CS Form No. 212 Revised 2017

SIGNATURE

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. 1. CS ID No Print legibly, Tick appropriate boxes () and use separate sheet if necessary, Indicate N/A if not applicable, DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2 SURNAME RICARTE NAME EXTENSION (JR., SR) FIRST NAME ROLAN MIDDLE NAME CELESTE. 3. DATE OF BIRTH 03/05/1993 16. CITIZENSHIP ✓ Filipino Dual Otizenship (mm/dd/yyyy) by birth by naturalization BAYBAY, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female N/A N/A ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS VBlock/Lot Widowed Separated N/A SAN AGUSTIN Other/s: abdivision/VIIIas Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.64 Cilw/Municipality Province 8. WEIGHT (kg) 77 ZIP CODE 6521 18 PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE 0 VBlock/Lot SAN AGUSTIN N/A N/A 10. GSIS ID NO. Berangay Subdivision/Villa BAYBAY LEYTE 11. PAG-IBIG ID NO. 121277230502 City/Municipality Province 12. PHILHEALTH NO. 13-050172312-7 ZIP CODE 6521 N/A 06-3697722-2 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO. 607-326-351-00000 20. MOBILE NO. 0935 947 2128 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) ROLANRICARTE.PH@GMAIL.COM N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) N/A N/A N/A FIRST NAME MIDDLE NAME N/A ADMINISTRATIVE AIDE III OCCUPATION VISAYAS STATE UNIVERSITY - MAIN CAMPUS EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** VISCA, BAYBAY CITY, LEYTE TELEPHONE NO. +63 53 565 0600 Local 1010 RICARTE 24. FATHER'S SURNAME IAME EXTENSION (JR., SR) FIRST NAME RODOLFO PALOMA MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME CELESTE MARILYN FIRST NAME LUCERNAS (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE ACADEMIC HONORS NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL UNITS EARNED GRADUATED (Write in full) (Write in full) (if not graduated) RECEIVED From To 3RD HON. SAN AGUSTN ELEMENTARY SCHOOL PRIMARY EDUCATION 2000 2006 N/A 2006 ELEMENTARY MENTION 1ST HON. SECONDARY EDUCATION BUNGA NATIONAL HIGH SCHOOL 2006 2010 N/A 2010 SECONDARY MENTION VOCATIONAL / N/A N/A N/A NIA NIA N/A N/A TRADE COURSE VISAYAS STATE UNIVERSITY - MAIN BACHELOR OF SCIENCE IN N/A 2020 N/A COLLEGE 2010 2020 AGRIBUSINESS CAMPUS N/A N/A GRADUATE STUDIES NIA N/A N/A N/A N/A

06/12/2025

DATE

IV. CIVIL S	SERVICE ELIGIE	BILITY						Value of	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING DATE OF		DI ADE DE EVALUAÇÃO ADMINISTRAÇÃO			LICENSE (If applicable)	
			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFI		RMEN1	NUMBER	Date of Validity
CAREER SERVICE ELIGIBILITY - PROFESSIONAL			82.4	MARCH 26, 2023	PAWING ELEMENTAR		, PAWING,		
LEVEL			02.4	miritori zo, zozo	PALO,	LEYTE			_
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v. WORK	EXPERIENCE		10	contration on adjustante arress	n notus any	(5		100	
		Start from your resent	vork) Descriptio	n of duties should be	indicated in the attached	Work Expo	rience Shaet		
28. INCL	LUSIVE DATES					MONTHLY	SALARY/ JOB/ PAY GRADE W	PER TUR OF	GOVT
((mm/dd/yyyy) POSITION TI (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format '00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To			UNIVERSITY REGISTRAR, VISAYAS S			INCREMENT		
03/25/2022	PRESENT	ADMINISTRATIVE	E AIDE III		- MAIN CAMPUS	13274.80	N/A		
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SIGN	IATURE	/	Robuldof		DATE		06/12/2	825	
SIGNATURE		June					38 37		

/I. VOLUNTARY WORK OR INVOLVEMEN	NT IN CIVIC / NON-GOVERNME	ENT / PEOPLE / VO	LUNTARY ORG	ANIZATION/S				
29. NAME & ACCRESS OF Write in			SIVE DATES Idd/yyyr) To	Number of Hours	6122	POSITION / NATURE OF WORK		
HE CHURCH OF JESUS CHRIST OF LATTER DISTRICT 3, CAUAYAN CITY, ISABELA	07/15/2016	07/18/2018	2688.0	PROSELYTING MISSIONARY				
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		(Continue on separat						
II. LEARNING AND DEVELOPMENT (L&	o) INTERVENTIONS TRAINING			1				
 TITLE OF LEARNING AND DEVELOPMENT IN (Write in 			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial) Supervisory)	CONDUCTED/ SPONSORED BY (Write in full)		
	From	To		Technical/etc)	frame is out			
PARKLING SPACES: MASTERING THE A	ART OF HOUSEKEPING (BAT	03/26/2024	03/26/2024	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
IRIS SOFTWARE ONBOARDING		12/06/2023	12/06/2023	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
NLOCKING EXCELLENCE; THE 5S REVO EADS AT VISAYAS STATE UNIVERSITY		11/29/2023	11/29/2023	4		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
SO 9001:2015 AWARENESS AND REAW		08/29/2023	08/29/2023	3		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
MENTAL HEALTH WELLNESS SEMINAR		04/25/2023	04/25/2023	4		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
SO AWARENESS AND REAWARENESS S	EMINAR	08/30/2022	08/30/2022	3		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
IRTUAL AWARENESS SEMINAR ON R.A	. NO. 11032	06/28/2022	06/28/2022	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
WARENESS WEBINAR ON DATA PRIVA	CY ACT OF 2012	04/07/2022	04/07/2022	8		VISAYAS STATE UNIVERSITY-MAIN CAMPUS		
Controller September 2011 and the properties of		100000000000000000000000000000000000000		1977				
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ACT TO A STATE OF THE STATE OF		(Continuo on separat	e sheet II necessary)	-				
III. OTHER INFORMATION		OF THE			ille en			
31. SPECIAL SKILLS and HOBBIES	32		INCTIONS / RECOGNIT te in full)	TION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
DRIVING		NIA				N/A		
SWIMMING								
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			70					
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		(Continue on superate	about If necessary)					
SIGNATURE	Pa	uald		Di	ATE	06/12/2025		
						CS FORM 212 (Revised 2017), Page 3 of		

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34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat 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	reer Employees)?	☐ YES ☑ NO If YES, give details:	
0.5	a. Have you ever been found guilty of any administrative of	fense?	YES INO	
35.	a. Have you ever been found gainly or any distinished to en		If YES, give details:	
	h Have you been estiminally charged before any court?		☐ YES ☑ NO	
	b. Have you been criminally charged before any court?		If YES, give details:	
			Date Filed: Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:		
0.07	Have you ever been separated from the service in any of the	on following modes: resignation, retirement		
37.	dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	☐ YES ☑ NO If YES, give details:		
38.	A. Have you ever been a candidate in a national or local elements are a national or local elements.	☐ YES ☑ NO If YES, give details:		
	b. Have you resigned from the government service during 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 permaner	☐ YES ☑ NO If YES, give details (country):		
40.	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?		YES	
3.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:	
	Are you a solo parent?		YES VO NO If YES, please specify ID No:	
41.	REFERENCES (Person not related by consunguinity or affinity to applican	nt /appointee)		
_	NAME	ADDRESS	TEL, NO.	- 1
AIL.	A BALAN	SAN AGUSTIN, BAYBAY CITY, LEYTE	N/A	
MIR	IAM M. DE LA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	N/A	
VE	ELYN C. SOCORIN	SAN LUCAS, BAYBAY CITY, LEYTE	N/A	
42.	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document	inent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the depublic of th	in do things
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) "LEASE INDICATE ID Number and Date of Issuance"	6,000		
G	overnment issued ID: DRIVER'S LICENSE	Kohlifofi		
IE	O/License/Passport No.: H12-23-003745	Signature (Sign inside the b	ж)	
D	ate/Place of Issuance: 10/12/2023 BAYBAY CITY, LEYTE	OG / 12/ 2025 Date Accomplished	Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above	/e.
	Γ			
		Person Administering Oat		