CS Form No. 212 Revised 2017 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 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes (\square and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. PERSONAL INFORMATION LUCHAVEZ 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME **VIVIEN GRACE** MONTE MIDDLE NAME 3. DATE OF BIRTH 06/11/1999 16. CITIZENSHIP **✓** Filipino ■ Dual Citizenship (mm/dd/yyyy) ☐ by birth ■by naturalization 4. PLACE OF BIRTH ORMOC CITY If holder of dual citizenship, please indicate the details. 5. SEX ■ Male **✓** Female Philippines 5 ✓ Single ■ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No ■ Widowed ☐ Separated LIBERTAD Other/s: Subdivision/Village Barangay ORMOC **LEYTE** 7. HEIGHT (m) 1.61 City/Municipality 8. WEIGHT (kg) 45 6541 ZIP CODE 5 18. PERMANENT ADDRESS "B' 9. BLOOD TYPE House/Block/Lot No. Street LIBERTAD N/A 10. GSIS ID NO. Subdivision/Village Barangay ORMOC LEYTE 11 PAG-IRIG ID NO N/A City/Municipality Province 12. PHILHEALTH NO 13-250746633-1 ZIP CODE 6541 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. N/A 09359336939 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) vivien.luchavez18@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) NAME EXTENSION (JR., SR) Ν/Δ FIRST NAME MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A N/A TELEPHONE NO. LUCHAVEZ 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) **BIENVENIDO** FIRST NAME MIDDLE NAME DOMINGUITO 25. MOTHER'S MAIDEN NAME MONTE SURNAME VICENTA FIRST NAME MIDDLE NAME MALAZARTE (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ HIGHEST I EVEL 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR GRADUATED LEVEL (Write in full) (Write in full) **HONORS** (if not graduated) RECEIVED From To LIBERTAD ELEMENTARY SCHOOL PRIMARY EDUCATION ELEMENTARY 2005 2012 2012 NEW ORMOC CITY NATIONAL HIGH WITH HIGH SCHOOL **SECONDARY** 2012 2018 2018 SCHOOL/ORMOC CITY SENIOR HIGH SCHOOL **HONORS** VOCATIONAL / N/A COLLEGE LEYTE STATE UNIVERSITY **BS IN SECONDARY EDUCATION** 2018 2022 2022 **CUM LAUDE**

DATE

08/05/2022

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GRADUATE STUDIES

SIGNATURE

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING						LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)							ION / CONFER	MENT	NUMBER	Date of Validity
N/A										
			(Con	tinue on separate si	heet if i	necessary)				
	XPERIENCE	u.t. Ctaut fira management	4	af dutian about	ا ما اما		Mark France	wiene e e e e e e		
(Include private employment. Start from your recent in the property of the pro		TITLE	DEPARTMENT	PARTMENT / AGENCY / OFFICE / COMPANY		SA	SALARY/ JOB/ PAY GRADE (if	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	(Write in full/Do no		t abbreviate)				applicable)& STEP (Format "00-0")/ INCREMENT	APPOINT MENT	(Y/ N)	
			(Con	tinue on separate si	heet if ı	necessary)				
SIGNATURE				DA		08/05/2022		CS FORM 2	112 (Revised 2017), P	age 2 of 4

29. NAME & ADDRESS OF ORGAI		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF	POSITION / NATURE OF WORK		
(Write in full)		From To		HOURS	FUSHION / INATURE OF WORK		
N/A							
		(O #		,			
II. LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAININ		parate sheet if ned S ATTENDED				
tart from the most recent L&D/training program and includ					tive/Managerial positions)	1	
0. TITLE OF LEARNING AND DEVELOPMENT INTERVE	EVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
		110111	10				
		(Continue on se	parate sheet if ned	cessary)			
	_	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
II. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. A	MEMBERSHIP IN SSOCIATION/ORGANIZATION (Write in full)		
DMPUTER SKILLS	N/A				N/A	ATTING III IUIII	
NGING AND PLAYING INSTRUMENTS							
HANDICRAFT MAKING (DIY)							
HANDIONAET WANING (DIT)							
		_					
		(Continue on se	parate sheet if ned	cessary)		-	
SIGNATURE			DATE	<u> </u>	08/05/2022		CS FORM 212 (Revised 2017), P

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 a. Have you ever been found guilty of any administrative offer	☐ YES ☑ If YES, give detail					
JO.	a. Have you ever been found gainty of any administrative one	☐ YES ☑ If YES, give detail	NO s:				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
	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 retirement, dropped from the rolls, dismissal, termination, en (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 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	• •	☐ 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 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?		☐ YES				
C.	Are you a solo parent?	If YES, please specify YES If YES, please specify					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)					
	NAME	ADDRESS	TEL. NO.				
JONATHAN G. BASMAYOR			9128760047 beatrice.mabi				
	BEATRICE D. MABITAD	ORMOC CITY	tad@evsu.ed				
42.	I declare under oath that I have personally accomplished thi statement pursuant to the provisions of pertinent laws, reauthorize the agency head / authorized representative to misrepresentation made in this document and its attachment against me.	ules and regulations of the Republic of verify/validate the contents stated herein.	the Philippines. I I agree that any	PHOTO			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	Col					
G	overnment Issued ID:	XA					
ID/License/Passport No.:		Signature (Sign inside the box) 08/05/2022					
Da	ate/Place of Issuance:	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issue	d government ID as indicated above.			
		Person Administering Oath		CS FORM 212 (Revised 2017), Page 4 c	of ∆		