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.

READ THE ATTACHED GUIDE TO FILE Print legibly. Tick appropriate boxes	LLING OUT THE PERSONAL DATA SHEET (PDS) BE s () and use separate sheet if necessary. Indic			ATE	1. CS ID No.		(Do not fill up. F	For CSC use only)	
I. PERSONAL INFORMATION		cate N/A ii flot applicable. DO	NOT ABBREVI	AIE.	1. C3 ID NO.		(Do not illi up. F	or CSC use only)	
2. SURNAME	Ocañada								
FIRST NAME	Jemuel				NAME EXTENSION (J	R., SR) N/A			
MIDDLE NAME	Abellana								
3. DATE OF BIRTH	00/04/4000	16. CITIZENSHIP		✓ Filip	ina 🗆	Dual Citizenshi			
(mm/dd/yyyy)	09/04/1993		10. GITIZENSHIF			by birth	by natura	llization	
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citize	enship,	Pls. indicate country:					
5. SEX	✓ Male Female	please indicate the details.		Philippines					
6. CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS					A. Tavera St		
	Widowed Separated Other/s:		Hou	se/Block/Lot No.			Street blacion Zone 15		
		-	Sui	odivision/Village BAYBAY			Barangay		
7. HEIGHT (m)	1.71		C	ity/Municipality	,	LEYTE Province			
8. WEIGHT (kg)	99.00	ZIP CODE				6521			
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Hou	ıse/Block/Lot N	lo.		Street		
10. GSIS ID NO.	N/A		Sui	bdivision/Villag			Barangay		
11. PAG-IBIG ID NO.	121130178904					Province			
12. PHILHEALTH NO.	130252516284	ZIP CODE		City/Municipality		-	1 TOVINCE		
13. SSS NO.	0638500675	19. TELEPHONE NO.		(
14. TIN NO.	459282473	20. MOBILE NO.		975-154-2160					
15. AGENCY EMPLOYEE NO.	V02032	21. E-MAIL ADDRESS (if any)		jemuel.ocanada@vsu.edu.ph					
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	Ocañada	23. NAME of Ch		HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Ana Lea	NAME EXTENSION (JR., SR)		Juvann Anthon O. Ocañada			05/11/2020		
MIDDLE NAME	Oraño			Juhann Anthon O. Ocañada			05/11/2020		
OCCUPATION	Branch Associate)							
EMPLOYER/BUSINESS NAME	EUPI-PPS								
BUSINESS ADDRESS	Puerto Princesa Pala	wan							
TELEPHONE NO.	09651338384								
24. FATHER\'S SURNAME	Ocañada								
FIRST NAME	Edgardo	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Gomez								
25. MOTHER\'S MAIDEN NAME	Cruza								
SURNAME	Ocañada								
FIRST NAME	Flora								
MIDDLE NAME	Abellana			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND					HIGHEST		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To To	LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	Baybay I Central School	Elementary		1999	2005	, , , , , , , , , , , , , , , , , , , ,	2005	N/A	
SECONDARY	Baybay National High School	High School		2005	2009		2009	N/A	
	, , ,	Î.					 		
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE		Bachelor of Science in Agr	ribusiness	2009	2014		2014	N/A	
	N/A Visayas State University College of Maasin	Bachelor of Science in Agr Master in Public Adminit Continue on separate sheet if nece	stration	2009	2014	18	2014	N/A N/A	

Description	IV. CIVIL	SERVICE I	ELIGIBILITY							
Designation Contract Contra	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER							LICENSE (if applicable)		
	SPECIAL LAWS/ CES/ CSEE (If Applicable)			PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER			
Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered	Civil Service Examination Professional Level 80.65		03/13/2022	LNU Tao	loban City		R08-20230215-007	N/A		
Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered										
Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered										
Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered										
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Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered										
Module private amplicyment Service from your second work) Description of duties should be indicated in the attached Work Experience allered					(Continuo on congreto ch	part if pagescand				
Post										
POSITION TO COMMINION CONTINUENT C			ent. Start from your recent	work) Descript	ion of duties should b	e indicated in the attached	Work Exper			
2701/2022 2231/2022 Administrative Aids III	(mr	(mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbrev						PAY GRADE (if applicable)& STEP (Format"00-0")/		SERVICE
04/29/2022 Administrative Airie III	01/01/2023	06/30/2023	Administrative Ai	de III	Visayas	State University	14,678.00	3-1	Casual	Υ
0.1003/2022	07/01/2022	12/31/2022	Administrative Ai	de III	Visayas	State University	14,125.00	3-1	Casual	Y
07/01/2020 Administrative Aide Visayas State University 11.551.00 1-1 Job Order Y	04/29/2022		Administrative Ai	de III	Visayas	State University	13,572.00	3-1	Casual	Υ
O701/2020	01/03/2022	06/30/2022	Administrative Ai	de III	Visayas	State University	13,572.00	3-1	Casual	Y
11/27/2014 06/07/2018 Branch Associate EUPI-PPS (Eight Under Par Inc Palawan Pawnshop) 12/200.00 - Permanent N	07/01/2020		Administrative A	ide I	Visayas State University		11,551.00	1-1	Job Order	Y
(Continue on separate about if necessary)	07/01/2020	07/01/2020 Administrative Aide I		ide I	Visayas State University		11,551.00	1-1	Job Order	Y
	11/27/2014	11/27/2014 05/07/2018 Branch Associate		EUPI-PPS (Eight Under	12,000.00	-	Permanent	N		
SIGNATURE DATE 04/15/2023					(Continue on separate sh	eet if necessary)				
CS FORM 212 (Revised 2017), Page 2 of	SIGNA	SIGNATURE				DATE				17) Page 0 : 1 :

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORC (Write in full)	GANIZATION		/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A		N/A	
		0				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include	INTERVENTIONS/TRAINING		S ATTENDE	D	agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)		INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc) CONDUCTED/ SPONSORED BY (Write in full)	
Disaster Risk Reduction, and Manage	ment Planning	11/08/2022	11/11/2022	24	Technical	Office of the Civil Defense Region 8
Managing Government Records and Human Res	ource Information System	10/26/2022	10/28/2022	24	Technical	Personnel Officers Association of the Philippines, Inc. (POAP)
Orientation and Re-orientation of Security Guards Duties and Re	sponsibilities and Incident Blotter Writing	09/14/2022	09/14/2022	8	Technical	OFFICE OF THE HEAD FOR GENERAL SERVICES
Community-Based Disaster and Risk-Reduction Manager	ment (CBDRRM) - Training (F2F)	06/04/2022	06/04/2022	8	Technical	Philippine KOICA Feelow Association Inc. (PHILKOFA)
Virtual Data Privacy Act of 2012 Aware	eness Seminar	04/07/2022	04/07/2022	8	Technical	VSU Chief Legal Officer
ISO 9001:2015 Awareness/ Re-aware	ness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University
Document Tracking Syste	m	11/13/2020	11/13/2020	3	Technical	Human Resource Information System, Visayas State University
Digital Jobs Ph		09/03/2019	11/05/2019	96	Technical	DICT - Baybay City, Leyte
VIII. OTHER INFORMATION	(Continue on separat	e sheet if necessary			
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
Photography		N/.				N/A
Photo editing	N/A					
Photoshop						
		Continue on separat	e sheet if necessary			
SIGNATURE					ITE	04/15/2023
						CS FORM 212 (Revised 2017), Page 3 of 4

	the chief of bureau or office or to the person who has in Office, Bureau or Department where you will be apppoint a. within the third degree?	☐YES	□NO			
	b. within the fourth degree (for Local Government Unit	If YES, give details:	NO			
35.	a. Have you ever been found guilty of any administrativ	YES If YES, give details:	NO			
	b. Have you been criminally charged before any court?		YES If YES, give details: Date Filed: Status of Case/s:	□NO		
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	of any law, decree, ordinance or	☐YES If YES, give details:	NO		
37.	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector?		☐YES If YES, give details:	NO		
38.	a. Have you ever been a candidate in a national or loca (except Barangay election)?	al election held within the last year	YES If YES, give details	NO s:		
	b. Have you resigned from the government service duri last election to promote/actively campaign for a national	☐YES ☐NO If YES, give details:				
39.	Have you acquired the status of an immigrant or perma	If YES, give details (country):				
a.	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	972), please answer the following items:	☐YES If YES, please specif ☐YES If YES, please specif ☐YES If YES, please specif	NO NO NO NO NO		
41.	REFERENCES (Person not related by consanguinity or affinity to app					
	NAME	ADDRESS	TEL. NO.	[ID picture taken within	
	Armel Gonzaga	Brgy. Kan-asi Baybay City, Leyte	09154384487		the last 6 months 3.5 cm x 4.5 cm (passport size)	
	Dario P. Lina	San Antonio Baybay City, Leyte	09566807275		With full and handwritten	
	Thelma Zafra	30 de Deciembre St. Baybay City, Leyte	09173065494		name tag and signature over printed name	
42.	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repagree that any misrepresentation made in this do administrative/criminal case/s against me.	tinent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the stated herein. I		Computer generated or photocopied picture is not acceptable PHOTO	
е	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Drivert's License, tc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: TIN					
	D/License/Passport No.: 459282473	Signature (Sign inside the	box)			
	Date/Place of Issuance: 10/21/2014 / Ormoc City, Leyte	04/15/2023 Date Accomplished			Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	nibiting his/her validly iss	sued gover	nment ID as indicated above.		
		Person Administering Oa				
	L	ath				