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.									
	TO FILLING OUT THE PERSONAL DATA SHEE and use separate sheet if necessary. Indicate N/A				1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATION		THE TOTAL PRODUCTION OF THE PR							
2. SURNAME	LUCHAVEZ								
FIRST NAME	VIVIEN GRACE NAME EXTENSION (JR., SR)								
MIDDLE NAME	MONTE								
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 11, 1999	16. CITIZENSHIP			o □ Dual Citizenship ☑ by birth □ by naturalization				
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship,			Pls. indicate country:				
5. SEX	☐ Male ☑ Female	please indicate the details.		Philippines				•	
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS		se/Block/Lot No			5 Street LIBERTAD Barangay		
7. HEIGHT (m)	1.61				odivision/Village ORMOC			LEYTE	
8. WEIGHT (kg)	48	ZIP CODE	Cit	ty/Municipality 6541			Province		
9. BLOOD TYPE	В	18. PERMANENT ADDRESS					5 Charact		
10. GSIS ID NO.	N/A			se/Block/Lot No			LIBERTAD		
11. PAG-IBIG ID NO.	ID NO. 121312850092			bdivision/Village ORMOC			Barangay LEYTE Drawinga		
12. PHILHEALTH NO.	13-250746633-1	ZIP CODE			ty/Municipality 6541			Province	
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.	616-298-393-00000	20. MOBILE NO.	+639359336939						
15. AGENCY EMPLOYEE NO.	AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) vivien.luchavez@vsu.edu.ph								
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	DATE OF BIRTH (mm/dd/yyyy)				
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	ISION (JR., SR) N/A						
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	LUCHAVEZ								
FIRST NAME	BIENVENIDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DOMINGUITO								
25. MOTHER'S MAIDEN NAME									
SURNAME	MONTE								
FIRST NAME	VICENTA								
MIDDLE NAME	MALAZARTE		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGR	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	LIBERTAD ELEMENTARY SCHOOL	PRIMARY EDUCATION		2005	2012	N/A	2012	N/A	
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL/ORMOC CITY SENIOR HIGH SCHOOL	HIGH SCHOOL		2012	2018	N/A	2018	WITH HONORS	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BS IN SECONDARY EDUCATION MATHEMATICS	MAJOR IN	2018	2022	N/A	2022	CUM LAUDE	
GRADUATE STUDIES		MASTER IN EDUCATION MAJOR IN MATHEMATICS		2024	PRESENT				

SIGNATURE

June 11, 2025

DATE

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONEEE	DMENIT	LICENSE (if a	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Ag			(If Applicable)	CONFERMENT	PLACE OF EXAMINA	TION / CONFER	VIVICIN I	NUMBER	Date of Validity
LICENSURE EXAMINATION FOR TEACHERS (LET) 81.00%			03/01/2023	TACLOBAN CITY			2058259	06/11/2026	
CAREER SERVIC	CE PROFESSION	AL	PD907-HONOR GRADUATE		EASTERN VISAYAS	STATE UNIVE	RSITY		
(Continue on separate sheet if necessary)									
	XPERIENCE	nt Start from your rocor	at work) Description	n of duties should h	on indicated in the attack	ad Wark Evr	orianca shaa	ŧ	
(Include private employment. Start from your recent wor 28. INCLUSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOV'T	
(mm/dd/yyyy) POSITION TI (Write in full/Do not a			DEPARTMENT / AGI (Write in ful	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/ N)		
01/16/2025	05/23/2025	PART-TIME INST	RUCTOR	DEPARTMEN	13,000.00	N/A	CONTRACTUAL	Y	
08/12/2024	12/13/2024	PART-TIME INST	RUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Y
06/10/2024	07/19/2024	PART-TIME INST	RUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Υ
01/15/2024	05/24/2024	PART-TIME INST	RUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Υ
08/16/2023	12/20/2023	PART-TIME INST	RUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Y
09/12/2022	02/01/2023	PART-TIME INST	RUCTOR	DEPARTMEN	T OF MATHEMATICS	13,000.00	N/A	CONTRACTUAL	Υ
			(Cor	ntinue on separate sheet			I	I	l
SIGNATURE			83		DATE		June	11, 2025	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIV (mm/de	/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A						
	(0	4				
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s POGRAMS AT				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Python Programming and Numerical Methods		01/29/2025	01/31/2025	24	Technical	Visayas State University
Ethnomathematics and Culturally Relevant Mathem	atics Education in the Philippines	10/28/2022	10/28/2022	2	Webinar	Department of Science and Technology Science Education Institute
Summer Upgrading Program for Mathematics Teac	hers	06/03/2024	06/05/2024	25	Technical	Visayas State University
			<u> </u>			
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	NCTIONS / RECOGI e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER SKILLS (Microsoft Office)	N/A					PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS
SINGING AND PLAYING INSTRUMENTS						
HANDICRAFT (DIY)						
SIGNATURE	(Con	tinue on separate s	sheet if necessary)	D/	ATE	June 11, 2025
OIGHA I UNL	80	1		UF	1/6	CS FORM 212 (Revised 2017), Page 3 of 4

34.	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							
		If YES, give details:							
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 any court or tribunal?	☐ 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, fi 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 electron Barangay election)?	☐ YES ☑ NO If YES, give details:							
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of the control of t	☐ YES ☑ NO If YES, give details:							
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 and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	•							
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:							
	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:						
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:							
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)							
	NAME	ADDRESS	TEL. NO.						
	BEATRICE D. MABITAD	ORMOC CITY	beatrice.mabitad@evs u.edu.ph						
	JONATHAN G. BASMAYOR	ORMOC CITY	9128760047						
	JOFFER JETT C. ZAMORA	ORMOC CITY	9171809033						
42.	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.								
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	Col							
H	overnment Issued ID: PRC								
ID/License/Passport No.: 2058259 Signature (Sign inside			box)						
D	ate/Place of Issuance: 21-JUN-2023		Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued g	overnment ID as indicated above.					
		h							
	_								