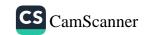
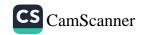
CS Form No. 212								
Revised 2017	PERSO	NAL DAT	TA SH	IEET	Ī			
	ation made in the Personal Data Sheet and the l				istrative/cri	iminal case/s aga	inst the persor	
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEES (1) and use separate sheet if necessary Indicate N	ET (PDS) BEFORE ACCOM I/A if not applicable. DO NOT	IPLISHING THE ABBREVIATE.		CS ID No.		(Do not fill up. Fo	. 000
I. PERSONAL INFORMATIO	ON THE PROPERTY AND A				OO ID HEL		(DO HOL HII UP. FO	or CSC use only)
2. SURNAME	MARSADO							
FIRST NAME	MILESA			7	N	AME EXTENSION (JR. 8	SR)	
MIDDLE NAME	CASAS							
3. DATE OF BIRTH (mm/dd/yyyy)	06/21/1993	16. CITIZENSHIP						
4. PLACE OF BIRTH	ASTURIAS, CEBU	If holder of dual citiz	renship,		F	Pls. indicate count	ry:	
5. SEX	FEMALE	please indicate the	details.					
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS					PUROK 3	
	SINGLE		Hou	ise/Block/Lot No.			Street	
				bdivision/Village			Barangay	
7. HEIGHT (m)	152 cm			YBAY CITY ity/Municipality	Y		Province	
8. WEIGHT (kg)	52 kg	ZIP CODE	6521				- 15 mail: com	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	ise/Block/Lot No.			PUROK 3 Street	
10. GSIS ID NO.	N/A						GABAS	
11. PAG-IBIG ID NO.	1-211-777-870-79		BAYBAY C				Barangay LEYTE	
12. PHILHEALTH NO.	12-202310483-9	ZIP CODE	6521	ity/Municipality			Province	
13. SSS NO.	06-386-769-61	19. TELEPHONE NO.	N/A					
14. TIN NO.	324-565-302	20. MOBILE NO.	096318715	516				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	milesa.ma	arsado@v	su.edu.pl	<u>h</u>		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and l	list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	MY	LES ANDR	EA M. O	QUIAS	10/09	/2018
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A	War						
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A		1					
24. FATHER'S SURNAME	MARSADO							
FIRST NAME	TEOFILO	NAME EXTENSION (JR., SR)					-	
MIDDLE NAME	PITOGO	No.						
25. MOTHER'S MAIDEN NAME								
SURNAME	CASAS				-	Principle of the second		
FIRST NAME	NENITA							
MIDDLE NAME	ESPAÑOLA			,	Cantinua			
III. EDUCATIONAL BACKG					Conunue on s	separate sheet if nec	essary)	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEC		PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIF ACADEMIC
	(William)	(Write in ful		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	STA. RITA ELEMENTARY SCHOOL	ELEMENTARY LEV	EL	06/01/2001	03/31/2006	-72	2006	WITH HONORS
SECONDARY	STA.LUCIA NATIONAL HIGH SCHOOL, STA. RITA EXTENSION	SECONDARY LEVE	L	01/01/2007	03/31/2011		2011	WITH HONORS
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	CERTIFICATE OF AGRICULTURAL S	CIENCE	01/04/2012	04/30/2012		2012	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SC AGRICULTURE		06/01/2012	03/31/2015		2015	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master of Science in	Agronomy	01/06/2023	Present	22 units		
SIGNATURE		(Continue on separate sheet if	necessary)	Cyroco market				
SIGNATURE	A CARLES A ALL	work		DA	ATE	Se	ptember 16, 20	)25



	N/A N/A		part of the second second second second				-	-	Validity
	AI/A		N/A	N/A	N	IA		N/A	N/A
	NA		N/A	N/A	N	IA		N/A	N/A
	N/A		N/A	N/A	N	IA		N/A	N/A
	N/A		N/A	N/A	N	IA		N/A	N/A
	N/A		N/A	N/A	N	IA		N/A	N/A
	N/A		N/A	N/A	N	/A		N/A	N/A
	NA	777 - 11	N/A	N/A	N	/A		N/A	N/A
. WORK E	EXPERIENCE		(C	ontinue on separate sheet if	necessary)				
nclude priv	vate employmen	t. Start from your recen	work) Description	n of duties should be i	ndicated in the attached	Work Expe	rionce sheet.		
). INCL	nm/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY CRADE (II applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV SERVIC
From 1/01/2021	To PRESENT				onomy/Visayas State		INCREMENT		(Y/N)
6/15/2015	03/31/2018	Office Clerk and Fore		MUNICIPAL ENVIRO	Versity	13, 274.80		JOB ORDER	Y
0/01/2015	12/31/2015	TEAM SUPER		RESOURCES OFFICE/A	STURIAS MUNICIPAL HALL	6000.00		JOB ORDER	Y
		TEAM OUT L	WISOK	PHILIPPINE STATIS	TICS AUTHORITY (PSA)	13, 000.00		EMERGENCY	Y
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per ma	Commence of the commence of th		Andrew Co.				Andreas (A. Paris)		
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	11	Andrew Course				_			
	457								
						A CAR			
				100.076.03					
			Now York	Name of the state					
				ontinue on separate sheet h		124			



29. NAME & ADDRES	IT IN GIVIC / NON-GOVERNMENT / PEO)	INCLUS	SIVE DATES	70.000		
ADDRES	S OF ORGANIZATION te in fulf)	(mm	(dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
						NA
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
		ue on separate shi				
II. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING PROGRA	AMS ATTEND	ΕD			
	NT INTERVENTIONS/TRAINING PROGRAMS te in full)		ES OF ATTENDANCE VIGALYYYYY)  To	NUMBER OF HOURS	Type of LD (Manageriat/ Supervisory/ Technicat/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SO Re-awareness and awareness sem	inar	05/09/2025	9/5/25			Via Zoom
6O 9001:2015 Awareness & R-awaren	ness Seminar	09/09/2024	09/09/2024			VSU Gymnatorium, Visayas State University
Prientation of Guidelines and Proced Offices under Administrative Services	Office (ASO)	02/23/24	02/23/24	BELOW Y		CCE Building, Visayas State Universit Convention Center, Visayas State
eminar Workshop on Basic Records	and Archives Management	07/30/2024	07/31/2024	16		Convention Center, Visayas State University
rom Policy to Practice: EODB, DPA ( isayas State University (VSU) Person	of 2012, and PIA Reorientation for	STEEDER ST	Sea Black (A)	8	95,000,00	proceedings and acceptable with
nlocking Excellence: The 5S Revolu	ition for Clerks and Heads at	07/29/2024	07/29/2024			Visyas State University
isayas State University SO 9001:2015 Awareness & R-awaren		11/29/2023	11/29/2023	V-rapes N		Visyas State University
rientation/ RE-orientation of Duties and Response		08/29/2023	08/29/2023	2		Visyas State University
ascading of Documents and Records Control	I Procedure manuals and Guidelines	09/07/2022	09/07/2022	8		Visyas State University
RAINING-WORKSHOP ON SOIL AND NUTRIE	NT MANAGEMENT AND ASSESING SOIL		Part of the second			
		08/30/2022	08/31/2023	8		Zoom Platform and Facebook Live
ands-on Cardiopulmonary Resuscitation OOD VALUE CHAIN WEBINAR	The state of the s		-	450		Visyas State University
		10/18/2021	10/22/2021	15.0		VISAYAS STATE UNIVERSITY
Wareness and Re-awareness Webinar RIENTATION OF LOCAL GOVERNMENT UNIT OF AST	URIAS ON ENFORCEMENT PROTECTION LAWS,	09/13/2021	09/13/2021			Visyas State University
OLICIES (MINES AND GEO SCIENCES AND PROVINCI NVIRONMENTAL ENFORCERS	AL REVENUE CODE) AND DEPUTIZING	02/27/2018	02/28/2018	16.0		ASTURIAS, CEBU
VASTE DIVERSION TRAINING IN LINE WITH THE I	MPLEMENTATION OF RA 9003/SOLID WASTE	11/14/2017	11/17/2017	24		ASTURIAS, CEBU
ND WORKSHOP ON UPDATING THE INTEGRATE	D DEVELOPMENT MASTER PLAN	02/27/2017	02/28/2017	16.0		
RGANIZATIONAL CONFERENCE AND INVESTME						MONTEBELLO VILLA HOTEL, BANILAD CEBU
	INI PLANNING	07/21/2016	07/22/2016	16.0		MONTEBELLO VILLA HOTEL, BANILAD CEBU CONVENTION HALL OF CENTER MALL MANDA
NTEGRATED WASTE MANAGEMENT SUMMIT		06/23/2016	06/23/2016	8.0		спу
VASTE ANALYSIS AND CHARACTERIZATION STUDY (	WACS)	03/08/2020	03/17/2016	40.0		ASTURIAS, CEBU
CO INTENSIVE TRAINING/CAPACITY DEVELOPM	ENT COURSE	07/09/2015	07/12/2015	40.0		SOCIAL HALL, CEBU PROVINCIAL CAPITOL, C CITY
		91111119				
				w. 1		
100		Vest 14				
Alle		1.1.				
	and the second of the second o			Marie Land	ede	
	(Contin	nue on separate sh	eet if necessary)			
VIII. OTHER INFORMATION		FIRSTER				
31. SPECIAL SKILLS and HOBBIES	32. NON-AC	CADEMIC DISTINC (Write in	TIONS / RECOGNITION full)	•		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
READING		N/A				N/A
WRITING						N/A
		N/A	YEAR			
ENCODING		NA				N/A
		N/A				N/A
		N/A				N/A
		N/A				N/A
		N/A				N/A
	(Contin	ive on separate sh	eet if necessary)			
SIGNATURE				DA		September 16, 2025

	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? b. within the fourth degree (for Local Government Unit - Ca		Service Control of the Control of th			
	), Within the lourer degree (for Local Covernment of the Co.	and Employees)	If YES, give details:			
as. a. Have you ever been found guilty of any administrative offense?			If YES, give details:			
•	b. Have you been criminally charged before any court?		If YES, give details:  Date Filed:  Status of Case/s:			
Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?			If YES, give details:			
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?			If YES, give details:			
E	Have you ever been a candidate in a national or local el barangay election)?     Have you resigned from the government service during		If YES, give details:			
election to promote/actively campaign for a national or local candidate?  39. Have you acquired the status of an immigrant or permanent resident of another country?			If YES, give details:			
			If YES, give details (country):			
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), plea Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	se answer the following items:	If YES, please specify:  If YES, please specify ID No:  If YES, please specify ID No:			
11.	REFERENCES (Person not related by consanguinity or affinity to applic	cant /appointee)	III TEO, picase opecin is to			
	NAME	ADDRESS	TEL NO.			
	ULYSSES A. CAGASAN	VSU VISCA, BAYBAY CITY LEYTE	053-563-1362			
	BERTA C RATILLA	VSU VISCA, BAYBAY CITY LEYTE	053-563-7123			
	LUZ G. ASIO	BRGY. GABAS, BAYBAY CITY LEYTE	9257593181			
42. `						
PL	vernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  EASE INDICATE ID Number and Date of Issuance remment Issued ID:	human				
ID/	icense/Passport No.:	Signature (Sign inside the	pox)			
Da	e/Place of Issuance:	Date Accomplished	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	oiting his/her validly issued government ID as indicated above.			
		Person Administering O	ath			