CS Form No. 212										
Revised 2017		<b>PERSOI</b>	NAL DAT	A SH	IEE1	Γ				
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.										
<b>READ THE ATTACHED GUIDE T</b> Print legibly. Tick appropriate boxes (						1. CS ID No.		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATION										
2. SURNAME	DULCE									
FIRST NAME	MARIA VENUS						NAME EXTENSION (JR	, SR)		
MIDDLE NAME	OLAN-OLAN									
3. DATE OF BIRTH (mm/dd/yyyy)	3/	/6/1999	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship						
4. PLACE OF BIRTH	ORMOC	CITY, LEYTE	If holder of dual citizenship,				☐ by birth ☐ by naturalization  Pls. indicate country:			
5. SEX	☐ Male	✓ Female	please indicate the de	please indicate the details.			· ·			
C ON AL OTATIO	☑ Single	☐ Married	17. RESIDENTIAL ADDRESS	KANLAON DORMITORY			N/A			
6 CIVIL STATUS	☐ Widowed	☐ Separated		Hou	se/Block/Lot No	).	Street PANGASUGAN			
	☐ Other/s:			Sul	N/A bdivision/Village	)	Barangay			
7. HEIGHT (m)	1	151cm			AYBAY CITY ity/Municipality		LEYTE Province			
8. WEIGHT (kg)		45	ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6521			
9. BLOOD TYPE		AB+	18. PERMANENT ADDRESS	BLK. 19 LOT 22  House/Block/Lot No.			N/A Street			
10. GSIS ID NO.		N/A		VILLA THRESA HEIGHTS		IGHTS	SAN ISIDRO  Barangay			
11. PAG-IBIG ID NO.	1212-	·8785-1358		Subdivision/Village ORMOC CITY			LEYTE  Province			
12. PHILHEALTH NO.	13-02	5550189-6	ZIP CODE	City/Municipality 6541						
13. SSS NO.	<b>34-9298205-0</b> 19. TELEPHONE NO.				N/A					
14. TIN NO. 369-726-694-00000 20.			20. MOBILE NO.			09926238618				
15. AGENCY EMPLOYEE NO. N/A			21. E-MAIL ADDRESS (if any)		v	enus.dul	dulce@vsu.edu.ph			
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		N/A		23. NAME of CHILDREN (Write full name and		full name and l	l list all)  DATE OF BIRTH (mm/dd/yyyy		TH (mm/dd/yyyy)	
FIRST NAME		N/A	NAME EXTENSION (JR., SR)	IR., SR) N/A		N/A	N/A		I/A	
MIDDLE NAME		N/A		N/A		N/A	N/A		I/A	
OCCUPATION		N/A		N/A			N/A			
EMPLOYER/BUSINESS NAME		N/A		N/A			N/A		I/A	
BUSINESS ADDRESS		N/A		N/A			N/A		I/A	
TELEPHONE NO.		N/A		N/A			N/A		I/A	
24. FATHER'S SURNAME		DULCE		N/A			N/A		I/A	
FIRST NAME	RC	OGELIO	N/A			N/A	N/A		I/A	
MIDDLE NAME		CALLOSA		N/A				N/A		
25. MOTHER'S MAIDEN NAME	MOTHER'S MAIDEN NAME N/A				N/A	N/A		I/A		
SURNAME OLAN-OLAN				N/A N/A					I/A	
FIRST NAME JENIFER			N/A N/A					I/A		
MIDDLE NAME	NAME GERUNDIO (Continue on separate sheet if necessary)									
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL		OF SCHOOL lrite in full)	BASIC EDUCATION/DEGRE (Write in full)	` '		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	COGON ELEI	MENTARY SCHOOL	PRIMARY EDUCAT	TON	2005	2011	N/A	2011	N/A	
SECONDARY WESTERN LEYTE COLLEGE			HIGH SCHOOL 2011 2015 N/A 2				2015	N/A		

VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH	2015	2019	N/A	2019	N/A	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)								
SIGNATURE	Venns			TE	J	lanuary 4, 2024		

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

IV. CIVIL SERVICE ELIGIBILITY										
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER				DATE OF				LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		RMENI	NUMBER	Date of Validity	
PROFESS	SIONAL REGULATION COMMISSION 84.0 OCT. 02, 2023 TACLOBAN CITY			N/A	N/A					
	N/A	A	N/A	N/A	N/A			N/A		
	N/A	4	N/A	N/A	N/A			N/A		
	N/A	<b>I</b>	N/A	N/A	N/A N/A			N/A		
	N/A	1	N/A	N/A	A N/A				N/A	
	N/A			N/A	N/A			N/A		
	N/A	N .	N/A	N/A	N	N/A				
V WORK F	XPERIENCE			N/A						
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.			
	SIVE DATES n/dd/yyyy)		POSITION TITLE DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
AUG. 23, 2021		PART-TIME INST	RUCTOR	INSTITUTE O	HUMAN KINETICS	156/HR	N/A	SEMESTRAL	Υ	
FEB. 15, 2022	6/18/2022	PART-TIME INST	RUCTOR	INSTITUTE O	HUMAN KINETICS	156/HR	N/A	SEMESTRAL	Y	
SEPT. 15, 2022	FEB. 1, 2023	PART-TIME INST	RUCTOR	INSTITUTE OI	156/HR	N/A	SEMESTRAL	Υ		
2/20/2023	6/23/2023	PART-TIME INST	RUCTOR	INSTITUTE OI	156/HR	N/A	SEMESTRAL	Y		
AUG. 16, 2023	DEC. 21, 2023	PART-TIME INST	RUCTOR	INSTITUTE OI	156/HR	N/A	SEMESTRAL	Υ		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A N/A	N/A N/A	N/A N/A		N/A			N/A N/A	N/A N/A	N/A N/A	
NA	(Continue on separate sheet if necessary)									
SIGNA	TURE	Tema			DATE	January 4, 2024				

VI. VOLUNTARY WORK OR INVOLVEMENT	T IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	ORGANIZATIO	N/S			
29. NAME & ADDRESS OF	DLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S  NAME & ADDRESS OF ORGANIZATION  INCLUSIVE DATES							
(Write in fu	ll)	(mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A		N/A		
N/A		N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A		N/A		
N/A		N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A	N/A				
(Continue on separate sheet if necessary)  VII. LEARNING AND DEVELOPMENT (L&D								
(Start from the most recent L&D/training program and inclu- 30. TITLE OF LEARNING AND DEVELOPMENT IN: (Write in fu	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	E DATES OF DANCE d/yyyy)	//Executive/Manage	Type of LD (Managerial) CONDUCTED/ SPONSORED BY Supervisory/ Technicallet) (Write in full)			
FIELD EXPERIENCE	TEACHER	Oct. 20, 2018	3/3/2019	180 hrs.	N/A	IPIL NATIONAL HIGH SCHOOL		
Philippine Red Cross "Basic Volunt	eer Orientation Course"	Oct. 06, 2019	Oct. 07, 2019	8hrs.	N/A	EASTERN VISAYAS STATE UNIVERSITY		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
		N/A	N/A	N/A	N/A			
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A		N/A	N/A	N/A	N/A		
	N/A	1	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A		
N/A	(Con	tinue on separate s			N/A	N/A		
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES 32. NON-A			-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
DANCING	Dance Troupe Awardee				Eastern Visayas State University Alugyaw Dance Troupe			
N/A			l		N/A			
N/A			1		N/A			
N/A			Ī		N/A			
N/A	N/A				N/A			
N/A		N/A				N/A		
N/A	(Con	N/A				N/A		
SIGNATURE	Venus	(Continue on separate sheet if necessary)			ATE	January 4, 2024		
·	·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	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	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe							
	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 any court or tribunal?	ny law, decree, ordinance or regulation by	☐ 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, en (abolition) in the public or private sector?	d of term, finished contract or phased out	☐ YES If YES, give detail	☑ NO is:				
38.	<ul> <li>a. Have you ever been a candidate in a national or local election</li> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:						
39.		☐ YES ☑ NO If YES, give details (country):						
40. a. b.	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?  Are you a person with disability?  Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO 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.					
	ROXY BANDEJO	ORMOC CITY	9989824823					
	FRANZ MARTIN SOMBILON CALLANO	ORMOC CITY	9498642277					
	EDILBERTO, ARTIGA JR.	BAYBAY CITY	09383644332					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertind Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	MARIN VENUS O. DULLE PHOTO						
Dr	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) ver's License H03-19-003559 / 07-24-2019 overnment Issued ID:	Venna						
l H	/License/Passport No.: PHILHEALTH  /License/Passport No.: 13-025550189-6	ox)						
Di	ate/Place of Issuance: SEPT. 09 2020		Right Thumbmark					
	Date Accomplished Right Thumbmark  SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
		Person Administering Oath	1					