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 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 PIAMONTE NAME EXTENSION (JR. SR) FIRST NAME RAIZEL MIDDLE NAME MEANO 3. DATE OF BIRTH 05/03/1998 16. CITIZENSHIP **FILIPINO** (mm/dd/vvvv) BRGY. PANGASUGAN BAYBAY CITY, 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: LEYTE please indicate the details 5. SEX FEMALE 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS MARRIED House/Block/Lot No. PANGASUGAN Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.59 City/Municipality Province 8. WEIGHT (kg) 79 ZIP CODE 06521 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No Street PANGASUGAN 10. GSIS ID NO. Subdivision/Village Barangay **BAYBAY CITY** 11. PAG-IBIG ID NO. 1212-1482-8050 LEYTE City/Municipality 12. PHILHEALTH NO. 13-025317502-9 ZIP CODE 06521 13. SSS NO. 06-4343455-7 19. TELEPHONE NO N/A 4. TIN NO. 477-786-280 20. MOBILE NO. 0945 733 3320 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) raizel.piamonte@vsu.edu.ph **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME **PIAMONTE** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) PATRICK JOHN FIRST NAME XANDER UZIEL M. PIAMONTE Aug. 14, 2023 MIDDLE NAME BELARMINO XAVIER UZIEL M. PIAMONTE Jan. 07, 2022 OCCUPATION LABORATORY TECHNICIAN **EDUARD DUANE M. CAMINONG** Aug. 3, 2004 EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY VISCA, BAYBAY CITY, LEYTE BUSINESS ADDRESS TELEPHONE NO. 9261272386 24. FATHER'S SURNAME MEANO NAME EXTENSION (JR., SR) EDUARD FIRST NAME MIDDLE NAME MODINA 25. MOTHER'S MAIDEN NAME **ASODISEN** SURNAME **MEANO** FIRST NAME **LUNA NGUYEN** MIDDLE NAME **DELOS REYES** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED HONORS RECEIVED (Write in full) (Write in full) GRADUATED To PRINCIPAL'S ELEMENTARY VISCA FOUNDATON ELEMENTARY SCHOOL **ELEMENTARY EDUCATION** 1994 2000 2000 LIST SECONDARY PNHS SECONDARY EDUCATION 2000 2005 2005 VOCATIONAL **ACEDILLA TECHNOLOGY INSTITUTE** HOUSEKEEPING NCII JULY 2019 OCT. 2019 2019 TRADE COURSE BACHELOR OF SCIENCE IN HOTEL, COLLEGE VISAYAS STATE UNIVERSITY 2005 2016 2016 RESTAURANT AND TOURISM MANAGEMENT GRADUATE STUDIES N/A N/A SIGNATURE DATE 2-12-24

	ERVICE ELIGI ER SERVICE/RA 10			DATE OF				LICENSE (if ap	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE CIVIL SERVICE EXAMINATION (SUB-PROFESSIONAL) VSU Clerical Exam		RATING (If Applicable)	EXAMINATION /	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of	
			29/04/2021	PALO, LEYTE			RO8-20210629- 004	Validity N/A	
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		esser a lamba	OCTOBER 2019	VISAYAS STATE UNIVERSITY		ITY	N/A	N/A	
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	XPERIENCE			ontinue on separate sheet					Helicalli, Ellica
	JSIVE DATES	t. Start from your recent	work) Description	of duties should be	indicated in the attached	l Work Expe	salary/ JOB/ PAY	Market State of Heading State of	
	m/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
Aug. 1, 2021	PRESENT	ADMIN AIDE III/ OF	FICE CLERK	VSU SUPPLY & PROPERTY OFFICE		12,060PHP		JOB ORDER	Υ
Dec. 1, 2017	July 30, 2021	FRONT DESK/ CLERK		VSU, HOSTEL		5600.00		JOB ORDER	Y
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SIGNA	TURE		1/1		DATE	2-	11-2		

NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF	POSITION / NATURE OF WORK	
		From	То	HOURS		TOUTHORN OF HORN
/SU Anniversary (Marketing and Promotic	ons)					
			C section 1			
			Harve Tall	.72		
/II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I	(Continue on separate she PROGRAMS ATTEN	eet if necessary) DED			
Start from the most recent L&D/training program and incl	ude only the relevant L&D/training taken f	or the last five (5) years for	Division Chief/Executive/N	lanagerial posit	ions)	
	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
HRIS Software Onboarding		From Dec. 6, 2023	Dec. 6, 2023	8		VISAYAS STATE UNIVERSITY
The 5S Resolution for Clerks and Heads		Nov. 29, 2023	Nov. 29, 2023	4		VISAYAS STATE UNIVERSITY
SO 9001:2015 Awareness/Re-awareness		Aug. 29, 2023	Aug. 29, 2023	8		VISAYAS STATE UNIVERSITY
Basic Course Training for the Republic Ac Revised Implementing Rules and Regulati	Aug. 22, 2023	Aug. 24, 2023	24		VISAYAS STATE UNIVERSITY	
SO 9001:2015 AWARENESS/Re-awaren	A STATE OF THE PROPERTY OF THE	Aug.30, 2022	Aug.31, 2022	16.0		VISAYAS STATE UNIVERSITY
Hands-only Cardiopulmonary Resuscutati		July 21, 2022	July 22, 2022	8.0		VISAYAS STATE UNIVERSITY
SO 9001:2015 Awareness/Re-awareness	A THURSDAY HE SHOW	Sept. 13, 2021	Sept. 13, 2021			VISAYAS STATE UNIVERSITY
Reinforcing Competencies of Eastern Visa	ayas Tourism Players	March 26, 2021	March 26, 2021	6.0		DEPARTMENT OF TOURISM REGIO
Document Tracking System		Nov. 13, 2020	Nov. 13, 2020	3.0		VISAYAS STATE UNIVERSITY
Fraining on identification of proper and co Opecification and parameters and orientat PR) Module of the Supply Properties Prod Information Systems (SPPMIS)	Aug 26, 2020	Aug 28, 2020	8.0	, la "	VISAYAS STATE UNIVERSITY	
Reassessing Housekeeping Practices duri o protecting Tourism Stakeholders	ng Pandemics: An Approach	Aug. 28, 2020	Aug. 29, 2020	12.0	The state of	DEPARTMENT OF TOURISM REGIO
Reenforcing Competencies of Eastern Vis	July 28, 2020	July 29, 2020	8.0		DEPARTMENT OF TOURISM REGIO	
nfection prevention and control: Cleaning Fourism Hospitalities Facilities	July 8, 2020	July 9, 2020	12.0		DEPARTMENT OF TOURISM REGIO	
Point of Sales and Property Management	System	Nov. 16, 2019	Nov. 16, 2019	8.0		VISAYAS STATE UNIVERSITY
HOUSEKEEPING NCII	July 2019	Sept. 2019	436.0		ACEDILLA TECHNOLOGY INSTITUTI	
Re-orientation on Front Office and Housek	ceeping Services	Oct. 10, 2018	Oct. 10, 2018	4.0		VISAYAS STATE UNIVERSITY
Effective Customer Service Training	are puring a contract	Jan. 24, 2018	Jan. 24, 2018	8.0		TOURISM OFFICE BAYBAY CITY
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particular and the second seco						and the second of the second of the second of
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100						15 - 14 4 3
	2 4 4 5 1 1 - S 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Continue on separate she	et if necessary)			
/III. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCT (Write in		el sen e		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
BASIC COMPUTER SKILLS					VSU SHOTS VSU Student Organization	
YPING						
/ERBAL AND WRITTEN COMMUNICATION		200				
DRGANIZATIONAL SKILLS						
IME-MANAGEMENT SKILLS						2 - 11 2
		(Continue on separate she	eet if necessary)			
	7				ATE	2-13-24

34	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree? No						
	b. within the fourth degree (for Local Government Unit - C	areer Employees)? <u>No</u>	If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	offense? No					
		If YES, give details:					
	b. Have you been criminally charged before any court? No)					
		If YES, give details:					
		Date Filed:					
36.	Have you ever been convicted of any crime or violation of	any law deeree ordinance or regulation by	Status of Case/s:				
30.	any court or tribunal? No	If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	If YES, give details:					
38.	a. Have you ever been a candidate in a national or local el	ection held within the last year (except					
	Barangay election)? No		If YES, give details:				
mention of the last	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	If YES, give details:					
39.	Have you acquired the status of an immigrant or permaner	If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA 7277):					
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas	se answer the following items:					
а.	Are you a member of any indigenous group?						
).	Are you a person with disability? No	If YES, please specify:					
	, and a second s		If YES, please specify ID No:				
.	Are you a solo parent? No						
-			If YES, please specify ID No	0:			
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	ALICIA M. FLORES	VISAYAS STATE UNIVERSITY	0917-634-1430				
_	FRANCISCO G. GABUNADA DOREEN B. ALBA	VISAYAS STATE UNIVERSITY	0917-532-2196	6 6			
42.	I declare under oath that I have personally accomplished the	VISAYAS STATE UNIVERSITY	0926-801-4558				
	complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document ar administrative/criminal case/s against me.	laws, rules and regulations of the Republic centative to verify/validate the contents stated	of the				
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
Go	Government Issued ID: Driver's License						
ID/License/Passport No.: H12-19-002514 Signature (Signature (Signa			ide the box)				
Date/Place of Issuance: BAYBYA CITY Date Accomplished			Right Thumbmark				
				right Hembriday			
	SUBSCRIBED AND SWORN to before me this	affiant exhibi	iting his/her validly issued govern	nment ID as indicated above.			
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		Person Administering Oat	h				