CS Form No. 212 Revised 2017	THEN			10 STA0 1	DING	AB .		A TEBU (BOANDYBA LAWAY CEBU CBEB		ZY. CARE
SO MING TRICALLY RESEARCH	1000	P	ERSO	NAL DATA	SH	IEE.	381/30			
	ation made in	the Personal	Data Sheet and th	ne Work Experience Sheet sha	ll cause the	filing of ad	lministrati	ve/criminal case/s	against the	person
				EET (PDS) BEFORE ACCOMP						
Print legibly. Tick appropriate boxe  I. PERSONAL INFORMATION		separate sheet i	f necessary. Indicate	e N/A if not applicable. DO NOT A	BBREVIATE		1. CS ID No		(Do not fill up.	For CSC use only
2. SURNAME	MANAGBAN	NAG						A SANGENIA STATE		
FIRST NAME	MARK JOHN					-		NAME EXTENSION (J	R, SR)	
						-				
MIDDLE NAME  3. DATE OF BIRTH	MARANGUI		4007	T and the second	-		50			
(mm/dd/yyyy)		November 07,	, 1997	16. CITIZENSHIP		Filipino Dual Citizenship				
4. PLACE OF BIRTH	F	BAYBAY CITY,	LEYTE	If holder of dual citizensh	ip.			☐ by birth  Pls. indicate	by naturalization e country:	
	✓ Male		Female	please indicate the detail	ls.				,	_
5. SEX			Married	17. RESIDENTIAL ADDRESS				and the con-		1120
6 CIVIL STATUS			Separated			House/Block/Lot No.			Street	
TV00 10 R03/16	Other/	S: YENTACH	TE / COMPANY	DEPARTMENT LABERTOY OF	Sut	Purok 2 bdivision/Villag	0	100	Pangasugan Barangay	
7. HEIGHT (m)	THEMSON	1.68	- Ossur-	da seo in Chilat ni nitriVi		Baybay City			Leyte Province	mm3
8, WEIGHT (kg)	у дитисм	A 70	- BRUTJUQI	DARO ZIP CODE AGBO			SUMME	6521	POSESTO	08/02/2015
9. BLOOD TYPE	AWA	0+	SON LEYTE :	18. PERMANENT ADDRESS		DIMINAGE	20L3HT	MO	2019	2019
10. GSIS ID NO.		N/A		STATE OF THE STATE	Hou	se/Block/Lot N Purok 2	0.		Street Pangasugan	ekne
1 EST JUNIVACIAN AS	NA	P()FI	MAD	BRGY, PANGAS		Baybay City			Barangay Leyte	
11. PAG-IBIG ID NO.	Y.HTMOM	1212-6871-4	1401 донов н	VEU - INTEGRATED HI		ity/Municipality		94	Province	050010/1150
12. PHILHEALTH NO.		1325-0364-9	9105	ZIP CODE				6521		
13. SSS NO.		N/A		19. TELEPHONE NO.		N/A				
14. TIN NO.		725-657-7	37	20. MOBILE NO.		09999047166				
15. AGENCY EMPLOYEE NO.		N/A		21. E-MAIL ADDRESS (if any)		markjohn.managbanag@v		agbanag@vs	u.edu.ph	
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME			N/A	23	NAME of CH	ILDREN (Write	o full name ar	nd list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		N/A		NAME EXTENSION (JR., SR)		N/A			N/A	
MIDDLE NAME			N/A							
OCCUPATION			N/A							
EMPLOYER/BUSINESS NAME			N/A							
BUSINESS ADDRESS			N/A							
TELEPHONE NO.		le de	N/A							
24. FATHER'S SURNAME			MANAGBANAG							
FIRST NAME		ISMAEL		NAME EXTENSION (JR., SR)						
MIDDLE NAME			OLAMIT			THE REAL				
25, MOTHER'S MAIDEN NAME										
SURNAME			MARANGUIT							
FIRST NAME			MARY JANE							
MIDDLE NAME			ZETA			(00	ntinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	ROUND									
26. LEVEL		NAME OF SCH		BASIC EDUCATION/DEGREE/O	COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC
		(Write in full	ų.	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	PANGASU	JGAN ELEMN	TARY SCHOOL	N/A		2004	2010	N/A	2010	N/A
SECONDARY	BUNGA	NATIONAL H	IGH SCHOOL	N/A		2010	2014	N/A	2014	N/A
VOCATIONAL /		N/A		N/A		N/A	N/A	N/A	N/A	N/A
TRADE COURSE			un report	BACHELOR OF SCIENCE	CEIN					
COLLEGE	VISA	YAS STATE U	NIVERSITY	AGRIBUSINESS		2014	2019	N/A	2019	N/A
GRADUATE STUDIES		N/A		N/A	Lug-	N/A	N/A	N/A	N/A	N/A

SIGNATURE

N-25-24

DATE

7. CARE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	DATING	DATE OF		ALL SUPE		LICENSE (if a	pplicable)
	SPECIAL LAV	VS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity
	DRIVER'S L	ICENSE	NSE N/A BAYBAY CITY, LEYTE						11/07/203
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							MARAKGUIT	- 54	EN THOUSAN
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. WORK E	XPERIENCE		(Co	ntinue on separate sheet i	l necessary)				
	and the same of th	nt. Start from your recen	( work) Description	on of duties should b	e indicated in the attach	ed Work Ex	salary/Job/Pay		
(m	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (# applicable)& STEP (Format "00-0"y INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From 06/02/2015	07/25/2015	SUMMER.	IOB	DEPARTMENT	N/A	MONTHLY	SUMMER JOB	YES	
2019	2019	ON THE JOB TO	RAINING	ALDE FARM, B	ABATNGON LEYTE	N/A	N/A	OJT	NO
2018	2023	SK KAGAV	<b>/</b> AD	BRGY. P.	ANGASUGAN	N/A	N/A	SK KAGAWAD	YES
01/09/2020	PRESENT	ADMIN AIDE III	/ dDRC	VSU - INTEGRA	N/A	MONTHLY	JOB ORDER	YES	
		1588		3000 9E	1000	AUK		.084	Dr. 83
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					MARY JAME				BUNITER
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Au	AW	AN NA	AR	AN		Alk		(SIG)1	BLYDON
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29. NAME & ADDRESS OF O	AL DESIGNATION OF THE PARTY OF	and the Contra	INCLUSIV			iniomnis ed	Burnov exercise representation upon a file	
(Write in full)			(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	av 🗆		N/A	N/A	N/A	Inommero	b. within the fourth daynee (for Local C	
	# 125, give defini							
ON FO	29V FI			-	eznoño evas	any adminis	is a Have you ever been found guilty of	
	If YES, give detail		7					
- 01 E	27V 🖂				Chi.	A parameter	Chemans vitralinha nand unu nunid d	
3	If YES, give detail beta Flied:						ORIGINAL SERVICE SERVI	
	Status of Casaler	(Continue on	separate s	heat if necessary				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINII							
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Wittle in full)			ATTENI (mm/de	DANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
Out CI	20V E3	000	From	То	Bot art to yes	TechnicaVetc)	Institute of Strategic Research & Development	
Seminar Workshop Barangay De	velopment Planning	10/2	23/2018	10/25/2018	24 hrs.	mer Jesem	(ISRDS)	
Training on Identification of Proper and Compl	ete Items Technical Specific	ation 08/2	28/2020	08/28/2020	8 hrs.	no lenniten s	Bids and Awards Committee (BAC)	
ISO 90001:2015 Awareness	Re-awareness	11/2	27/2020	11/27/2020	8 hrs.		Quality Assurance Center (QAC)	
Hands-Only Cardiopulmonar	Committee of the commit	07/2	21/2022	07/22/2022	4 hrs.	mont service	Department of Health (DOH)	
Training for School Registrars of GASTP Requirements			26/2022	08/26/2022	4 hrs.	STUDIES & XV	Private Education Assistance Committee (PEAC)	
Re-orientation of Duties and Responsibiltie Cascading of Documents and Records 0	Control Procedure Manuals	09/0	07/2022	09/07/2022	8 hrs.	at an weether	Quality Assurance Center (QAC)	
Website Development of Digital Resource Hi Online Learning of Digital Skills for Stand	ard Accounting and Records	03/3	30/2023	03/31/2023	24 hrs.	n in a second service	National Youth Commission w/ UNIFY, Inc.	
GPPB Basic Course Training on the R.A 918 Rules & Regulations Act of	2016 for VSU	08/2	22/2023	08/24/2023	24 hrs.	1758 AR) to	Bids and Awards Committee (BAC)	
2023 Orientation Conferences on the Imple Program in SY 2023	3-2024	00/2	25/2023	08/25/2023	8 hrs.	Carrens	Private Education Assistance Committee (PEAC)	
Unlocking Excellence: The 5S Revolution for State Universit		/as 09/2	29/2023	09/29/2023	8 hrs.		Quality Assurance Center (QAC)	
Orienatation of Guidelines and Procedures on	Processes/Services of the O	ffices 02/2	23/2024	02/23/2024	8 hrs.		Administrative Services Office (ASO)	
GASTPE Regional Orientation Conference on TSS and SHS Voucher Program		SC, 07/2	25/2024	07/25/2024	8 hrs.		Department of Education (DepED)	
In-House Seminar - Workshop on Basic Reco (BRAM)	ords and Archives Managem	ent 07/3	30/2024	07/31/2024	24 hrs.		Administrative Services Office (ASO)	
				(salt)	bearing the	vicinity of military	41. REFERENCES (Persua not related by domestic	
	ON 335		222705	M. Comment			3454	
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W. OT JES WESSWARD		(Continue on	separate s	heet if necessary		THE REAL PROPERTY.		
VIII. OTHER INFORMATION		NON-ACADE	MIC DISTIN	CTIONS / RECOG	ENITION	STORES.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.	10.110		in full)		UZNOLE.	33. (Write in full)	
COMPUTER SKILLS			N/A			-	N/A	
MICROSOFT WORD & EXCEL	(And ad	abumpages,		-			edy. c	
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SIGNATURE		1		1000	J DA		CS FORM 212 (Revised 2017), Page 3 of 4	

chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	e supervision over you in the Office,	HOT AND TO TO THE				
	of 201	YES V				
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	If YES, give details:	NO			
35. a. Have you ever been found guilty of any administrative of	YES If YES, give details:	NO				
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 a by any court or tribunal?  37. Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?		If YES, give details:	ON Seminar Workshop Baranga			
a. Have you ever been a candidate in a national or local ele Barangay election)?		YES [ If YES, give details:	NO PREMIA BYOS: FOODS DES			
b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	☐ YES ☑ NO					
39. Have you acquired the status of an immigrant or permanen	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)		ot of 2018 for VSU	Rules & Regulations A 2023 Crisingstion Contenerous on the la			
Are you a member of any indigenous group?	8 CENTRESION CENTRESION SENSE	YES If YES, please specify:	NO SS and resmollaged gradeolinu			
b. Are you a person with disability?		NO NO:				
c. Are you a solo parent?		YES If YES, please specify ID	V NO OV SAR has SET			
41. REFERENCES (Person not related by consanguinity or affinity to applican			MAG			
NAME	ADDRESS	TEL. NO.				
DR. SHALOM GRACE S. VEGA	VSICA, BAYBAY CITY, LEYTE	9122654495				
DR. BAYRON S. BARREDO	VSICA, BAYBAY CITY, LEYTE		100			
DR. ALELI A. VILLOCINO	VSICA, BAYBAY CITY, LEYTE		(4)			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized reprint agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the contents	Republic of the s stated herein.	РНОТО			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	Automa supranti acco					
Government Issued ID: DRIVERS LICENSE	4		A SHAME CO			
ID/License/Passport No.: H12-18-002225	Signature (Sign Inside the b	ox)				
Date/Place of Issuance: BAYBAY CITY		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	ng his/her validly issued gover	rnment ID as indicated above.			
			BASKETBALL			
PC-70C-N BIAG	Person Administering Oat	h	SIGNATURE			