CS Form No.	212
CS Form No. Revised 2017	

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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 T<u>HE PDS FORM.</u> (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. 1. CS ID No PERSONAL INFORMATION 2. SURNAME **ANAVESA** NAME EXTENSION (JR., SR) N/A FIRST NAME **GESEL** MIDDLE NAME TIMON 3. DATE OF BIRTH 16. CITIZENSHIP 1/23/1993 ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization TALIBON, BOHOL Pls. indicate country: 4. PLACE OF BIRTH If holder of dual citizenship please indicate the details. ☐ Male **✓** Female • 5. SEX 17. RESIDENTIAL ADDRESS ✓ Single ☐ Married 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed □ Separated ZONE 5 BRGY. GUADALUPE Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.524 City/Municipality Province 8. WEIGHT (kg) 49 ZIP CODE 6521 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No. Street ZONE 5 BRGY. GUADALUPE 10. GSIS ID NO. N/A Barangay Subdivision/Village **BAYBAY CITY** LEYTE 11. PAG-IBIG ID NO. 1211-5868-2319 City/Municipality Province 13-025313748-8 ZIP CODE 6521 12. PHILHEALTH NO 13. SSS NO. 06-3655674-0 19. TELEPHONE NO. N/A 14. TIN NO. 496-127-049 20. MOBILE NO. 0905-856-3920 15 AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any asevanagesel@gmail.com I. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A CHRIS LIAM GIE ANAVESA VASQUEZ 8/27/2013 PRINCESS NHOVIE ANAVESA VASQUEZ 11/19/2015 MIDDLE NAME N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME ANAVESA NAME EXTENSION (JR., SR) FIRST NAME **GENARO AUXTERO** MIDDLE NAME 25. MOTHER'S MAIDEN NAME TIMON SURNAME FIRST NAME VICENTA MIDDLE NAME BERMOY (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSH PERIOD OF HIGHEST LEVEL YEAR 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE P/ ACADEMIC ATTENDANCE LEVEL UNITS EARNED GRADUATE (Write in full) (if not graduated) D HONORS RECEIVED From То 3RD ELEMENTARY KATARUNGAN ELEMENTARY SCHOOL PRIMARY EDUCATION **GRADUATED** 2005 1999 2005 HONOR SECONDARY **UBAY NATIONAL SCIENCE HIGH SCHOOL HIGH SCHOOL** 2005 2009 **GRADUATED** 2009 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE VISAYAS STATE UNIVERSITY FRANCISCAN COLLEGE OF THE BS IN HOTEL RESTAURANT AND TOURISM MANAGEMENT 2009 2013 2013 GRADUATED COLLEGE N/A 2017 2018 2018 IM M ACULATE CONCEPTION **BACHELOR OF SCIENCE IN** GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A (Continue on separate sheet if necessary July 9, 2021 SIGNATURE man DATE CS FORM 212 (Revised 2017), Page 1 of 4

	ERVICE ELI			2475.05				LIGENOE #	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINAT	TION / CONFE	ERMENT	LICENSE (if a	Date of
	BARANGAY ELIGIBILITY / DRIVER'S LICENSE			CONFERMENT					Validity
Р	PROFESSIONAL TEACHER 77.80 9/1/2019 TACLOBAN CITY				1804402	1/23/22			
			(Cont	inue on separate shee	t if necessary)				
	EXPERIENC								
_	vate employm SIVE DATES	ent. Start from your rec	ent work) Descri	iption of duties sho	uld be indicated in the	attached W	SALARY/ JOB/	ce sheet.	
_0.	n/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То		· 	·	·		"00-0")/ INCREMENT		
APRIL 2021	JULY 2021	INSTRUCT	TOR	VISAYAS ST	TATE UNIVERSITY		N/A	PART TIME	Y
2017	PRESENT	FRONT DESK C	OFFICER	VSL	HOSTEL		N/A	J.O	N
2014	2016	CASHIE	R	INSURA		N/A	ON CALL	N	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
			(Cont	inue on separate shee	t if necessary)				
SIGNA	ATURE	Gran		DATE	July 9, 2021		CS FORM 21	12 (Revised 2017),	Page 2 of 4

VI. VOLUNTARY	WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNME	NT / PEOPL	E/VOLUNTA	ARY ORGAN	IZATION/S	
29.	NAME & ADDRESS OF C (Write in ful			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A		N/A	N/A	N/A		N/A
/II I FARNING A	ND DEVELOPMENT (L&	(Continu D) INTERVENTIONS/TRAINING	e on separate si				
		nd include only the relevant L&D/traini				Chief/Executive/M	lanagerial positions)
20 TITLE OF LEAF	DANNO AND DEVELOPMENT INT			DATES OF		Type of LD	CONDUCTED/ SPONSORED BY
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) 			d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
	FOOD SAFETY AND HYGIE	INE CEMINAD	From	To			PEPTARCUS CORP
			5/20/21	5/20/21			DOT EASTERN VISAYAS
		RD BUSINESS RECOVERY REATION IN SOCIAL MEDIA	5/3/21	5/4/31			DOT EASTERN VISAYAS
THE ISO 90	FOR MSMES	S AND RE- AWARENESS	3/1/21	3/3/21			
	WEBINAR		11/27/20	11/27/20			VISAYAS STATE UNIVERSITY
DOCUMENT TRACKING SYSTEM HEALTH AND SAFETY GUIDELINES GOVERNING THE OPERATIONS OF ACCOMMODATION ESTABLISHMENT UNDER THE NEW NORMAL CLEANING, DISINFECTION AND HYGIENE IN TOURISM HOSPITALITY FACILITIES		11/13/20	11/13/20			VISAYAS STATE UNIVERSITY	
		7/28/20	7/29/20			DOT EASTERN VISAYAS	
		7/8/20	7/9/20			DOT EASTERN VISAYAS FRANCISCAN COLLEGE OF THE	
	BREAD AND PAST	RY NCII	2018	2018			IMMACULATE CONCEPTION
INTEGRA	ATION ICT INTO TEACH		10/20/18	10/29/18			GEEN ED CTRC FRANCISCAN COLLEGE OF THE
	HOUSEKEEPING	NC II	2017	2017			IMMACULATE CONCEPTION
	N/A		N/A	N/A	N/A	N/A	N/A
/III. OTHER INFO	DEMATION	(Continu	e on separate si	heet if necessary	<u>/)</u>	_	
	L SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33.					
С	OOKING		N/A				(Write in full) N/A
E	BAKING	N/A				N/A	
COMPU	TER LITERATE	N/A				N/A	
	N/A		N/A				N/A
		10	e on separate si	hoot if nossess	d		
SIG	NATURE	Una~	e on separate SI	DATE	i e	9, 2021	CS FORM 212 (Revised 2017), Page
5/6	II VILL	quan		DAIL	cury	-,	55. Onm 212 (norman), Page

	Are you related by consanguinity or affinity to the appointing or recommended of bureau or office or to the person who has immediate supervisional Bureau or Department where you will be appointed. a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employers)	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offen	☐ 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:			
	Have you ever been convicted of any crime or violation of any by 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, finish the public or private sector?	☐ YES ☑ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	☐ 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 cal	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent re	☐ 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 answer the follow	ving items:			
а	Are you a member of any indigenous group?		☐ YES ✓ NO		
b	Are you a person with disability?	If YES, please specify: ☐ YES ✓ NO If YES, please specify ID No:			
С	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to appl	icant /appointee)	15	1	
	NAME	ADDRESS	TEL. NO. ID picture taken within the last 6 months		
	APRIL GAYLE V. CALUNANGAN	GUADALUPE, BAYBAY CITY, LEYTE	9175339495 3.5 cm. X 4.5 cm (passport size)		
	NANCY B. DUMAGUING	VISCA, BAYBAY CITY, LEYTE	9268014558 With full and handwritten		
40	VILMA OLLERAS	GABAS, BAYBAY CITY, LEYTE	9286052647 name tag and signature over printed name		
42.	I declare under oath that I have personally accomplished this Personal pursuant to the provisions of pertinent laws, rules and regulations of pertinent laws.		Computer generated		
	authorized representative to verify/validate the contents stated herein.	or priorocopied picture			
	attachments shall cause the filing of administrative/criminal case/s aga	· ·	РНОТО		
	Ť			_	
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's				
	cense, etc.) PLEASE INDICATE ID Number and Date				
G	overnment Issued ID: PRC ID	Gnan			
ID/License/Passport No. 1804402 Signature (Sign inside the I			ox)		
Da	ate/Place of Issuance: 12/16/2019 ORMOC CITY	July 9, 2021 Date Accomplished	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant ex hit	oiting his/her validly issued government ID as indicated above.		
		Person Administering Oath			
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