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)

I. PERSONAL INFORMATION

2. SURNAME	**JACOBE**		
FIRST NAME	**LUCIANO**	**JR**	
MIDDLE NAME	**RODRIGUEZ**		

3. DATE OF BIRTH (mm/dd/yyyy)	2/1/1978	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. ANAKAN, GINGOOG CITY, MISAMIS ORIENTAL	If holder of dual citizenship, please indicate the details.	
5. SEX	☑ Male ☐ Female		Philippines
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Zone 6 (House/Block/Lot No.) GUADALUPE (Subdivision/Village) BARANGAY BAYBAY (City/Municipality) LEYTE (Province) ZIP CODE: 6521
7. HEIGHT (m)	1.80		
8. WEIGHT (kg)	75		
9. BLOOD TYPE	'O"	18. PERMANENT ADDRESS	ZONE 6 (House/Block/Lot No.) Street GUADALUPE (Subdivision/Village) BARANGAY BAYBAY (City/Municipality) LEYTE (Province) ZIP CODE: 6521
10. GSIS ID NO.	NONE		
11. PAG-IBIG ID NO.	1212-974-3827		
12. PHILHEALTH NO.	13-025228136-4		
13. SSS NO.	NONE	19. TELEPHONE NO.	(053)-563-8627
14. TIN NO.	607-804-913-00000	20. MOBILE NO.	(+63)-0910-517-3752 and (+63)-0981-594-4091
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	jovelyn.jacobe@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	JACOBE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOVELYN		BRETT YVONNE G. JACOBE	4/6/2011
MIDDLE NAME	RODRIGUEZ			
OCCUPATION	SCIENCE RESEARCH ASSISTANT			
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	BARANGAY PANGASUGAN, BAYBAY CITY, LEYTE			
TELEPHONE NO.	9533502893			
24. FATHER'S SURNAME	JACOBE			
FIRST NAME	LUCIANO	SR.		
MIDDLE NAME	TULAYTAY			
25. MOTHER'S MAIDEN NAME	RODRIGUEZ			
SURNAME	JACOBE			
FIRST NAME	SARAH			
MIDDLE NAME	TUTO		*(Continue on separate sheet if necessary)*	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ANAKAN ELEMENTARY SCHOOL	Primary Education	1986	1992	Certificate	1992	N/A
SECONDARY	MALIBUD NATINAL HIGH SCHOOL	High School	1992	1996	Diploma	1996	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF MINDANAO	BACHELOR OF SCIENCE IN CRIMINOLOGY	1999	2004	Diploma	2004	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 25, 2024

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
BARANGAY OFFICIAL ELIGIBILITY		7/25/2014		220110140254	

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. 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	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
9/1/2023	Present	Utility	VSU Hospital	506/day		Job Order	Yes
11/1/2021	8/31/2023	Watchman	VSU Hospital	506/day		Job Order	Yes
10/1/2020	12/31/2020	Emergency Labor	NARC-VSU	500/day		Job Order	Yes
5/1/2007	5/31/2010	Brgy. Councilor	Brgy. Tagpako, Gingoog City, Misamis Or.	10,000/mo.		Elected	Yes
3/1/2005	12/31/2006	Laboratory Aide	Secura Plant Genetics Corp. Misamis Or.	8,000/mo.		Contractual	No

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 25, 2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
NONE				

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Hands-Only Cardiopulmonary Resuscitation	7/21/2022	7/23/2022	16.0	Technical	Visayas State University, Visca, Baybay Leyte
Landscape Training	6/14/2023	6/14/20203	8.0	Technical	2nd Floor, CCE Building VSU, Baybay City, Leyte
Basic Life Support Provider's Course - Healthcare Provider	7/12/2023	7/13/2023	16.0	Technical	Pavillion Glass Room, VSU, Baybay City, Leyte
Standard First Aid Training - Healthcare Provider	7/13/2023	7/14/2023	16.0	Technical	Pavillion Glass Room, VSU, Baybay City, Leyte
ISO 9001:2015 Awareness & Re-awareness Webinar	8/29/2023	8/29/2023	8.0	Technical	Visayas State University, Visca, Baybay Leyte
Orientation on Customer Service and Work Values in the Workplace	9/12/2023	9/13/2023	16.0	Technical	Visayas State University, Visca, Baybay Leyte

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving	NONE	None
Computer Literate		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 25, 2024

34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense?	☐ 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 law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO 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?	☐ YES ☑ NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details: _____
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO 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): _____
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify: _____
b. Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No: _____
c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ELWIN JAY YU	VSU, HOSPITAL	
LUZ O. MORENO	NARC, VSU	9164239381
ALLEN LAMBERT	OP, VSU	

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*	
Government Issued ID:	**DRIVER'S LICENSE**
ID/License/Passport No.:	**H-12-18-000809**
Date/Place of Issuance:	**BAYBAY CITY, LEYTE**

Signature (Sign inside the box)

January 25, 2024

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath