |  |                    |                      |                                     |  |
| FIRST NAME   | FE   |                                  |  |                          |  |                    |                      |                                     |  |
| MIDDLE NAME CARLOMAN   |  |                                  |  | (Continue                | on separate s                            | heet if necessary) |                      |                                     |  |
| III. EDUCATIONAL BACKGR  | ROUND  |                                  |  |                          |  |                    |                      | SCHOLARSHIP/                        |  |
| 26.<br>LEVEL   | NAME OF SCHOOL<br>(Write in full)                              | BASIC EDUCATION/<br>(Write i     |  | PERIOD OF A              |  | UNITS EARNED       |                      | ACADEMIC<br>HONORS<br>RECEIVED      |  |
| ELEMENTARY   | MOABOG ELEMENTARY SCHOOL                                       | ELEMEN                           | NTARY  | 13/06/2007               |  |                    | 2012                 | FIRST HON.<br>MENTION               |  |
| SECONDARY  | DON FILOMENO M. TORRES MEMORIAL NATIONAL<br>HIGH SCHOOL        | JUNIOR & SENIOR HIGH SCHOOL      |  | 08/06/2012               | 24/04/2018                               |                    | 2016 &<br>2018       | SALUTATORIAN                        |  |
| VOCATIONAL /<br>TRADE COURSE   | N/A  | N/A                              |  | N/A                      | N/A                                      | N/A                | N/A                  | N/A                                 |  |
| COLLEGE  | VISAYAS STATE UNIVERSITY-MAIN CAMPUS                           | BS AGRICULTURE MAJOR IN A        | AGRICULTURAL EXTENSION                               | 13/08/2018               | 10/08/2022                               |                    | 2022                 | CUM LAUDE                           |  |
| GRADUATE STUDIES   | VISAYAS STATE UNIVERSITY-MAIN CAMPUS MASTER OF SCIENCE IN AGRI |                                  |  | 23/08/2022               | 06/08/2024                               |                    | 2024                 | SCHOLARS                            |  |

SIGNATURE

DATE

| IV. CIVIL SE   | ERVICE ELIG               | IBILITY                    |                     |                          |                           |               |  |                |                     |  |  |  |  |
|--|---------------------------|----------------------------|---------------------|--------------------------|---------------------------|---------------|--|----------------|---------------------|--|--|--|--|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BADANGAY ELICIBILITY / DRIVEP'S LICENSE |                           |                            | RATING              | DATE OF<br>EXAMINATION / | PLACE OF EXAMINA          | TION / CONFER | MENT   | LICENSE (if ap | oplicable)  Date of |  |  |  |  |
| BARANGAY ELIGIBILITY / DRIVER'S LICENSE  |                           |                            | (If Applicable)     | CONFERMENT               |                           |               |  | NUMBER         | Validity            |  |  |  |  |
| N/A  |                           |                            | N/A                 | N/A                      | N                         | /A            |  | N/A            | N/A                 |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            | (Con                | ntinue on separate sheet | if necessary)             | essary)       |  |                |                     |  |  |  |  |
|  | XPERIENCE<br>ate employme | nt. Start from your recent | t work) Description | of duties should be      | indicated in the attached | l Work Expe   | rience sheet.                                      |                |                     |  |  |  |  |
|  | SIVE DATES<br>n/dd/yyyy)  | POSITION T                 |                     | DEPARTMENT / AGE         | ENCY / OFFICE / COMPANY   | MONTHLY       | SALARY/ JOB/ PAY<br>GRADE (if                      | STATUS OF      | GOV'T               |  |  |  |  |
| From   | То                        | (Write in full/Do not      | abbreviate)         | (Write in ful            | I/Do not abbreviate)      | SALARY        | applicable)& STEP<br>(Format "00-0")/<br>INCREMENT | APPOINTMENT    | SERVICE<br>(Y/N)    |  |  |  |  |
| 01/08/2024   | PRESENT                   | INSTRUCT                   | OR 1                | VSU ALANG                | SALANG CAMPUS             | 30502.00      | 0  | TEMPORARY      | N/A                 |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |
|  |                           |                            | (6                  | stinuo on sonauto -b- '  | if necessary)             |               |  |                |                     |  |  |  |  |
| (Continue on separate sheet if necessary)  SIGNATURE  DATE   |                           |                            |                     |                          |                           |               |  |                |                     |  |  |  |  |

| VI. VOLUNTARY WORK OR INVOLVEMENT   | IN CIVIC / NON-GOVERNMENT                      | / PEOPLE / V                                       | OLUNTARY (                     | DRGANIZAT          | TION/S                                   |  |  |
|---|--|--|--------------------------------|--------------------|--|--|--|
| 29. NAME & ADDRESS OF (Write in fu  |  | INCLUSIVE DATES (mm/dd/yyyy)  From To              |                                | NUMBER OF<br>HOURS | P  | POSITION / NATURE OF WORK  |  |
| N/A   |  | N/A  | N/A                            | N/A                |  | N/A  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D  | ) INTERVENTIONS/TRAINING PI                    |  | parate sheet if nec<br>TTENDED | essary)            |  |  |  |
| Start from the most recent L&D/training program and inclu   | de only the relevant L&D/training taken for th | 1  |                                | Executive/Man      | agerial positions)                       |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu  |  | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To |                                | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full)  |  |
|   |  |  |                                |                    | Technical/etc)                           | DEPARTMENT OF DEVELOPMENT COMMUNICATION,   |  |
| SEMINAR WORKSHOP ON DEVELOPMENT OF UNIV<br>MITIGATION<br>CAPACITY BOILDING 5: CONSULTATION WORKST |  | 04/03/2023   | 04/03/2023                     | 8 HOURS            | PARTICIPANT                              | VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY,                                      |  |
| THE STUDY: "EVALUATION OF THE EXTENSION INDUSTRY IN THE EASTEDN VISAYAS IN SLIDD!                 | DELIVERY SYSTEM OF THE ABACA                   | 09/02/2023   | 09/02/2023                     | 8 HOURS            | TECHNICAL/FACILITATOR                    | AUTHORITY VIII, AGRICULTURAL TRAINING  |  |
| TRAINING ON VERMIC  | ULTURE   | 19/01/2023   | 19/01/2023                     | 6 HOURS            | TECHNICAL/FACILITATOR                    | EDUCATION AND EXTENSION, VISAYAS STATE   |  |
| POULTRY MANAGEMENT A  |  | 15/01/2023   | 15/01/2023                     | 8 HOURS            | PARTICIPANT                              | AGRICULTURE AND FOOD SCIENCE, DEPARTMENT OF ACEULTITIES ALEPKESTEEN AND EXTENSION, |  |
| FARMERS AND FISHERFOLKS DAY, VISAYAS STA<br>ANNIVERSAR  |  | 27/04/2019   | 27/04/2019                     | 8 HOURS            | TECHNICAL/FACILITATOR                    | EXTENSION AND INNOVATION, VISAYAS STATE  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
| VIII. OTHER INFORMATION   |  | (Continue on sep                                   | parate sheet if nec            | essary)            |  |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32.  | NON-ACADEMIC I                                     | DISTINCTIONS / RE              | COGNITION          |  | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)                         |  |
| COMPUTER SKILLS   |  |  | N/A                            |                    |  | REPRESENTATIVE, VISAYAS STATE  |  |
| ANALYTICAL SKILLS   |  |  |                                |                    |  | UNIVERSITY GRADUATE STUDENT SOCIETY MEMBER, VISAYAS STATE UNIVERSITY               |  |
| PROBLEM-SOLVING SKILLS  |  |  |                                |                    |  | AGRICULTURAL EXTENSION SOCIETY   |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  |  |                                |                    |  |  |  |
|   |  | (Continue on sep                                   | parate sheet if nec            | essary)            |  |  |  |
| SIGNATURE   |  |  |                                |                    | DATE                                     |  |  |
|   |  |  |                                |                    |  | CS FORM 212 (Revised 2017), Page 3 of 4  |  |

| 34.   | Are you related by consanguinity or affinity to the appointing of 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  | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:   |  |        |  |  |  |  |
|---|---|---|--|--------|--|--|--|--|
| 35.   | a. Have you ever been found guilty of any administrative offe   | YES [ If YES, give details:   | √ NC   |        |  |  |  |  |
|   | 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 any any court or tribunal?  | y law, decree, ordinance or regulation by   | ☐ YES ☑ NO If YES, give details:   |        |  |  |  |  |
| 37.   | Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?   |   | YES If YES, give details:  | √ I    | NO   |  |  |  |
| 38.   | a. Have you ever been a candidate in a national or local election Barangay election)?      b. Have you resigned from the government service during the  |   | ☐ YES ☑ NO If YES, give details:   |        |  |  |  |  |
|   | election to promote/actively campaign for a national or local of  |   | YES If YES, give details   |        | NO   |  |  |  |
| 39.   | Have you acquired the status of an immigrant or permanent r   | resident of another country?  | ☐ YES ☑ NO If YES, give details (country):   |        |  |  |  |  |
| 40.   | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p   |   |  |        |  |  |  |  |
| a.  | Are you a member of any indigenous group?   | •   | YES VIOLENTIAL VIOLENT |        |  |  |  |  |
| b.  | Are you a person with disability?   | If YES, please specify:  YES  NO  If YES, please specify ID No:                     |  |        |  |  |  |  |
| C.  | Are you a solo parent?  | YES VO NO If YES, please specify ID No:   |  |        |  |  |  |  |
| 41.   | REFERENCES (Person not related by consanguinity or affinity to applicant /a   | appointee)  |  |        |  |  |  |  |
|   | NAME  | ADDRESS   | TEL. NO.   |        | ID picture taken within<br>the last 6 months             |  |  |  |
|   | DR. LIJUERAJ J. CUADRA  | VISCA, BAYBAY CITY, LEYTE   | 9567922509   |        | V3.5 cm. X 4.5 cm<br>(passport size)                     |  |  |  |
|   | DR. KAREN LUZ P. YAP  | VISCA, BAYBAY CITY, LEYTE   | N/A  |        | With full and handwritten<br>name tag and signature over |  |  |  |
|   | MR. VIRGELIO C. DARGANTES JR.   | VISCA, BAYBAY CITY, LEYTE   | N/A  |        | printed name  Computer generated                         |  |  |  |
| 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 represer agree that any misrepresentation made in this docur administrative/criminal case/s against me. | ent laws, rules and regulations of the native to verify/validate the contents state | Republic of the definition of the  |        | or photocopied picture is not acceptable  PHOTO          |  |  |  |
|   | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance   |   |  |        |  |  |  |  |
| H   | overnment Issued ID: NATIONAL ID  |   |  |        |  |  |  |  |
| ID  | /License/Passport No.: 3047-9481-9659-1683  | Signature (Sign inside the bo   | ox)  |        |  |  |  |  |
| Date/Place of Issuance: 7/9/2023/ PILAR, CEBU Date Accomplished |   |   | Right Thumbmark  |        |  |  |  |  |
|   | SUBSCRIBED AND SWORN to before me this  | , affiant exhibiti  | ng his/her validly issued g  | overnn | nent ID as indicated above.                              |  |  |  |
|   |   | 1   |  |        |  |  |  |  |