CS Form No. 212								
Revised 2017	PERSOI	NAL DAT	A SH	EET	Γ			
WARNING: Any misrepresentati concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet sha	III cause the fi	ling of admi	inistrative/c	riminal case/s ag	ainst the per	son
	TO FILLING OUT THE PERSONAL DATA SHE () but use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	For CSC use only)
I. PERSONAL INFORMATIO							, ,	
2. SURNAME	VIBAR							
FIRST NAME	JOYCE LOURINE					NAME EXTENSION (JR	, SR)	
MIDDLE NAME	LINA							
3. DATE OF BIRTH	6/25/1996	16. CITIZENSHIP				1		
(mm/dd/yyyy)	0/23/1330	IIO. OTTIZENOTIIF		✓ Filipino				
4. PLACE OF BIRTH	HILONGOS, LEYTE				Pls. indicate co	ountry:		
5. SEX	☐ Male ✓ Female	please indicate the de	tails.					
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hous	se/Block/Lot No)		Street	
	Widowed Separated Other/s:		MONTES	BOARDING H	OUSE	F	PANGASUGAN	
7. HEIGHT (m)	5'1		Sub	division/Village BAYBAY	<u> </u>		Barangay LEYTE	
		ZIP CODE	6521	y/Municipality			Province	
8. WEIGHT (kg)	40 KG	18. PERMANENT ADDRESS		SANTO ROSA	IRIO		NA	
9. BLOOD TYPE	AB+	10. FERMANENT ADDRESS		se/Block/Lot No		Street		
10. GSIS ID NO.			Sub	NA division/Village		NAVAL Barangay		
11. PAG-IBIG ID NO.	121265885075			HILONGOS			LEYTE	
12. PHILHEALTH NO.	13-250501647-9	ZIP CODE	Cil	ty/Municipality 6524			Province	
13. SSS NO.		19. TELEPHONE NO.		N/A				
14. TIN NO.	898-760-199	20. MOBILE NO.		09263639599				
45. AOFNOV FMDLOVEF NO				lovo	douring	ibar25@gma	il com	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		JOYCE	elourinev	<u>ibarzo@gma</u>	II.COM	
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME			23. NAME of CHI	I DDEN (Mrito	full name and	liet ell\	DATE OF BIDT	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	23. NAME OF OTH	LDIVEIA (AMING	Tull Harrie and	iist dii)	DATE OF BIRT	тт (ппп/аа/уууу)
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	VIBAR	NAME EXTENSION (JR., SR) SR						
FIRST NAME	QUIRINO	TVANUE EXTENSION (SIX., SIX) SIX						
MIDDLE NAME	ROSALES							
25. MOTHER'S MAIDEN NAME								
SURNAME	LINA							
FIRST NAME	/E FELISA							
MIDDLE NAME	LABIDES			(Co	ntinue on sep	arate sheet if neces	sary)	
III. EDUCATIONAL BACKGF	ROUND					HIGHEST LEVEL/		COLICI A POLIUPI
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/CO (\)	URSE Vrite in full)	PERIOD OF ATTENDANCE From To		UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	NAVAL ELEMENTARY SCHOOL	PRIMARY		2005	2009	(if not graduated)	2009	NA
SECONDARY	NAVAL NATIONAL HIGH SCHOOL	SECONDARY		2009	2013	NA	2013	NA
VOCATIONAL /	N/A N/A			N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN HOTEL RESTAURANT	TOURISM	2013	2019	NA	2019	NA NA
	N/A	MANAGEMENT N/A		N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES		N/A Continue on separate sheet if nece	ssarv)	N/A	NA	N/A	N/A	N/A
SIGNATURE	(0	Samuel on Superate Sheet II nece	oury)	DA	TE		APRIL 2,2025	

IV. CIVIL SE	ERVICE ELIG	BILITY							
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	RMENT	NUMBER	Date of Validity	
N/A N/A			N/A	1	N/A		N/A	N/A	
			(Cor	ntinue on separate sheet	if nocossary)				
	XPERIENCE								
	01) /E DATEO	nt. Start from your recen	t Work) Descriptio			led Work Exp	SALARY/ JOB/ PAY		GOV I SERVICE
	m/dd/yyyy)	POSITION TITLE full/Do not abbro	(Write in eviate)		CY / OFFICE / COMPANY //Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	DERVICE
2/3/2025	3/31/2025	ADMIN AID	DE 1		OPICAL ECOLOGY AND	12000	N/A	JO	YES
	1/31/2025	INFORMATION CLERK/ P			PTIST HOSPITAL	8000	N/A	REGULAR	NO
1/10/2023	1/16/2024	BILLER	2	FRIEGHT PROCESS C	UTSOURCING SOLUTIONS INC	7000.00	N/A	REGULAR	NO
			(Con	ntinue on separate sheet	if necessary)				
SIGNA	ATURE				DATE	April 2 2025			
							CS	FORM 212 (Revised 20	017), Page 2 of 4

1	VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			ORGANIZATIO	ON/S	
AT THE OF LONG AND DESCRIPTION OF PRINCIPLE AND PRINCIPLE	29. NAME & ADDRESS OF ORGANIZATION (Write in full)		(IIIII/GG/VVV)		POSITION / NATURE OF WORK		
	N/A		N/A	N/A	N/A	N/A	
THE PROPRIES AND ADDRESS CONTROL TO THE PROPRIES OF THE PROPRI	VII. I EARNING AND DEVELOPMENT (1.8 D)						
State of Leanang And Carest Length of Reference			he last five (5) year	rs for Division Chi	ef/Executive/Manag	gerial positions)	
CANSE - MAY	30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT	FIONS/TRAINING PROGRAMS		DATES OF			CONDUCTED/ SPONSORED BY
18ST YOUTH A SUBJECT CONFIRMS MARKETING TREGOGN BROOLURE A VEIDO 1895/2917 9 VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVE					NUMBER OF HOURS	Supervisory/	
			04/03/2017	04/03/2017			
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. (Write in full)	RKSHOP ON RESPONSIBLE ECOTOURISM MARKETI	NG THROUGH BROCHURE & VEDIO	10/15/2017	10/15/2017	8		VISAYAS STATE UNIVERSITY
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. (Write in full)							
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READING Control of the control of		NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION				
		υ ζ .		(Write in full)			
SIGNATURE	READING						
SIGNATURE							
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SIGNATURE							
SIGNATURE							
ANNI 7 TOTAL	SIGNATURE	0.100			D.	ATF	April 2, 2025

34.		ne third degree?					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES If YES, give detail	✓ NO s:				
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an by any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, enout (abolition) in the public or private sector?	d of term, finished contract or phased	YES If YES, give detail	NO s:			
38.	a. Have you ever been a candidate in a national or local electionb. 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	· · ·	YES If YES, give deta	✓ NO ils:			
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?	·	☐ YES ☑ NO				
b.	Are you a person with disability?	If YES, please specif	✓ NO				
C.	Are you a solo parent?	If YES, please specify ID No: YES NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL. NO.				
	JAMAICA JANOHAN	VISAYAS STATE UNIVERISTY	9187375430	S S			
	JOLINDA BARANIAO	HILONGOS LEYTE	9281947892				
	DR. TEOFANES A. PATINDOL	VISAYAS STATE UNIVERISTY	563-1052				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized represer I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nt laws, rules and regulations of the F ntative to verify/validate the contents state	Republic of the ed herein.	РНОТО			
0	PLEASE INDICATE ID Number and Date of						
	sovernment Issued ID: PHILHEALTH						
IE	D/License/Passport No.: 13-250501647-9	Signature (Sign inside the b	ox)				
Date/Place of Issuance: HILONGOS, LEYTE April 2, Date Accomplis				Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued	government ID as indicated above.			
	L	Person Administering Oat	h				
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