

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 not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ORIAS		
	FIRST NAME	JULIE ANN	NAME EXTENSION (JR., SR) N/A
	MIDDLE NAME	N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	04/07/1996	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	KANANGA, LEYTE		Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 6
			House/Block/Lot No. Street
			Subdivision/Village GUADALUPE
7. HEIGHT (m)	1.47		BAYBAY CITY LEYTE
8. WEIGHT (kg)	50	ZIP CODE	6521
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. GSIS ID NO.	N/A		Subdivision/Village MAHAYAHAY
11. PAG-IBIG ID NO.			ALBUERA LEYTE
12. PHILHEALTH NO.	13-025479490-3	ZIP CODE	6542
13. SSS NO.	N/A	19. TELEPHONE NO.	1037
14. TIN NO.	710103642	20. MOBILE NO.	(+63) 920 731 3902/ (+63) 926 180 3880
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	julieann.orias@vsu.edu.ph/ orias.julieann@gmail.com

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	NAME EXTENSION (JR., SR)		
	MIDDLE NAME			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GLORIANE			
	FIRST NAME	NAME EXTENSION (JR., SR)		
	MIDDLE NAME	N/A		
25. MOTHER'S MAIDEN NAME				
	SURNAME	ORIAS		
	FIRST NAME	MARILYN		
MIDDLE NAME	BERIDO	(Continue on separate sheet if necessary)		




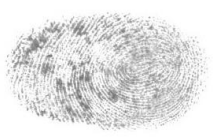
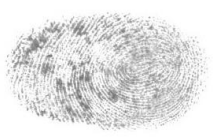
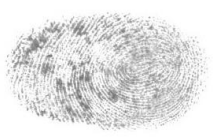
III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MAHAYAHAY ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	N/A	2009	SALUTATORIAN
SECONDARY	DAMULAAAN NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	3RD HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2013	2017	N/A	2017	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT major in AGRIBUSINESS MANAGEMENT	2017	N/A	37	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 15, 2021	CS FORM 212 (Revised 2017), Page 1 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	4.0	Technical	VISAYAS STATE UNIVERSITY
	Workshop on the Assessment of Accomplishment and Target Setting of the Strategic Plan	11/25/2020	11/26/2020	16.0	Technical	VISAYAS STATE UNIVERSITY
	Webinar Presentation on "Document Tracking System"	11/13/2020	11/13/2020	3.0	Technical	VISAYAS STATE UNIVERSITY
	Training on identification of proper and complete items Technical Specification and parameters and orientation of the Purchase Request (PR) Module of the Supply Properties Procurement Management Information System (SPPMIS)	08/28/2020	08/28/2020	4.0	Technical	VISAYAS STATE UNIVERSITY
	Workshop on the Uniformity of the University's Specifics and Prices of Goods & Training for the implementation (PPMP & PR) of the Supplies, Procurement and Supplies Management Information System.	03/10/2020	03/10/2020	8.0	Technical	VISAYAS STATE UNIVERSITY
	HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEMS (HRMIS) PRESENTATION AND ORIENTATION OF THE ELECTRONIC DAILY ATTENDANCE TRACKING SYSTEM (eDATS)	03/02/2020	03/02/2020	8.0	Technical	VISAYAS STATE UNIVERSITY
	SEMINAR WORKSHOP ON RECORDS MATRIX AND NAP FORM-1 COMPLETION	12/13/2019	12/13/2019	8.0	Technical	VISAYAS STATE UNIVERSITY
	HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEM (HRMIS) PRESENTATION AND TRAINING OF THE DEVELOPED RSP, PDS AND PLANTILLA MANAGEMENT SYSTEM	11/25/2019	11/26/2019	16.0	Technical	VISAYAS STATE UNIVERSITY
	CUMULUS WORKSHOP WITH DEPARTMENT CLERKS AND FOCAL PERSONS	07/16/2019	07/16/2019	4.0	Technical	VISAYAS STATE UNIVERSITY- WEB TEAM
	QMS RISK ASSESSMENT AND ISO DOCUMENTATION TRAINING	01/16/2019	01/16/2019	16.0	Technical	AGF Training and Consulting Group- Philippines
	ORIENTATION-WORKSHOP FOR JO CLERKS AND LABORATORY TECHNICIANS	01/15/2019	01/15/2019	8.0	Technical	VISAYAS STATE UNIVERSITY
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	COMPUTER SKILLS	N/A		N/A		
	GRAPHIC DESIGNING					
	EFFECTIVE COMMUNICATION SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	JANUARY 15, 2021	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. BAYRON S. BARREDO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-7527</td></tr><tr><td>DR. ALELI A. VILLOCINO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-7527</td></tr><tr><td>DR. LOLITO C. BESTIL</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-1445</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. BAYRON S. BARREDO	VISCA, BAYBAY CITY, LEYTE	563-7527	DR. ALELI A. VILLOCINO	VISCA, BAYBAY CITY, LEYTE	563-7527	DR. LOLITO C. BESTIL	VISCA, BAYBAY CITY, LEYTE	563-1445
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42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PHILHEALTH</td></tr><tr><td>ID/License/Passport No.:</td><td>13-025479490-3</td></tr><tr><td>Date/Place of Issuance:</td><td>BAYBAY CITY, LEYTE</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	PHILHEALTH	ID/License/Passport No.:	13-025479490-3	Date/Place of Issuance:	BAYBAY CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>01/15/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	01/15/2021	Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
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