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.

	LLING OUT THE PERSONAL DATA SHEET (PDS) BEI			ATE	1. CS ID No.		/Do not fill up. E	or CCC use only	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO		ate N/A ii not applicable. DO	NOI ABBREVI	AIE.	1. CS ID No.		(Do not till up. F	or CSC use only	
2. SURNAME	Pausanos								
FIRST NAME	Emelita				NAME EXTENSION (J	R., SR) N/A			
MIDDLE NAME	Sagaral								
3. DATE OF BIRTH	-	16. CITIZENSHIP							
(mm/dd/yyyy)	10/23/1981	Filipino Dual Citizenship by birth by naturalization							
4. PLACE OF BIRTH	Loay, Bohol	nship,							
5. SEX	Male Female			Philippines					
6. CIVIL STATUS	☐ Single ✓ Married	17. RESIDENTIAL ADDRESS							
o. otvie otvitoo	☐ Widowed ☐ Separated		House/Block/Lot No.				Street		
	Other/s:		Sul	bdivision/Villag	Pangasungan Barangay				
7. HEIGHT (m)	1.56			BAYBAY ity/Municipality	LEYTE Province				
8. WEIGHT (kg)	56.00	ZIP CODE	O O	кулишпогранку	<u>'</u>	6521	1 TOVINCE		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		(D) 1 // (A)			0()		
10. GSIS ID NO.	N/A		House/Block/Lot No.				Street		
11. PAG-IBIG ID NO.	N/A		Subdivision/Village				Barangay		
		ZIP CODE	Ci	ity/Municipality	Province				
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.							
13. SSS NO.	3377808190	N/A							
14. TIN NO.	N/A	099-741-2330							
15. AGENCY EMPLOYEE NO.	VJO01245	21. E-MAIL ADDRESS (if any)		•	emelita.pau	sanos@vsu.edu	ph		
II. FAMILY BACKGROUND	<u> </u>								
22. SPOUSE\'S SURNAME	Pausanos	NAME EXTENSION (JR., SR)	23. NAME of CH	,	DATE OF BIRTH (mm/dd/yyyy)				
FIRST NAME	Mike		1lkaela Verç	03/22/2006					
MIDDLE NAME	Behasa	ľ	Mikael Vian	05/17/2014					
OCCUPATION	Driver								
EMPLOYER/BUSINESS NAME	Visayas State Univer								
BUSINESS ADDRESS	Visca, Baybay City, L	eyte							
TELEPHONE NO.	09351857759								
24. FATHER\'S SURNAME	Sagaral NAME EXTENSION (JR., SR)								
FIRST NAME	Francisco								
MIDDLE NAME	Avelino								
25. MOTHER\'S MAIDEN NAME	Shirley Ilogon Api								
SURNAME	Sagaral								
FIRST NAME	Shirley								
MIDDLE NAME III. EDUCATIONAL BACKGI	Apit			(C	Continue on se _l	parate sheet if neces	sary)	_	
26.		DAGIO EDUCATION/DECD	EE/OOLIDOE	PERIOD OF	ATTENDANCE	HIGHEST	V545	SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	From	То	LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	Loay Central Elem. School	Elem. School Elementary		1988	1994		1994		
SECONDARY	HOLY TRINITY ACADEMY	MY High School		1994	1998		1998		
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	Holy Name University	Bachelor of Science in Comme Management)	erce (Major in	1998	2002		2002		
GRADUATE STUDIES	N/A								
	· (C	Continue on separate sheet if nece	essary)			T			
SIGNATURE				DA	ATE		12/21/2022		

IV. CIVIL	SERVICE I	ELIGIBILITY	_	_			_	_	
IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER DATING DATE OF							LICENSE (if applicable)		
PRECIAL LAWS/CES/CSEE / RATING		RATING (If Applicable)	EXAMINATION / CONFERMENT	ATION / CONFER	RMENT	NUMBER	Date of Validity		
CSC Sub-Professional 83.		83.96	08/07/2022	Маа		N/A	N/A		
	EXPERIE			(Continue on separate she					
		ent. Start from your recen	t work) Descripti	ion of duties should k	oe indicated in the attached	d Work Exper	ience sheet.		
	28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLI (Write in full/Do not abb				ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
06/27/2017	03/31/2020	Purchaser/Bu	yer	Rell and Renn 1	rading Corp / Ultramart	17,800.00	-	Permanent	N
04/23/2010	06/26/2017	Purchasing St	aff	Blue Ocean Holding	s Inc/ ThreeSixty Pharmacy	12,500.00	-	Permanent	N
05/29/2003	04/22/2010	PHARMACY ASSISTANT CHARGE	T, BRANCH IN	ROSE P	HARMACY INC	10,500.00	-	Permanent	N
SIGNA	SIGNATURE			(Continue on separate she	pet if necessary) DATE		12/21/	2022	
3.0.07					2.112	<u> </u>		FORM 212 (Revised 20	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV	/E DATES ld/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A	
		(Continue on separat	te sheet if necessary)				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	G PROGRAM	IS ATTENDE	D	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
HANDS ONLY CARDIOPULMONARY I	RESUSCITATION	07/21/2022	07/22/2022	4	Technical	Department of Heath- Eastern Visayas Center for Health Development	
TYPHOON AWARENESS & CALAMI'	TY READINESS	06/09/2022	06/09/2022	4	Technical	Department of Meteorology	
Virtual Data Privacy Act of 2012 Awa	reness Seminar	04/07/2022	04/07/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "	
WEBINAR ON MENOPAUSE AND OTHER COMMOI	N GYNECOLOGIC PROBLEMS	03/31/2022	03/31/2022	8	Technical	GENDER RESOURCE CENTER	
WOMEN INSPIRING WOI	MEN .	03/07/2022	03/07/2022	8	Technical	GENDER RESOURCE CENTER	
ISO 9001:2015 Awareness/Re-awar	eness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University	
(Continue on separate sheet if necessary)							
VIII. OTHER INFORMATION	100	ON ACADEMIC DIS	TINCTIONS / DECC	OGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					(Write in full)	
N/A		N/	N/A				
SIGNATURE		(Continue on separat	te sheet if necessary)		TE	12/21/2022	
JIGHA I UNE				DA	,,,	1 Z / Z 1 / Z U Z Z CS FORM 212 (Revised 2017). Page 3 of	

the c	ou related by consanguinity or affinity to the app chief of bureau or office or to the person who has e, Bureau or Department where you will be appp	imn	nediate supervision over you in the						
	thin the third degree?		YES	✓ NO					
	b. within the fourth degree (for Local Government Unit - Career Employees)?					✓ NO			
	If YE	ES, give details:							
35 0 4		YES	✓ NO						
a. 116	ave you ever been found guilty of any administrat	IVE	JIIGIISG !	If YE	ES, give details:	<u></u>			
					, 3				
				-					
b. Ha	ave you been criminally charged before any court	?		If VE	YES ES, give details:	✓ NO			
				" ''	Date Filed:				
				S	tatus of Case/s:				
26 11-			·		YES	✓ NO			
	e you ever been convicted of any crime or violation lation by any court or tribunal?	n oi	any law, decree, ordinance or	If YF	S, give details:	V INU			
1094	auton by any court of the anal.			'' ''	-o, give details.				
	e you ever been separated from the service in any ement, dropped from the rolls, dismissal, terminat			 If YF	YES S, give details:	NO			
	ed out (abolition) in the public or private sector?	ЮП,	end of term, illished contract of	Resigned from private company					
38. a. Ha	ave you ever been a candidate in a national or loo		election held within the last year		YES	✓ NO			
	ept Barangay election)?	Jai C	nection neid within the last year	lf	YES, give details				
 	ave you resigned from the government service du	ırinc	the three (3) month period before the		YES	✓ NO			
	election to promote/actively campaign for a nation			If YES, give details:					
39. Have			at a side at af a sath as a sunt of		YES	✓ NO			
Jos. Have	e you acquired the status of an immigrant or perm	iane	ent resident of another country?	If YE	ES, give details (:		
					-0, 9.10 00.00 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
40. Purs	uant to: (a) Indigenous People\'s Act (RA 8371);	(b) I	Magna Carta for Disabled Persons (RA						
	'); and (c) Solo Parents Welfare Act of 2000 (RA								
a. Are y	ou a member of any indigenous group?			lit 🔨	YES	✓ NO			
b. Are v	you a person with disability?			" '	ES, please specif	y. VNO			
7.10	you a portion man aloubility.			If YE	S, please specif				
c. Are y	you a solo parent?				YES	✓ NO			
				IT YE	S, please specif	у ID NO			
41. REFE	RENCES (Person not related by consanguinity or affinity to a	pplic	ant /appointee)						
	NAME		ADDRESS		TEL. NO.		ID picture taken within		
	Ariel Angus Cebu Clty						the last 6 months 3.5 cm x 4.5 cm		
	•						(passport size)		
	Noelyn Q. Taghoy		Mandaue City				With full and handwritten name tag and signature over		
							printed name		
42. I dec	clare under oath that I have personally accomplis	shec	this Personal Data Sheet which is a t	rue, o	correct and		Computer generated or photocopied picture		
	plete statement pursuant to the provisions of pe						is not acceptable		
Philippines. I authorize the agency head/authorized representative to verify/validate the contents agree that any misrepresentation made in this document and its attachments shall cau							РНОТО		
	inistrative/criminal case/s against me.				ŭ				
	ment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License,								
	ASE INDICATE ID Number and Date of Issuance								
Government Issued ID: N/A									
ID/Licens	se/Passport No.: N/A		Signature (Sign inside the	box)					
Date/Place of Issuance: N/A 12/21/2022 Date Accomplished							Right Thumbmark		
Date Accomplished							g. t manismant		
SU	BSCRIBED AND SWORN to before me this		, affiant exh	ibitin	g his/her validly iss	ued gove	ernment ID as indicated above.		
	Person Administering Oa								