CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET			
concerned. READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and the	EET (PDS) BEFORE ACCOME	LISHING THE	E PDS FORM.	riminal case/s		
I. PERSONAL INFORMATI	es ( Ind use separate sheet if necessary. Indic ON	ate N/A if not applicable. DO NO	) ABBKEVIA	TE. 1. CS ID No.		(Do not fill up. For CSC use	
2 SURNAME	BUSTILLO						
FIRST NAME	NORIETA		NAME EXTENSION (JR., SR)				
MIDDLE NAME	BATHAN						
DATE OF BIRTH     (mm/dd/yyyy)	08/24/1963	16. CITIZENSHIP	☑ Filipino □ Dual Citizenship				
					☐ by birth	☐ by naturalization	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize	nship,				
5. SEX	☐ Male ☑ Female	please indicate the de	etails.				
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		672	Al	NDRES BONIFACIO	
	☐ Widowed ☐ Separated ☐ Other/s:		Ho	use/Block/Lot No.	F. M	Street ASCARIÑAS, ZONE 12	
			S	ubdivision/Village		Barangay	
7. HEIGHT (m)	153 cm			BAYBAY City/Municipality		Province	
8. WEIGHT (kg)	60 kis	ZIP CODE		6521			
9. BLOOD TYPE	"B"	18. PERMANENT ADDRESS	Ho			NDRES BONIFACIO Street	
10. GSIS ID NO.	CRN 006-0102-6412-8				F. M	ASCARIÑAS, ZONE 12	
11. PAG-IBIG ID NO.	1700-0024-3569		S	ubdivision/Village BAYBAY		Barangay LEYTE	
				City/Municipality Provi		Province	
12. PHILHEALTH NO.	1300-0015-0712	ZIP CODE		6521			
13. SSS NO.	06-4231359-5	19. TELEPHONE NO.		N/A			
14. TIN NO.	116-623-483	20. MOBILE NO.		0915-232-9310			
15. AGENCY EMPLOYEE NO.	V000124	21. E-MAIL ADDRESS (if any)		nbustii@yahoo.com / norieta.bustiilo@vsu.edu.ph			
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	BUSTILLO		23. NAME of Ch	HILDREN (Write full name and i	st all)	DATE OF BIRTH (mm/dd/yy	
FIRST NAME	NOEL	NAME EXTENSION (JR., SR)		NORIEL JOHN B. BUSTIL	LO	08/30/1991	
MIDDLE NAME	CENTINO			NORIEL GAY B. BUSTIL	LO	08/05/1993	
OCCUPATION	GOVERNMENT EMPLOYEE			NORIEL JED B. BUSTILI	.0	10/11/1995	
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			NORWEL B. BUSTILLO 08/24/199			
BUSINESS ADDRESS	VISCA, BAYABAY CITY						
TELEPHONE NO.							
24. FATHER'S SURNAME	BATHAN						
FIRST NAME	SALVADOR	NAME EXTENSION (JR., SR)					
MIDDLE NAME	ARRIOLA						
25. MOTHER'S MAIDEN NAME							
SURNAME	DIDAL			-			
FIRST NAME	GERTRUDES						

ALKUINO MIDDLE NAME (Continue on separate sheet if nece III. EDUCATIONAL BACKGROUND SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HIGHEST LEVEL/ UNITS EARNED (if not graduated) PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR GRADUATED LEVEL (Write in full) (Write in full) To From BAYBAY EAST CENTRAL SCHOOL ELEMENTARY PRIMARY Education 1969 1975 1975 none FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION SECONDARY 1975 1979 1979 none VOCATIONAL / TRADE COURSE BACHELOR OF SCIENCE IN COMMERCE -COLLEGE DIVINE WORD UNIVERSITY OF TACLOBAN 1981 1984 1984 none **GRADUATE STUDIES** VISAYAS STATE UNIVERSITY MASTER OF MANAGEMENT - BUS. MGMT 2018 2016 34 units AN SIGNATURE

11 2/2021 DATE

27. CARE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	applicat
SPECIAL LAWS/ CES/ CSEE		(If Applicable)			TION / CONFERMENT		NUMBER	Da Va	
CAREE	R Service Exam	m -Sub Professional	0.8	04/27/1997	TACLOB	IAN CITY			
			-						
			(Co	ontinue on separate sheet i	if necessary)				
	EXPERIENCE						1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		nt. Start from your recen	nt work) Descriptio	on of duties should b	e indicated in the attache	ed Work Expe		t.	
(m	CLUSIVE DATES (mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SE (
From 1/01/2021	To Present	Admin Aid	da VI	Account	ting Office/VSU	16,325.00	06-02	Permanent	
5/01/2020	12/31/2020	Admin Aid			ting Office/VSU	16,325.00 15,643.00		Permanent Permanent	
1/01/2020	04/30/2020	Admin Aid			ting Office/VSU			Permanent	+
1/01/2020	12/31/2019	Admin Aid			ting Office/VSU	15,524.00		100000000000000000000000000000000000000	
1/01/2019	12/31/2019	Admin Aid	0.000	Acccount	14,847.00	-	Permanent		
1/10/2017	01/02/2017	Admin Aid			14,340.00		Permanent Permanent	-	
5/10/2016	01/02/2017	Admin Aid			ting Office/VSU	12,371.00	<b>—</b>	Permanent	
1/01/2015	05/09/2016	Admin Aid			ting Office/VSU	11,878.00		Permanent	
04/01/2013	12/31/2015	Admin Aid		Acccount	11,767.00		Permanent		
04/01/2012	03/31/2013	Admin Aid		Accounting Office/VSU		11,292.00		Permanent	
06/01/2011	06/30/2012	Admin Aid		Accounting Office/VSU		10,358.00		Permanent	
08/10/2010	05/31/2011	Admin Aid			ting Office/VSU	9,536.00	CONTRACT I	Permanent	
3/25/2010	07/31/2010	Admin Aid			ting Office/VSU	8,713.00		Permanent	
9/01/2009	03/24/2010	Admin Aid			ting Office/VSU	8,713.00		Permanent	
08/01/2008	08/31/2009	Admin Aid		7,000,000	ting Office/VSU	7,489.00		Permanent	
02/01/2008	07/31/2008	Admin Aid			ting Office/VSU	6,808.00		Permanent	
07/01/2007	01/31/2008	Admin Aid		4	ting Office/VSU	6643.00	03-02	Permanent	H
01/10/2005	06/30/2007	Admin Aid			ting Office/VSU	6039.00	03-01	Permanent	H
07/01/2001	01/09/2005	Clerk	NAME OF THE OWNER OWNER OF THE OWNER OWNE	Supply & Property	y Management Division counting Office	274.50		Casual	
01/01/2000	06/30/2001	Clerk	1	Supply & Property	y Management Division	261.41		Casual	
01/01/1997	12/31/1999	Clerk	1	Office/ VSU Supply & Property Management Division		237.64		Casual	
01/01/1996	12/31/1996	Clerk 1	1	Office/ VSU Supply & Property Management Division		225.27		Casual	
01/01/1995	12/31/1995	Clerk		Office/ VSU Supply & Property Management Division Office/ VSU		179.82		Casual	
01/01/1994	12/31/1994	Clerk 1	1	Supply & Property Management Division Office/ VSU		134.36		Casual	
07/01/1989	12/31/1993	Clerk 1	1	Supply & Property	y Management Division	98.00		Casual	
08/23/1988	06/30/1989	Clerk			rice/ VSU y Management Division	32.85		Casual	
02/01/1986	05/31/1988	Clerk			ice/ VSU or's Office, BaybayCity	7.00		Job Order	
SIGN	NATURE	Ann		ntinue on separate sheet i			(2)		
010	ATURE	O14 m			DATE	11	1/2/200	S FORM 212 (Revised 20	

0	(mi	n/dd/yyyy)	NUMBER OF	DOCITION AND DE DE MORE		
	From	То	HOURS		POSITION / NATURE OF WORK	
		1				
INTERVENTIONS/TRAINING	finue on separate s PROGRAMS A	TTENDED				
			ef Executive Mana	gerial positions)		
ERVENTIONS/TRAINING PROGRAMS	Carlo Contraction	INCLUSIVE DATES OF ATTENDANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED B	
(Write in full)		(mm/dd/yyyy)		Supervisory/ Technical/etc)	(Write in full)	
		То	45		QAC/VSU	
SO 9001:2015 Awareness/Re-awareness Webinar						
ms Technical Specification and					GSIS/MAASIN CITY	
Module of the SPPMIS	08/28/2020		4 hrs		OVPRGAS, VSU	
	10/01/2019	10/04/2019	32 hrs		COA, RO VIII	
pines, Inc. Convention- Seminar	10/17/2018	10/20/2018	32 hrs		AGAP	
	09/11/2018		4 hrs		VSU GAD	
	08/21/2018		4 hrs		VSU GAD	
& Staff Into the VSU System	09/04/2017		8 hrs		VSU GAD	
mplementation on th Use of Government Accounting Manual (GAM) for NGA's			40 hrs		COA, RO VIII	
Prientation on Preparation of Documents for the Internal Audit			8 hrs		QAC/VSU	
Philippine Public Sector Accounting Standards (PPSAS) and the Revised Chart of Accounts (RCA)- National			40 hrs		COA, Region VIII	
OVPAF Strategic Planning Workshop			16 hrs		OVPAF, VSU	
Inified Accounts Code Structure (UACS) Application Course Training Program					DBM, Region 08	
ewme, "Public Financial		1.1100.2014	24		Damp region oo	
ds Responsive and Transparent	04/23/2014	04/26/2014	32 hrs		COA, DBM and Other Related Agencies	
(Conf	inue on separate s	heet if necessary)				
NON-ACADEMIC DISTINCTIONS					A STATE OF THE STA	
32. RECOGNITION					33. MEMBERSHIP IN ASSOCIATION/ORGAN (Write in full)	
					LSU-AdPA	
					. 6	
(Cont	inue on separate si	heef if necessary)	250JL_X			
SIGNATURE AWA			D	DATE 11/2/204		
	INTERVENTIONS/TRAINING Is only the relevant Laboratining taken to execution and module of the SPPMIS  E)  pines, Inc. Convention- Seminar  a Staff Into the VSU System  Manual (GAM) for NGA's  mal Audit  AS) and the Revised Chart of  Course Training Program  newme, "Public Financial dis Responsive and Transparent  (Continued of the Seminary of the S	INTERVENTIONS/TRAINING PROGRAMS A  a only the relevant LED training taken for the last five (a) ye  ERVENTIONS/TRAINING PROGRAMS  INCLUSI ATT (mm From  11/27/2020  01/16/2020  08/28/2020  ED  10/01/2019  10/01/2019  10/17/2018  08/21/	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)	INCLUSIVE DATES OF ATTENDANCE   INCLUSIVE DATES OF ATTENDANCE (mmidd/yyyy)   INCLUSIVE DATES OF ATTENDANCE (mmidd/yyyy)   IT	INCLUSIVE DATE OF ATTENDANCE   INCLUSIVE DATE OF PROJECT   INCLUSI	

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 appointed,					
	a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Can	eer Employees)?	☐ YES ☑ NO			
		If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ense?	☐ 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	ny law, decree, ordinance or 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	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?			☐ YES ☑ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	☐ YES ☑ NO			
Barangay election)?			If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO			
		If YES, give details (country):				
10.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	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:  ☐ YES ☑ NO				
			If YES, please specify ID No:			
	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consenguinity or affinity to applicant /	(appointea)				
	NAME	ADDRESS	TEL, NO.			
	MR NICK FREDDY R. BELLO	VSU, VISCA, BAYBAY CITY	aa			
	MS. LOUELLA C. AMPAC	BAYBAY CITY, LEYTE				
2.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	True, correct and			
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the			
	Philippines. I authorize the agency head/authorized repre					
	I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	iment and its attachments shall cau	se the filing of			
	darmiotativosiminai odobro agamot mo.					
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  EASE INDICATE ID Number and Date of Issuance					
Go	vernment Issued ID: VSU ID	and the second				
ID/	License/Passport No.: V000124	ox)				
Da	te/Place of Issuance:	Signature (Sign inside the b	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	affinit autilitie	ng his/her validly issued government ID as indicated above.			
	CODOCINDED AND OFFICIAL TO DEIGHE THE THE	, amant exhibiting	ng marnar valuary isoucia government to as indicated above.			
		Person Administering Oa	th			
		r Graoti Autililistering Od	M1			