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. Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME Llarenas NAME EXTENSION (JR., SR) FIRST NAME **Angel Marie** MIDDLE NAME Basco 3. DATE OF BIRTH 12/04/2000 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH Pasay City, Philippines If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ☐ Male √ Female **Philippines** ✓ Single Married 17. RESIDENTIAL ADDRESS Zone 1 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Separated Doos del Sur Other/s: Subdivision/Village Barangay Hindang 7. HEIGHT (m) 1.54 m Leyte City/Municipality Province 8 WEIGHT (kg) 50 kg ZIP CODE 6523 18. PERMANENT ADDRESS Zone 1 9. BLOOD TYPE N/A House/Block/Lot No. 10. GSIS ID NO. Doos del Sur N/A Subdivision/Village Barangay Hindang 11. PAG-IBIG ID NO. Leyte N/A City/Municipality Province 12. PHILHEALTH NO. 13-253511928-0 ZIP CODE 6523 N/A 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 636-184-679-00000 09696070985 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) angel.llarenas@vsu.edu.ph **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) FIRST NAME N/A MIDDLE NAME N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A N/A TELEPHONE NO. 24. FATHER'S SURNAME Llarenas FIRST NAME Benny MIDDLE NAME **Bocauto** 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME Ma. Victoria MIDDLE NAME Cavite (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP 26 HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) From To Academic ELEMENTARY Sacred Heart School 2007 2013 2013 Awardee JUNIOR HIGH Academic Saint Michael College 2013 2017 2017 SCHOOL Awardee SENIOR HIGH Science, Technology, Engineering, Academic Saint Joseph College 2017 2019 2019 SCHOOL and Mathematics (STEM) Awardee Bachelor of Science in Development COLLEGE Visayas State University 2019 2023 2023 **Cum Laude** Communication **GRADUATE STUDIES** SIGNATURE frathauffl. DATE November 2, 2024

7. CAREE		1080 (BOARD/BAR) UNDER	RATING	DATE OF	DI ACE OF EVANINATI	ON / CONFEDA	ecut.	LICENSE (if a	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)			EXAMINATION / PLACE OF EXAMINATION CONFERMENT		ION / CONFERMENT		NUMBER	Date of Validity	
Honor Graduate Eligibility			31/10/2024	n-Regional Office, Palo, egion 8		100108240714			
No. (walk							Harris III		
							(836)		
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2998 / Hereit									0-0400
	XPERIENCE			Continue on separate sheet in the continue on separate sheet in the continue of duties should	at if necessary)  be indicated in the attache	d Work Exp	erience shee	t.	
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / A	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
From 08/28/2023	9/30/2023	Media Production Assist	tant	Visayas State Univ	17,000.00	INCREMENT	Temporary	Y	
10/01/2023	6/30/2024	Science Research Assis	tant	Innovation Australian Centre for International Agricultural Research (ACIAR)		24,000.00		Temporary	Y
01/01/2024	6/30/2024	Media Resource Person/	Expert	Visayas State Univ President for Rese	7,000.00		Contractual	Y	
07/01/2024	12/31/2024	Media Production Specia	alist	Visayas State Univ President for Rese	23,000.00		Temporary	Y	
07/01/2024	12/31/2024	Junior Social Developme	ent Specialist	Australian Centre Agricultural Resea		None		Contractual	Y
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VI. VOLUNTARY WORK OR INVOLVEMEN				UNUANICALI	VIII		
29. NAME & ADDRESS OF (Write in f		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
		From	То			and the state of t	
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VII. LEARNING AND DEVELOPMENT (L&	(Con	ntinue on separate s	sheet if necessary	1			
	Appropriate the second		DATES OF		Turns of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
Extension Training-Workshop		11/13/2023	11/1972023	120.0	Participant	Visayas State University- Office of the Extension	
SciComversation Seminar Series		12/04/2023	12/04/2023	2.0	Participant	University of the Philippines Los Baños-College of Development Communication	
ISO 9001:2015 Awareness and Re-awareness Webii		8/29/2023	8/29/2023	8.0	Participant	Visayas State University - Office of the President	
Applying Gender Equity and Social Iclusion in Rese	07/22/2024	10/06/2024	3000.0	Enrollee	Australian Centre for International Agricultural Research (ACIAR)		
Training-Workshop on Writing Innovative Research	Proposal	09/23/2024	09/24/2024	16.0	Participant	Visayas State University- Office of the Research	
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VIII. OTHER INFORMATION	(Con	ntinue on separate s	sheet if necessary	0			
	NON	I-ACADEMIC DISTIN	ICTIONS / RECO	NOTION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		in full)	<b></b>		33. (Write in full)	
Leadership	Association of Development Communicat Educators and Practitioners (ADCEP)						
Research		Philippine Agriculture and Economic					
Time-Management						Development Association (PAEDA)	
Social Media Management	A TRACTICAL CONTRACTOR OF THE			v +81 - 00 - 00 - 00 - 00 - 00 - 00 - 00 -			
Written Communication				en denne var			
Verbal Communication							
verbal Communication							
	(Con	ntinue on separate s	heet if nacessan	1			
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	Jingu Jacoba		THE SECTION ASSESSMENT			CS FORM 212 (Revised 2017), Page 3 o	

34.	Are you related by consanguinity or affinity to the appointing	or recommending authority, or to the					
	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?		YES ✓	NO			
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	☐ YES ☑	NO			
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative off	ense?	YES NO				
			If YES, give details:				
	h Haya yay baan adminally abound hafan any south		☐ YES ☑	NO			
	b. Have you been criminally charged before any court?	If YES, give details:	NO				
		Date Filed:					
		Status of Case/s:	CONTRACTOR OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET A				
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation		1			
	by any court or tribunal?		☐ YES ☑ NO If YES, give details:				
			11 120, give detaile.				
27	Have you ever been separated from the service in any of th	o (Albandara ang banangan ang sa					
١,,	retirement, dropped from the rolls, dismissal, termination, er		☐ YES ☑ NO If YES, give details:				
	out (abolition) in the public or private sector?		ii 125, give details.				
38.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES [	√ NO			
	Barangay election)?		If YES, give details:				
	b. Have you resigned from the government service during the	ne three (3)-month period before the last	☐ YES ✓ NO				
	election to promote/actively campaign for a national or local		If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	resident of another country?					
			☐ YES ☐ NO If YES, give details (country):				
			ii i Lo, give details (cc	ounu y).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons (RA					
	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 ☑ NO				
C.	Are you a solo parent?		If YES, please specify ID No:				
	Are you a solo paletit!		YES VO				
	25-50-10-0		, , , , , , , , , , , , , , , , , , , ,				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
	NAME	ADDRESS	TEL. NO.				
	Dr. Antonio P. Abamo	Brgy. Guadalupe, Baybay City, Leyte	09209835693				
	Mr. lad Assah Cartes	Brgy. Pangasugan, ViSCA, Baybay City,					
	Mr. Jed Asaph Cortes	Leyte	09088144813	all and the second state of the second secon			
	Ms. Elmera Bañoc	Brgy. Marcos, Baybay City, Leyte	09308047990				
42.	I declare under oath that I have personally accomplished		Tue correct and	and the second of the second o			
	complete statement pursuant to the provisions of pertine						
	Philippines. I authorize the agency head/authorized representation						
	I agree that any misrepresentation made in this doc	sument and its attachments shall cau	se the filing of	PHOTO			
n de	administrative/criminal case/s against me.						
6	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	PLEASE INDICATE ID Number and Date of Issuance						
0	Sovernment Issued ID: BIR						
	D/License/Passport No.: 636-184-679-00000						
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	Oate/Place of Issuance: October 13, 2023, Ormoc City, Leyte		Right Thumbmark				
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	SUBSCRIBED AND SWORN to before me this	ting his/her validly issued gov	ernment ID as indicated above.				
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