CS Form No. 212 Revised 2017	DEDSO	NAL DAT	A SH	IFFT					
concerned.	tion made in the Personal Data Sheet and the				inistrative/c	riminal case/s ag	ainst the per	son	
	TO FILLING OUT THE PERSONAL DATA SHE! () and use separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO									
2 SURNAME	BESAVILLA								
FIRST NAME	AIZA NAME EXTENSION (JR., SR)								
MIDDLE NAME	BANDALAN								
DATE OF BIRTH (mm/dd/yyyy)	8/27/1995	16. CITIZENSHIP				ipby naturalization			
4. PLACE OF BIRTH	BAYBAY,LEYTE	If holder of dual citize	enship, Pls. indicate of		ountry:				
5. SEX	☐ Male ☐ Female	please indicate the	details.		-				
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Öther/s:	17. RESIDENTIAL ADDRESS	House/Block/L					Street SAN ISIDRO	
7. HEIGHT (m)	1,5m		Su	ibdivision/Village BAYBAY	,		Barangay LEYTE		
8. WEIGHT (kg)	67kg	ZIP CODE	6521	City/Municipality			Province		
		18. PERMANENT ADDRESS	10021						
9. BLOOD TYPE	0+	grand make both	Ho	use/Block/Lot No).		Street SAN ISIDRO		
10. GSIS ID NO.	N/A	48 0.0 (20%) 1	Su	ubdivision/Village	9		Barangay		
11. PAG-IBIG ID NO.	1212-0373-9452			BAYBAY City/Municipality		LEYTE Province			
12. PHILHEALTH NO.	12-025640995-5	ZIP ČŎĎE		6521					
13. SSS NO.	06-3995838-7	19. TELEPHONE NO.							
14. TIN NO.	342-433-725-000	20. MOBILE NO.	09556130793						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		a	iizabesav	illa@gmail.co	<u>om</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	BESAVILLA	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	REX	NAME EXTENSION (JR., SR)	ZIANNA GABRIELLE B. BESAVILLA			7/7/2019			
MIDDLE NAME	DUBLIN								
OCCUPATION	SCIENCE RESEARCH ASSISTANT								
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIV	VISAYAS STATE UNIVERSITY							
BUSINESS ADDRESS	VISCA,BAYBAY CITY	LEYTE				And the second second			
TELEPHONE NO.									
24. FATHER'S SURNAME	BANDALAN	NAME EXTENSION (JR., SR)							
FIRST NAME	MEDEL	NAME EXTENSION (JR., SR)							
MIDDLE NAME	PEREZ		-						
25. MOTHER'S MAIDEN NAME			-						
SURNAME	BULAWAN		-						
FIRST NAME	IMELDA		Taken a selection		Later Management and	an and the second file of			
MIDDLE NAME	CUATON			(C	ontinue on sej	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND			1				SCHOLARSHIP/	
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGI (Write in full)	UNITS EARNE		UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED		
ELEMENTARY	CANDADAM ELEMENTARY SCHOOL			2002	2008		2008	SALUTATORIAN	
SECONDARY	VSU-LHS			2008	2012		2012	- Auto-Auto-Auto-Auto-Auto-Auto-Auto-Auto-	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	UNIVERSITY OF CEBU-BANILAD			2014	2017		2017		
GRADUATE STUDIES	N/A					-			
SIGNATURE	polule.	(Continue on separate sheet if ne	cessary)	DA	ATE .	05/19/202	2		

. CAR	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF	BI ARE RE EN ALVI.	E TIME I I MAR INTO A SING IN		LICENSE (if applicable)	
В			(If Applicable)	CONFERMENT	PLACE OF EXAMINA	HON / CONFE	RMENT	NUMBER	Date Valid
	CSC Sub-professional			3/13/2022	LEYTE NORMAL UNIVE	LOBAN CITY		Vanca	
	-								
									-
			(Co	ntinue on separate shee	t if necessary)				
	EXPERIENCE vate employme	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Even	ianca chaot		
INCL	LUSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOV
From	mm/dd/yyyy)	POSITION TIT (Write in full/Do not a		DEPARTMENT / AC (Write in fu	MONTHLY SALARY	applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	SERVI (Y/N	
/2021	Te	CLEDY		ODAO WOAYA	O OTATE UNIDED DESIGN		INCREMENT		
	PRESENT	CLERK			S STATE UNIVERSITY	12174.80		JOB ORDER	Y
/2018	12/4/2020	CUSTOMER SALES REF			S CORP-RICO'SLECHON	12532.00		REG	N
/2017	7/7/2018	CUSTOMER SALES REP	PRESENTATIVE	3MRS DIONSON	CORP-RICOS LECHON	9516.00		REG	N
1	-								
-									
	1								
				-					
-									

	THE REPORT OF THE PARTY OF THE	Add O	(Con	tinue on separate sheet	if necessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/\	OLUNTARY	ORGANIZATION	/S		
29. NAME & ADDRESS OF O (Write in full	ORGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
		1					
3							
			1				
			-	-			
			te sheet if necess	ary)			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu-				- Chieff and Ma			
Start from the most recent Law training program and inclu	ide only the relevant Lau-training taken i		IVE DATES OF	in UniesExecutive Mar			
30. TITLE OF LEARNING AND DEVELOPMENT INTE		ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)		n/dd/yyyy)		Supervisory/ Technical/etc)	(Write in full)	
ORIENTATION ON DATA PRIVACY ACT		94/08/2022	To 04/08/2022	8.00		VISAYAS STATE UNIVERSITY	
WORKSHOP ON REVISITING THE STRATEGIC PLAN	OF ODAS AND GSO	03/16/2022	03/17/2022	16.00		VISAYAS STATE UNIVERSITY	
WOMEN INSPIRING WOMEN	ND CHAPED DONE	03/07/2022	03/07/2022	4.00		VISAYAS STATE UNIVERSITY	
ORIENTATION ON THE USE OF THE QMS PORTAL A VIRTUAL RE-ORIENTATION WEBINAR ON EMPLOYEES' DU		2/24/2022	2/24/2022	4.00	TO SECURE	VISAYAS STATE UNIVERSITY	
GOOD CUSTOMER SERVICES FOR CLERKS, DDRCs AND U		7/23/2021	7/23/2021	8.0		VISAYAS STATE UNIVERSITY	
ISO 900:01 AWARENESS AND RE-AWARENESS WEB		7/13/2021	7/13/2021	4.0		VISAYAS STATE UNIVERSITY	
VIRTUAL BRIEFING BY THE NATIONAL ARCHIVES O RECORDS DISPOSITION SCHEDULE (RDS)	OF THE PHILIPPINES (NAP) ON VSU	5/17/2021	5/17/2021	4.0		VISAYAS STATE UNIVERSITY	
RECORDS DISPOSITION SCHEDULE (RDS)			+				
		-	+	-			
		-	-			-	
	The state of the s	-					
		-	-				
NIII. OTUED NEODWATION	(Co	ntinue on separa	te sheet if necess	ary)			
VIII. OTHER INFORMATION						T	
31. SPECIAL SKILLS and HOBBIES	32. NO		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DDOCIONAL AL MA ARCHA				A design to the second		(Time in tall)	
PROFICIENT IN MS OFFICE	N/A						
GOOD INTERPERSONAL SKILLS							
WATCHING MOVIES/COOKING SHOW							
LISTENING TO MUSIC							
00000	(Cor	ntinue on separat	e sheet if necessa			T .	
SIGNATURE	market			DA	TE	05/19/2027	

CS FORM 212 (Revised 2017)

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	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative o	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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local elements are barangay election)? 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: ☐ 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) a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO					
41. REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)					
NAME	ADDRESS	TEL. NO.				
MICHAEL VINCENT BACATAN	CEBU CITY					
NELIA GABRILLO	CEBU CITY	(5			
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	nent laws, rules and regulations of the resentative to verify/validate the contents	Republic of the stated herein.	B BE AVILLA			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Resident Identification Card ID/License/Passport No.: 83708084-752-9477	Signature (Sign inside the b	x)				
Date/Place of Issuance: 0-12-3022/Bhyy San tadro, Beybey City, Leyte		ght Thumbmark				
SUBSCRIBED AND SWORN to before me this	ATTY, RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oat	g his/her validly issued government ID as	indicated above.			
	i Groott Autililistoring Odu					