CS Form No. 212 Revised 2017								
neviseu 2017	PERSO	NAL DATA	SH	EE"		*		
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	e Work Experience Sheet shall ca	use the fili	ing of adn	ninistrative/	criminal case/s a	gainst the pe	erson
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMPLISHII	ING THE PL	DS FORM.				
Section 1980 Committee of the Committee	s () and use separate sheet if necessary. Indicate N	VA if not applicable. DO NOT ABBREV	VIATE.		1. CS ID No.		(Do not fill up.	For CSC use of
I. PERSONAL INFORMATIO								
2. SURNAME	BREHONIO							4
FIRST NAME	SHARA LIZ	9				NAME EXTENSION (JF	R., SR)	
MIDDLE NAME	DEDACE							
DATE OF BIRTH (mm/dd/yyyy)	04/26/1997	16. CITIZENSHIP		☑ Filip	ino [Dual Citizenship	by natura	diration
4. PLACE OF BIRTH	INOPACAN, LEYTE	If holder of dual citizenship,				Pls. indicate of		ilization
5. SEX	☐ Male	please indicate the details.		-		16/-		
e chal ctatue	✓ Single Married	17. RESIDENTIAL ADDRESS	-11 24					
6 CIVIL STATUS	☐ Widowed ☐ Separated	and Medical management of the con-	House	e/Block/Lot N	0.		Street	
	Other/s:		Subdi	livision/Villag	е		POBLACION Barangay	
7. HEIGHT (m)	1.60			NOPACAN			LEYTE	
8. WEIGHT (kg)	. 58	ZIP CODE	Cityi	/Municipality			Province	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		7				
10. GSIS ID NO.	N/A	aligivi sing 12	House	e/Block/Lot N	0.		Street POBLACION	
11. PAG-IBIG ID NO.		Tay . Week a		ivision/Village	9		Barangay LEYTE	
	1212-3308-9241			/Municipality			Province	
12. PHILHEALTH NO.	132505259754	ZIP CODE		6522				,
13. SSS NO.	06-4139870-2	19. TELEPHONE NO.		N/A				
14. TIN NO.	350-106-220	20. MOBILE NO.			0	9286296510		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		sh	aralizbre	honio@gmail	.com	,
IL FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A	23. NA NAME EXTENSION (JR., SR)	IAME of CHILD			list all)	DATE OF BIR	TH (mm/dd/yyy
FIRST NAME	Y	NAME EXTENSION (U.S., SK)			N/A			
MIDDLE NAME					*************			
OCCUPATION		•		- "				
EMPLOYER/BUSINESS NAME						8		
BUSINESS ADDRESS		<u> </u>						
TELEPHONE NO.					*******			
24. FATHER'S SURNAME	BREHONIO				:			
FIRST NAME	EULITO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	DEDACE		· · · · · · · · · · · · · · · · · · ·	*				
25. MOTHER'S MAIDEN NAME								
SURNAME	DEDACE							· · · · · · · · · · · · · · · · · · ·
FIRST NAME	VICTORIA	2						222
	BAGUION			(0)	antinua on oo	narata abaat ii naasa		
MIDDLE NAME			7000	(00		parate sheet if neces	sery)	
						LUCUEST -		SCHOLARSHI
26. LEVEL.	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COU (Write in full)	URSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC
ELEMENTARY	INOPACAN CENTRAL SCHOOL	PRIMARY	0	6/06/2004	03/25/2010	N/A	2010	With hono
SECONDARY	TINAGO NATIONAL HIGH SCHOOL	HIGH SCHOOL	0	6/11/2010	03/28/2014	N/A	. 2014	4th Honorable
VOCATIONAL/								_

TRADE COURSE PALOMPON INSTITUTE OF TECHNOLOGY 06/10/2014 03/29/2018 BS in Hotel and Restaurant Management N/A 2018 Latin Honor COLLEGE GRADUATE STUDIES or [14[2·25 SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

	SERVICE ELI							and the second second	- 11
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if ap	pplicable) Date of	
		HONOR					NUMBER	Validity	
HONOR/ PR	OFESSIONAL	CIVIL SERVICE ELIGIBLE	GRADUTAE	06/04/2018	PALO,	LEYTE		100108180883	N/A
rnš -								2. 8	57.50
.07			- v					e e	
							1		
.D									
w)m			(Cont	inue on separate sheet i	f necessary)				
	EXPERIENCE								
	vate employm USIVE DATES	ent. Start from your recent	(work) Description	of duties should be	e indicated in the attach	ed Work Ex	SALARY/ JOB/ PAY		enter 1
	mm/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGE (Write in full/	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
From	То	Administrative Aide III/ D					INCREMENT	Tre 1 7 1	1 4 7
01/01/2023	Present	Records Con Administrative Aide III/	troller	Visayas S	13266.00	N/A	JO	Y	
07/04/2021	12/31/2022	Operato	r		atistics Authority	18000.00	N/A	JO	Y
09/11/2018	12/21/2021	Casino Dea	aler	Mactan Isla Casino		19544.00	N/A	Regular	N
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SIGN	IATURE		h	an ooperate direct	DATE		01/14/20	025	

2 of 4

OLUNTARY WORK OR INVOLVEMENT IN	CIVIC/NON-GOVERNMENT/			RGANIZATION	/5	
NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) • From To		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A			N/A
		9			. 2 .	
		. ·				
=		-				
LEARNING AND DEVELOPMENT (L&D) I			sheet if necessary (TENDIED)		
TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS	ATTEN	E DATES OF NDANCE sd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Enhancing Digital Communication: VOIP Phone	Mastery and Output Transition	11/20/2024	11/20/2024	8.0	N/A	VISAYAS STATE UNIVERSITY
ISO 9001:2015 Awareness and Re-ar	vareness Seminar	09/09/2024	09/09/2024	8.0	N/A	VISAYAS STATE UNIVERSITY
Refresher Course and Retooling Exercises	on ISO Internal Quality Audit	08/20/2024	08/20/2024	8.0	N/A	VISAYAS STATE UNIVERSITY
Seminar Workshop on Basic Records and Arc		07/30/2024	07/31/2024	16.0	N/A	VISAYAS STATE UNIVERSITY
om Policy to Practice: EODB, DPA of 2012, and P University (VSU) Perso	A Reorientation for Visayas State nnel	07/29/2024	07/29/2024	8.0	N/A	VISAYAS STATE UNIVERSITY
Design Thinking Wo	rkshop	12/13/2023	12/14/2023	16.0	N/A	VISAYAS STATE UNIVERSITY
HRIS Software Onb	parding	12/06/2023	12/06/2023	8.0	N/A	VISAYAS STATE UNIVERSITY
Risk Assessment Workshop a	nd Trainings	09/12/2023	09/13/2023	16.0	N/A	VISAYAS STATE UNIVERSITY
ISO 9001:2015 Awareness and Re-a		11/28/2023	11/28/2023	8.0	N/A	VISAYAS STATE UNIVERSITY
Basic Customer Service I	Relation	11/28/2021	11/28/2021	8.0	N/A	PHILIPPINE STATISTICS AUTHORIT
Basic Training		04/18/2017	05/11/2017	104.0	N/A	UC-METC CEBU CITY, CEE
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	20-			4	E	
100 Total To	(Con	unue un separate	sheet if necessary		A children would be a children	Marie Rouw in a little main markets to the me in the state of the stat
OTHER INFORMATION	1000	LACADEMIC DICT	NOTIONS (PEOO	MITION		MEMBERSHIP IN ASSOCIATION/ORGANI.
SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					(Write in full)
Adminsitrative Tasks	Professional Civil Service Eligible					N/A
Computer Literate						
				2		

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 appointed,	oupor violetro vor you in the orines,				
a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO				
		If YES, give details:			
a. Have you ever been found guilty of any administrative offe	nse?	☐ YES ☑ NO			
		If YES, give details:			
b. Have you been criminally charged before any court?		YES V NO			
		If YES, give details:			
		Date Filed: Status of Case/s:			
	The second secon				
Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
. Have you ever been separated from the service in any of the	following modes: resignation, retirement,	YES V NC			
dropped from the rolls, dismissal, termination, end of term, fit the public or private sector?	nished contract or phased out (abolition) in	If YES, give details:			
a. Have you ever been a candidate in a national or local elec-	tion held within the last year (except	☐ YES ☑ NO			
Barangay election)?		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:				
Have you acquired the status of an immigrant or permanent	resident of another country?	YES V	<mark>10</mark>		
		If YES, give details (country) <mark>. </mark>		
D. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	The state of the s		-		
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	answer the following items:				
Are you a member of any indigenous group?		☐ YES ☐ If YES, please specify:	NO		
Are you a person with disability?		☐ YES ☑	NO		
		If YES, please specify ID No:			
Are you a solo parent?		☐ YES ☐ If YES, please specify ID No:	NO		
REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
NAME	ADDRESS	TEL. NO.			
JOEL REY U. ACOB	VISAYAS STATE UNIVERSITY	0956 916 1146	(a) a		
ALELI A. VILLOCINO	VISAYAS SȚATE UNIVERSITY	0917 30405794	1		
MA. LILIA P. VEGA	VISAYAS STATE UNIVERSITY	9617605332			
2. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repress agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents stat	Republic of the ed herein.	РНОТО		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: LIMID ID	for a				
ID/License/Passport No.: 0111-9737824-6			toward with		
Date/Place of Issuance: CEBU CITY, CEBU	Signature (Sign inside the b				
	Date Accomplished		Right Thumbmark		
	JAN 2025 , affiant exhil	oiting his/her validly issued govern	ment ID as indicated above.		
Doc. No.: 343 Page No.: 18	ATTY: DICTROSE PAPA				
Book No.: Series of 20	Pydic Atornyll (Pursuatt b IA No.9406)				
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	Person Administering Oa	th			