CS Form No. 212

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 THE PDS FORM. 1. CS ID No. (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. 2. SURNAME OLIVERIO FIRST NAME LADY WINDEROSE VILLACORTE MIDDLE NAME 3. DATE OF BIRTH 12/22/1990 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ✓ by birth ☐by naturalization **CEBU CITY** 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details ✓ Female ☐ Male 5. SEX ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street ■ Widowed □ Separated GOMEZ STREET Other/s: Subdivision/Village Barangay TACLOBAN LEYTE 7. HEIGHT (m) 1.55M City/Municipality Province 8. WEIGHT (kg) 63KG ZIP CODE 6500 18. PERMANENT ADDRESS "A+" 9. BLOOD TYPE House/Block/Lot No. Street SAN VICENTE EXT. TINAGO 10. GSIS ID NO. Subdivision/Village Barangay INOPACAN I FYTF 11. PAG-IBIG ID NO. 1210-2604-8416 City/Municipality Province 12. PHILHEALTH NO. 12-025276460-2 ZIP CODE 6522 06-3208664-1 19. TELEPHONE NO. N/A 13. SSS NO. 14. TIN NO. 439-235-973 20. MOBILE NO. 09356627378 15. AGENCY EMPLOYEE NO. 0070517LWV 21. E-MAIL ADDRESS (if any) winderoseoliverio@yahoo.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) RANN VALENTINE O. EUPEŇA 26/11/2012 FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. OLIVERIO 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) **EDWIN** FIRST NAME MIDDLE NAME **PINGOY** 25. MOTHER'S MAIDEN NAME SURNAME VILLACORTE ROSEMARIE FIRST NAME BALIONG MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP HIGHEST LEVEL/ 26 BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE NAME OF SCHOOL YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From То UNIVERSITY OF SAN CARLOS ELEMENTARY **ELEMENTARY** 1997 2003 2003 SECONDARY UNIVERSITY OF CEBU SECONDARY 2003 2007 2007 18 SUPPLEMENTAL UNITS IN SECONDARY VOCATIONAL / **EASTERN VISAYAS STATE UNIVERSTY** 2018 2019 **FDUCATION** TRADE COURSE UNIVERSITY OF SAN CARLOS COLLEGE **BS NUTRITION & DIETETICS** 2007 2011 2011

GRADUATE STUDIES	UNIVERSITY OF CEBU	MBA major in HOTEL & RESTAURANT MANAGEMENT		2013	2016		2016		
	ADVENTIST UNIVERSITY OF THE PHILIPPINES	DOCTOR OF PUBLIC HEALTH major in PREVENTIVE HEALTH CARE			2021	present			
(Continue on separate sheet if necessary)									
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IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	ION / CONFERMENT		LICENSE (if applicable) Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	I DIGE OF EXAMINATION / CONFERMENT			NUMBER	Validity
PRC BOARD ON NUTRITION & DIETETICS			76.00%	01/07/2011	MANILA			0014542	2022
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt Start from your recei	nt work) Descriptio	on of duties should	be indicated in the attach	ned Work Fx	nerience she	et .	
28. INCLU	SIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOV'T
From	m/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
07/23/2017	PRESENT	INSTRUCTO	DR I	EASTERN VISAY	'AS STATE UNIVERSITY	26,052.00	INCREMENT SG 12	PERMANENT	YES
05/01/2017	06/31/2017	RESEARCH & DEVELOPN			DIMSUM HOUSE CO. INC	15,000.00		TEMPORARY	NO
09/1/2016	02/28/2017	FOOD OPERATION S			/. COPR/ LAKWATSA	20,000.00		PERMANENT	NO
02/15/2015	05/31/2016	NUTRITIONIST-DI			VINCIAL HOSPITAL	18,000.00		COS	YES
04/01/2013	02/10/2015	HEAD, DIETARY DE		ST. VINCENT	12,000.00		PERMANENT	NO	
09/01/2011	05/31/2012	MEDICAL REPRES			12,000.00		PERMANENT	NO	
03/01/2011	03/31/2012	WIEDIOAL NET NEG	LINIATIVE	PRO BIO PHARMA INC.		12,000.00		PERIVIANENT	NO
			(Cor	ntinue on separate sheet	if necessary)				
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20	NAME & ADDRESS OF ODGA	NIZATION	INCLUSIV	VE DATES				
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		NIZATION	(mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
			From	То				
			(Continue on sepa	arate sheet if necess	ary)			
	NING AND DEVELOPMENT (L&D e most recent L&D/training program and inc					utive/Managerial p	ositions)	
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)		
IORT COUR	RSE TRAINING AND WORKSHOP ON FOOD	/ALUE CHAIN	From 10/7/2019	To 10/11/2019	40 HOURS	TECHINICAL	MINISTRY OF AGRICULTURE, FORESTRY AND FISHERIES	
H INTERNA ID MANAGI	ITIONAL CONFERENCE ON INTEGRATIVE D	ISASTER RISK REDUCTION	09/03/2019	09/05/2019	24 HOURS	TECHNICAL	EASTERN SAMAR STATE UNIVERSITY	
	ATIONAL S.T.E.A.M. RESEARCH CONGRESS		08/07/2019	08/09/2019	24 HOURS	TECHNICAL	EASTERN VISAYAS STATE UNIVERSITY	
SIC ORIEN	ITATION ON INTELLECTUAL PROPERTIES		06/06/2019	06/07/2019	16 HOURS	TECHNICAL	INTELLECTUAL PROPERTY OFFICE OF THE	
JOURNAL WRITESHOP ON METHODOLOGICAL ADVANCES IN RESEARCH		04/12/2019	04/12/2019	8 HOURS	TECHNICAL	VISAYAS-MINDANAO CONSORTIUM FOR JOURNA PUBLICATION INC.		
ITRITION A	SSESSMENT TRAINING		03/19/2018	03/19/2018	8 HOURS	TECHNICAL	SSND ORG OF EASTERN VISAYAS STATE UNIVERS	
AINING WO	DRKSHOP ON OUTCOMES-BASED EDUCATI	ON PHASE III	10/04/2018	10/05/2018	16 HOURS	TECHNICAL	EASTERN VISAYAS STATE UNIVERSITY	
RAINING WO	DRKSHOP ON OUTCOMES-BASED EDUCATI	ON PHASE II	07/25/2018	07/27/2018	24 HOURS	TECHNICAL	EASTERN VISAYAS STATE UNIVERSITY	
TRAINING ON THE UPDATED NUTRITION MONITORING & EVALUATION PROTOCOL		03/06/2018	03/07/2018	16 HOURS	TECHNICAL	NATIONAL NUTRITION COUNCIL VIII		
ORKSHOP (ON FRAMEWORKS ON HEALTH RESEARCH	IN DISASTER PHASE III	04/23/2018	04/24/2018	16 HOURS	TECHNICAL	PHILIPPINE COUNCIL ON HEALTH RESEARCH AND DEVELOPMENT	
CAPACITY ENHANCEMENT ON HEALTH RESEARCH IN DISASTER RISK REDUCTION MANAGEMENT PHASE II		20/03/2018	22/03/2018	24 HOURS	TECHNICAL	PHILIPPINE COUNCIL ON HEALTH RESEARCH AND DEVELOPMENT		
MANAGEMENT PHASE II CAPACITY ENHANCEMENT ON HEALTH RESEARCH IN DISASTER RISK REDUCTION MANAGEMENT PHASE I			13/02/2018	14/02/2018	16 HOURS	TECHNICAL	PHILIPPINE COUNCIL ON HEALTH RESEARCH AND DEVELOPMENT	
	<u> </u>							
			(Continue on sepa	arate sheet if necess	ary)			
III. OTHI	ER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC	DISTINCTIONS / RE (Write in full)	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	COMMUNICATION SKILLS	FIRST AIDER NUTRITIONIST-DIETITIANS ASSOCIAITION OF THE PHILIPPINES						
	LEADERSHIP SKILLS	ONE OF THE AUTHORS OF THE BEST PAPER ENTITLED: "SIMPLEX SCREENING OF MIXTURE COMPONENTS FOR COMPLEMENTARY FOOD FOR INFANTS DURING DISASTERS"						
	INTERPERSONAL SKILLS							
	COUNSELLING SKILLS	+					1	

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34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - 0)	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	☐ YES ☑ NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:					
36.	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 resignation, retirement, dropped from the rolls, dismissal, finished contract or phased out (abolition) in the public or	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local (except Barangay election)?	•	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the three (3)-month period			☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permand	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) No Persons (RA 7277); and (c) Solo Parents Welfare Act of						
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 applica	ant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	CRISANTA HEREDIA	ALEGRIA, CEBU	9261822236				
	BERNARD Q. MEMBREBE	BAYBAY CITY, LEYTE	9175005631				
	ROCHELE JOHN TAGALOGON	TACLOBAN CITY, CEBU	9755670897				
42.	I declare under oath that I have personally accomplished and complete statement pursuant to the provisions of per of the Philippines. I authorize the agency head / authoristated herein. I agree that any misrepresentation made the filing of administrative/criminal case/s against me.	of the Republic ate the contents					
<u>P</u> G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC						
H	ID/License/Passport No.: 0014542 Signature (Sign inside the March 13, 2021						
D	ate/Place of Issuance: TACLOBAN CITY	Date Accomplished		Right Thumbmark			
S	SUBSCRIBED AND SWORN to before me this	, affiant exh	ibiting his/her valid	lly issued government ID as indicated above.			

Person Administering Oath

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