| S Form No. 212 evised 2017 | | | | NAL DATA | | | | | |
|--|--|----------------------|-------------------|---------------------------------|----------------------------------|--|---|-------------------------------|--|
| | | | | | | ling of administrative/criminal | case/s agains | t the person | |
| oncerned. EAD THE ATTACHED GUIDE | TO FILLING | OUT THE PERSON | VAL DATA SHE | ET (PDS) BEFORE ACCOMP | LISHING THE | PDS FORM. | (Do | not fill up. For CSC use of | |
| NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | separate sheet if ne | cessary. Indicate | N/A if not applicable. DO NOT A | DBIKE VIATE. | | | | |
| PERSONAL INFORMATION | MANAGBA | ANAG | | | | | | | |
| 2. SURNAME | | | | | | NAME EX | XTENSION (JR., SR) | | |
| FIRST NAME | MARK JOH | | | | - | | | | |
| MIDDLE NAME | MARANGI | | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | | November 07, 19 | 997 | 16. CITIZENSHIP | | | Filipino Dual Citizenship by birth by natural | | |
| 4. PLACE OF BIRTH | | BAYBAY CITY, LE | YTE | If holder of dual citizen: | | Pls | try: | | |
| 5. SEX | ✓ Male | | Female | please indicate the det | tails. | a manakan kanan man | | | |
| 6 CIVIL STATUS | Single Wide | le owed | Married Separated | 17. RESIDENTIAL ADDRESS | Ног | use/Block/Lot No. Purok 2 | | Street Pangasugan | |
| 1900 Samuel | Othe | er/s: | POL DOMPNI | A CONTRACTOR TRACTOR | | bdivision/Village | | rangay _eyte | |
| 7. HEIGHT (m) | No second | 1.68 | (959-40) | A 1889 中国政府 (1990年) | | Baybay City City/Municipality | | rovince | |
| 8. WEIGHT (kg) | 38 01/214/2188 | 70 | RECENT FURE | ZIP CODE | | SCA SEMANDO 6521 | 2,000 | SIS212015 A7125 | |
| 9. BLOOD TYPE | | 0+ | arvaluna | 18. PERMANENT ADDRESS | Но | use/Block/Lot No. | | Street | |
| IO, GSIS ID NO. | Ada | N/A | | | | Purok 2 | | gasugan _{arangay} | |
| ADY CAMADAY NOT | AWA | AWA | MAGH | BROY, PANGA | | ubdivision/Village Baybay City | L | Leyte | |
| 11. PAG-IBIG ID NO. | KUMON | 1212-6871-44 | RUCHUS NO | VSU - INTEGRATED IN | | City/Municipality 6521 | | rovince | |
| 12. PHILHEALTH NO. | 1325-0364-9105 | | ZIP CODE | 1 | | | | | |
| 13. SSS NO. | N/A | | 19. TELEPHONE NO. | | N/A | | | | |
| 14. TIN NO. | | 725-657-73 | 7 | 20. MOBILE NO. | | 09999047166 | | | |
| 15. AGENCY EMPLOYEE NO. | | N/A | | 21. E-MAIL ADDRESS (if any) | - | markjohn.managbanag@vsu.edu.ph | | | |
| II. FAMILY BACKGROUN | ID | | | | | | | | |
| 22. SPOUSE'S SURNAME | | | N/A | | 23. NAME of C | HILDREN (Write full name and list all) | D | ATE OF BIRTH (mm/dd/) | |
| FIRST NAME | | N/A | | NAME EXTENSION (JR., SR) | | N/A | | N/A | |
| MIDDLE NAME | | | N/A | | | | | | |
| OCCUPATION | | T | N/A | | - | | | | |
| EMPLOYER/BUSINESS NAME | | | N/A | | | | | | |
| BUSINESS ADDRESS | | | N/A | | | | | | |
| TELEPHONE NO. | | | N/A | | | | | | |
| 24. FATHER'S SURNAME | | | MANAGBANA | | | | | | |
| FIRST NAME | | ISMAEL | | NAME EXTENSION (JR., SR) | | | | | |
| MIDDLE NAME | | | OLAMIT | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | |
| SURNAME | | | MARANGUI | Т | | | | | |
| FIRST NAME | MARY JAN | | | | | | | | |
| MIDDLE NAME | | ZETA | | | (Continue on separate sheet if r | | sheet if necessar | ry) | |

| EDUCATIONAL BACK | 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 | |
|------------------------------|-----------------------------------|---|-----------------------------------|----------------------|--|-------------------|--------------|
| | (while in fail) | | From | То | N/A | 2010 | RECEIVED N/A |
| ELEMENTARY | PANGASUGAN ELEMNTARY SCHOOL | N/A | 2004 2010 2010 2014 N/A N/A | 2010 | | | |
| SECONDARY | BUNGA NATIONAL HIGH SCHOOL | N/A | | N/A N/A | 2014 N/A | N/A N/A | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN AGRIBUSINESS | 2014 | 2019 | N/A | 2019 | N/A |
| GRADUATE STUDIES | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | (C | ontinue on separate sheet if necessary) | | The same of the same | | | |
| SIGNATURE | r I Fina | | Di | ATE | 7- | 11 -2 | <u></u> |

| 27. CARI | EER SERVICE/ RA 108 SPECIAL LAWS | 0 (BOARD/ BAR) UNDER 5/ CES/ CSEE | RATING | DATE OF EXAMINATION / | PLACE OF EVALUATION | IATION (CO) | EDME | LICENSE (if a | applicable) |
|--|-------------------------------------|--|------------------------|---|--|--|--|---|---------------------|
| BA | ARANGAY ELIGIBILITY | | (If Applicable) | CONFERMENT | PLACE OF EXAMIN | AHON / CONF | ERMENT | NUMBER | Date of Validity |
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| | EXPERIENCE | | | ntinue on separate sheet i | | | | | |
| Include priv | JSIVE DATES | Start from your recent | work) Descriptio | n of duties should be | e indicated in the attach | ed Work Ex | To be a second or second o | THE R. P. LEWIS CO., LANSING, SALES, | |
| (m | m/dd/yyyy) | POSITION TI (Write in full/Do not a | | DEPARTMENT / AGE (Write in full/ | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP | STATUS OF APPOINTMENT | GOVT SERVICE |
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| 2018 | 2023 | SK KAGAW | arerhys R | | ANGASUGAN | N/A | N/A | SK KAGAWAD | YES |
| 01/09/2020 | PRESENT | ADMIN AIDE III | / dDRC | VSU - INTEGRA | TED HIGH SCHOOL | N/A | MONTHLY | JOB ORDER | YES |
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| LEARNING AND DEVELOPMENT (L&L | | | | | | |
| TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | | | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) NUMBER OF HOURS Supervisory/ Technical/etc) | | CONDUCTED/ SPONSORED BY (Write in full) | |
| nu iii | 20 CS 1 | From 40/22/2049 | To 10/25/2018 | 24 hrs. | aristi insalmi | Institute of Strategic Research & Developm |
| Seminar Workshop Barangay D | | 10/23/2018 | 08/28/2020 | 8 hrs. | Protogo | (ISRDS) Bids and Awards Committee (BAC) |
| aining on Identification of Proper and Com | 1201 | 11/27/2020 | 11/27/2020 | 8 hrs. | in innoiten e | Quality Assurance Center (QAC) |
| ISO 90001:2015 Awarenes | | 07/21/2022 | 07/22/2022 | 4 hrs. | uniunaa toom- | Department of Health (DOH) |
| Hands-Only Cardiopulmon Training for School Registrars of GAST | | 08/26/2022 | 08/26/2022 | 4 hrs. | vioden e voi r | Private Education Assistance Committee |
| Requiremen Re-orientation of Duties and Responsibilit | ts ies of dDRCs and AdDRCs, and | 09/07/2022 | 09/07/2022 | 8 hrs. | q 10 meremi | (PEAC) Quality Assurance Center (QAC) |
| Cascading of Documents and Records Website Development of Digital Resource | Control Procedure Manuals Hub and Training Workshop with | 03/30/2023 | 03/31/2023 | 24 hrs. | | National Youth Commission w/ UNIFY, In |
| Online Learning of Digital Skills for Stan GPPB Basic Course Training on the R.A 91 | dard Accounting and Records 84 and its Revised Implementing | 08/22/2023 | 08/24/2023 | 24 hrs. | SES ASS to | Bids and Awards Committee (BAC) |
| Rules & Regulations Act 2023 Orientation Conferences on the Imp | lementation of the SHS Voucher | 08/25/2023 | 08/25/2023 | 8 hrs. | () () () () () () () () () () () () () (| Private Education Assistance Committee (PEAC) |
| Program in SY 20 nlocking Excellence: The 5S Revolution for | Clercks and Heads at Visayas State | 09/29/2023 | 09/29/2023 | 8 hrs. | - Equate | Quality Assurance Center (QAC) |
| University rienatation of Guidelines and Procedures o | | 02/23/2024 | 02/23/2024 | 8 hrs. | | Administrative Services Office (ASO) |
| ASTPE Regional Orientation Conference on | the Implementation of the ESC, TSS | 07/25/2024 | 07/25/2024 | 8 hrs. | | Department of Education (DepED) |
| and SHS Voucher Program In-House Seminar - Workshop on Basic Re | ecords and Archives Management | 07/30/2024 | 07/31/2024 | 24 hrs. | | Administrative Services Office (ASO) |
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| III. OTHER INFORMATION | (Cor | ntinue on separate | sheet if necessa | ny) | 381 | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON | I-ACADEMIC DIST | INCTIONS / RECO | OGNITION | eriesen arens) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZA |
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| SIGNATURE | 0 | 1 | | | DATE | CS FORM 212 (Revised 2017), Pag |

| Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate | or recommending authority, or to the supervision over you in the Office, | | | | |
|--|--|-------------------------------------|--|--|--|
| Bureau or Department where you will be apppointed, | 100 (100 (100 (100 (100 (100 (100 (100 | ☐ YES ☑ NO | | | |
| a. within the third degree? | YES NO | | | | |
| b. within the fourth degree (for Local Government Unit - Care | If YES, give details: | | | | |
| | | | | | |
| a. Have you ever been found guilty of any administrative offe | ense? | ☐ YES ☑ NO | | | |
| | | If YES, give details: | | | |
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| b. Have you been criminally dialogue bolors any | If YES, give details: | | | | |
| | | Date Filed: Status of Case/s: | | | |
| Have you ever been convicted of any crime or violation of a | ny law, decree, ordinance or regulation | ☐ YES ☑ NO |) | | |
| by any court or tribunal? | SAME DESCRIPTION DESCRIPTION DE L'ANNO DE L'AN | If YES, give details: | | | |
| Have you ever been separated from the service in any of the | e following modes: resignation, | YES V N | | | |
| retirement, dropped from the rolls, dismissal, termination, e | nd of term, finished contract of phased | If YES, give details: | | | |
| a. Have you ever been a candidate in a national or local ele Barangay election)? | ☐ YES ☑ NO If YES, give details: | | | | |
| h. Have you resigned from the government service during t | he three (3)-month period before the last | YES SHEET VERS V | | | |
| election to promote/actively campaign for a national or loca | If YES, give details: | Training for School Registrars | | | |
| Have you acquired the status of an immigrant or permaner | nt resident of another country? | YES NO | | | |
| | | If YES, give details (coun | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 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? |), please answer the following items. | YES If YES, please specify: | NO Read of Guidelines and Food No. 10 to 50 to 00 to 10 to 1 | | |
| REFERENCES (Person not related by consanguinity or affinity to applic | | | | | |
| NAME | ADDRESS | TEL. NO. | | | |
| DR. SHALOM GRACE S. VEGA | VSICA, BAYBAY CITY, LEYTE | 9122654495 | La saray in a saray | | |
| DR. LEO A. MAMOLO | VSICA, BAYBAY CITY, LEYTE | | 1000 | | |
| DR. ALELI A. VILLOCINO | VSICA, BAYBAY CITY, LEYTE | | 121 | | |
| 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this d administrative/criminal case/s against me. | inent laws, rules and regulations of the presentative to verify/validate the conter | its stated herein. | РНОТО | | |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | TREATH CANADA CANADA CANADA A | | PRESIDENCE OF THE PROPERTY OF | | |
| Government Issued ID: DRIVERS LICENSE | | | 79 | | |
| ID/License/Passport No.: H12-18-002225 | Signature (Sign inside the | e box) | MICROSOFT WORD & EXCEL | | |
| Date/Place of Issuance: BAYBAY CITY | 7 - II - 2J Date Accomplished | | Right Thumbmark | | |
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| SUBSCRIBED AND SWORN to before me this | , affiant exhit | oiting his/her validly issued gover | nment ID as indicated above. | | |
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