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. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME ITALIO FIRST NAME **ELIZABETH** MIDDLE NAME **ABELARDO** 3. DATE OF BIRTH 16. CITIZENSHIP 05/10/1989 √ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization BAYBAY CITY If holder of dual citizenship, Pls. indicate country: 4. PLACE OF BIRTH please indicate the details ✓ Female 5. SEX Male 17. RESIDENTIAL ADDRESS ☐ Single ✓ Married 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated BRGY. KAMBONGGAN SITIO TIBALWA Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 1.53M 7. HEIGHT (m) City/Municipality Province 73 KGS. ZIP CODE 8. WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No. Street SITIO TIBALWA BRGY, KAMBONGGAN N/A 10. GSIS ID NO. Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO N/A City/Municipality Province 12. PHILHEALTH NO. 13-025122981-4 ZIP CODE 6521 0630201842 19. TELEPHONE NO. 13. SSS NO. 14. TIN NO. N/A 20. MOBILE NO. 0947-8013040 elizabeth.italio1089@yahoo.com 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) AMILY RACKGROUN DATE OF BIRTH (mm/dd/yyyy) ITALIO 23. NAME of CHILDREN (Write full name and list all) 22 SPOUSE'S SURNAME NAME EXTENSION (JR., SR) NICHOLAS ANTONIO A. ITALIO 11/29/2012 FIRST NAME **JEOFFREY PASTORIL** MIDDLE NAME SELF-EMPLOYED OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO 24. FATHER'S SURNAME **ABELARDO** NAME EXTENSION (JR., SR) ROLANDO FIRST NAME MIDDLE NAME GENTALLAN 25 MOTHER'S MAIDEN NAME GUINOCOR SURNAME

ELIZABETH FIRST NAME SARNO (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE ACADEMIC HONORS NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR UNITS EARNED LEVEL GRADUATED (Write in full) (Write in full) (if not graduated) RECEIVED From To PRIMARY EDUCATION 3/30/2001 GRADUATE 2001 N/A **BAYBAY NORTH CENTRAL SCHOOL** 06/05/1995 ELEMENTARY 2005 N/A SECONDARY EDUCATION 04/01/2005 GRADUATE SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** 06/04/2001 FRANCISCAN COLLGE OF THE IMMACULATE VOCATIONAL / **NURSING AIDE** 6/13/2005 3/24/2007 DIPLOMA 2007 N/A CONCEPTION TRADE COURSE FRANCISCAN COLLEGE OF THE IMMACULATE BACHELOR OF ELEMENTARY EDUCATION 06/09/2014 03/06/2018 GRADUATE 2018 N/A COLLEGE CONCEPTION GRADUATE STUDIES GARTALIN DATE SIGNATURE

12-14-23

	ERVICE ELIGII ER SERVICE/RA 10			DATE OF				LICENSE (if ap	plicable)
	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFER	MENT	NUMBER	Date of Validity	
LICENSURE EXAMINATION FOR TEACHERS 77.0			3/24/2019	TACLOB	TACLOBAN CITY				
	NC II IN HOUS			12/29/2019	FCIC-BAY	BAY CITY			
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	EXPERIENCE			ontinue on separate sheet					
	The same of the sa	nt. Start from your recen	t work) Description	n of duties should be	indicated in the attached	Work Exper	SALARY/ JOB/ PAY		
(n	INCLUSIVE DATES (mm/dd/yyyy) 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")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From	m To		VICAVACO	603.4/HR	INCREMENT	IOP OPPER			
02/01/2023	PRESENT	CASHI			VISAYAS STATE UNIVERSITY			JOB ORDER CONTRACTUAL	
12/03/2011	4/30/2012 06/01/2011	CASHIE CLINIC SECE		SUPERVALUE, INC. KIDZ KLINIKA		13000.00 3000.00		PART TIME	
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T / PEOPLE / \	VOLUNTARY	ORGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(Title ii) iii	")	From	То	- Income	, sometiment of front		
WESTERN LEYTE PROVINCIAL HOSPITAL			12/17/2017		NURSING AID	12 Level 1 April 1 and 1	
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	(Ce	ontinue on separat	sheet if nacessa	nr)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING	PROGRAMS A	TTENDED	"			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	COMPLICATED SPONSODED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(mm/dd/yyyy)				CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		recrinical/etc)		
		-	100				
ISO 9001:2015 AWARENESS & RE-A	WARENESS WEBINAR	08/29/2023	8/29/2023	4 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY	
GENDER SENSITIVITY OR	EIENTATION	07/11/2023	07/11/2023	4 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY	
OCCUPATIONAL FIRST AID AND I	BLS-CPR WITH AED	10/10/2019	10/11/2019	16 HOURS	TECHNICAL	PHILIPPINE REC CROSS-ORMOC CHAPTER	
INTEGRATING 21ST CENTURY COMPETENCIES LEARNING	AND ICT IN THE TEACHING AND	5/25/2019	06/03/2019	80 HOURS	TECHNICAL	GEEN ED CONSULTANCY, TRAINING AND REVIEW CENTER	
REGIONAL TEACHING C	ONGRESS	2/17/2018	2/17/2018	8 HOURS	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERS AND	
		1				EDUCATORS	
			 				
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VIII. OTHER INFORMATION	(Cx	ontinue on separati	sheet if necessal	y)			
	l . NC	N-ACADEMIC DIST	INCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		ite in full)	Similor.		33. (Write in full)	
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DANCING SOCIAL NETWORKING COMPUTER LITERATE BAKING SPORTS				2			
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	. 100	ntinue on separate	sheet If necessar	y)			
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Cracepoo V						CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointir 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?	☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO If YES, give details:	11		
35.	a. Have you ever been found guilty of any administrative o	ffense?	☐ YES ☑ NO If YES, give details:			
	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 any court or tribunal?	YES 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?	yes NO If YES, give details: FINISHED CONTRACT				
38.	A. Have you ever been a candidate in a national or local elements are also as a second s	☐ 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	☐ 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. a. b.	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?	☐ YES	NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	DR. IRMA BARBARA T. GUIBONE	BAYBAY CITY	9175457323			
3-	DR. MARIA VICTORIA GONZAGA	BAYBAY CITY	9126944280			
	MTY. RYSAN C. GUINOCOR	BAYBAY CITY	09173126266			
42.	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the Fentative to verify/validate the contents state	Republic of the	ELIZABETH A. ITALIO II		
PL Go	evernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance vernment Issued ID: PRC LICENSE License/Passport No.: 1756659	EASTALIN				
\vdash	te/Place of Issuance: 05/30/2019-PRC ORMOC	x)	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this1	4 DEC 2023 , affiant exhibiting	g his/her validly issued governmer	nt ID as indicated above.		
		ATTY RYSAN C. GUINOCOR				
		Person Administering Oath				