CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EET	•				
WARNING: Any misrepresentati	on made in the Personal Data Sheet and the l	Work Experience Sheet shall	l cause the fili	ng of admin	istrative/cri	minal case/s aga	inst the perso	on concerned.	
	TO FILLING OUT THE PERSONAL DATA SHE					1			
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate N	/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only	
2. SURNAME	TIMKANG								
FIRST NAME	RUBIO					NAME EXTENSION (JF	R., SR)		
						N/A			
MIDDLE NAME 3. DATE OF BIRTH	BUENDIA	ı							
(mm/dd/yyyy)	04/25/1998	16. CITIZENSHIP		☑ Filipi	no 🗀		☐ by natural	ization	
4. PLACE OF BIRTH	NAIC, CAVITE	If holder of dual citizer	nship,			Pls. indicate c	_ ′		
5. SEX	✓ Male ☐ Female	please indicate the de	etails.	ails.				•	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS							
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No.		BA	Street BAGONG LIPUNAN			
	_			odivision/Village)		Barangay LEYTE		
7. HEIGHT (m)	1.63			ty/Municipality			Province		
8. WEIGHT (kg)	50	ZIP CODE				6526			
9. BLOOD TYPE		18. PERMANENT ADDRESS	Hou	se/Block/Lot No)		Street		
10. GSIS ID NO.	N/A					BAGONG LIPUNAN			
11. PAG-IBIG ID NO.	121234690405		Sut	MATALOM	1	Barangay LEYTE			
12. PHILHEALTH NO.	1302-5514-2632	ZIP CODE	Ci	ty/Municipality 6526		Province			
13. SSS NO.	06-4174068-0	19. TELEPHONE NO.	N/A						
14. TIN NO.	743-792-790	20. MOBILE NO.	(+63) 961 240						
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)			mkang@vsu.edu.ph					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)		N/A			N/A		
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	TIMKANG								
FIRST NAME	RUBEN	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ODIAS	IN/A							
25. MOTHER'S MAIDEN NAME									
SURNAME	BUENDIA								
	GLENDA								
	POBLETE			(Continue on separate sheet if necessary)			ssarv)		
III. EDUCATIONAL BACKGE				(,	_	
26.			- FIOOLIDOS	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	ODIAS ELEMENTARY SCHOOL	TARY SCHOOL PRIMARY EDUCAT		2004	2010	N/A	2010	WITH HONOR	
SECONDARY	MATALOM NATIONAL HIGH SCHOOL	HIGH SCHOOL PRIMARY EDUCAT		2010	2014	N/A	2014	NA	
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 A	GRIBUSINESS	2014	2018	N/A	2018	N/A	
	(0	L Continue on separate sheet if nece	essary)				ī		
SIGNATURE				DA	TE	J	une 26, 2023		

	RVICE ELIGI			DATE OF				LICENSE (if ap	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION /				NUMBER	Date of
		ROFESSIONAL PPT	80.20%	March 26, 2023	MAAS	MAASIN CITY			Validity
OIVIL OL	RVICE 30D-F1	COI ESSIONAL FFT	00.20%	Widi Cii 20, 2023	WAAG				
WORK EX	XPERIENCE		(Co	ntinue on separate sheet	if necessary)	-	_	_	
clude priva	te employmen	t. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper			
	SIVE DATES n/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)		I/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
01/01/2020	Present	Administrativ	re Aide	Visayas State U	Jniversity (College of lucation)	13,174.89	N/A	Job Order	Υ
01/18/2019	12/31/2020	Research As	sistant		University (ITEEM)	15, 000.00	N/A	Job Order	Υ
10/1/2018	12/31/2018	Teller		CAI	RD BANK	8, 750.00	NA	Probisionary	N
				ntinuo cu accurat	if necessary!				
			(Co	ntinue on separate sheet	n necessary)	1		26, 2023	

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VC	DLUNTARY O	RGANIZATION	V/S		
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIV (mm/de		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A	
		tinue on separate s					
VII. LEARNING AND DEVELOPMENT (L&D)	NTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Landscape of Blended Learning i	n the New Normal	6/12/2022	6/12/2022	3.0	Technical	VISAYAS STATE UNIVERSITY	
ISO 9001:2015 AWARENESS AND RE-/	AWARENESS WEBINAR	08/30/2022	08/30/2022	3.0	Technical	VISAYAS STATE UNIVERSITY	
ISO 9001:2015 Awareness/Re-aw	areness Webinar	11/27/2020	11/27/2020	4.0	Technical	VISAYAS STATE UNIVERSITY	
Workshop on the Assessment of Accomplish Strategic Plan	ment and Target Setting of the	11/25/2020	11/26/2020	16.0	Technical	VISAYAS STATE UNIVERSITY	
Webinar Presentation on "Docume		11/13/2020	11/13/2020	3.0	Technical	VISAYAS STATE UNIVERSITY	
Training on identification of proper and comple and parameters and orientation of the Purcha	se Request (PR) Module of the	08/28/2020	08/28/2020	4.0	Technical	VISAYAS STATE UNIVERSITY	
Workshop on the Uniformity of the University's Training for the implementation (PPMP & PR) or	f the Supplies, Procurement and	10/3/2020	10/3/2020	8.0	Technical	VISAYAS STATE UNIVERSITY	
HUMAN RESOURCE MANAGEMENT INFORMATION AND ORIENTATION OF THE ELECTRONIC DAILY A	TTENDANCE TRACKING SYSTEM	2/3/2020	2/3/2020	8.0	Technical	VISAYAS STATE UNIVERSITY	
HUMAN RESOURCE MANAGEMENT INFORMATION AND TRAINING OF THE DEVELOPED RSP, PDS AND	` ,	11/25/2019	11/26/2019	16.0	Technical	VISAYAS STATE UNIVERSITY	
	(0		h - 4 %				
VIII. OTHER INFORMATION	(Con	tinue on separate s	sneet ir necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
COMPUTER SKILLS	N/A					N/A	
GRAPHIC DESIGNING							
EFFECTIVE COMMUNICATION SKILLS							
SIGNATURE	(Con	tinue on separate s	sheet if necessary)		ATE	June 26, 2023	
GIGNATURE				UF	.,_		

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	☐ YES ☐ YES	✓ NO ✓ NO					
	5. Main ale learn aegree (lei 2000 es la line al le en le	If YES, give detail						
35.	a. Have you ever been found guilty of any administrative offe	YES If YES, give detail	✓ NO ls:					
	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 If YES, give detail	✓ NO ls:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find the public or private sector?		YES If YES, give detail	✓ NO ls:				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	tion held within the last year (except	☐ 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	☐ 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		-					
a.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group?	☐ YES ☑ NO						
b.	Are you a person with disability?	If YES, please specify: YES NO						
C.	Are you a solo parent?	If YES, please specify ID No: YES VOID NO: If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	DR. BAYRON S. BARREDO	VISCA, BAYBAY CITY, LEYTE	9515112133					
	DR. JOEL Q. MABALHIN	VISCA, BAYBAY CITY, LEYTE	563-7527					
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.								
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHILHEALTH	Llow						
	ID/License/Passport No.: 1302-5514-2632 Signature (Sign inside the but			pox)				
Da	ate/Place of Issuance: BAYBAY CITY, LEYTE			Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	iting his/her validly issu	ed governmen	t ID as indicated above.				
	Γ							
		h						