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. Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME PIAMONTE NAME EXTENSION (JR., SR) FIRST NAME RAIZEL MIDDLE NAME MEANO 3. DATE OF BIRTH 3/5/1988 16 CITIZENSHIP **✓** Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4 PLACE OF BIRTH NAVAL, BILIRAN Pls. indicate country: If holder of dual citizenship. please indicate the details ☐ Male ✓ Female -5 SEX ✓ Married 17. RESIDENTIAL ADDRESS Single 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed Separated Street PANGASI IGAN Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.59 City/Municipality Province 75 ZIP CODE 6521-A 8 WEIGHT (kg) 18. PERMANENT ADDRESS 0 9 BLOOD TYPE House/Block/Lot No. Street PANGASUGAN 10. GSIS ID NO. Subdivision/Village Barangay BAYBAY CITY LEYTE 11 PAG-IBIG ID NO 1212-1482-8050 City/Munic Province 12 PHILHEALTH NO 13-025317502-9 ZIP CODE 6521-A 13. SSS NO. 06-4343455-7 19. TELEPHONE NO. 477-786-280 09772449986 14 TIN NO 20 MOBILE NO 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) raizelmeanopiamonte@gmail.com DATE OF BIRTH (mm/dd/yyyy) PIAMONTE 23. NAME of CHILDREN (Write full name and list all) 22 SPOUSE'S SURNAME NAME EXTENSION (JR., SR) 8/14/2013 XANDER UZIEL M. PIAMONTE FIRST NAME PATRICK JOHN 1/7/2022 BELARMINO XAVIER UZIEL M. PIAMONTE MIDDLE NAME 8/3/2004 ADMINISTRATIVE AIDE IV EDUARD DUANE M. CAMINONG OCCUPATION EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY **BUSINESS ADDRESS** VSICA, BAYBAY CITY, LEYTE TELEPHONE NO 24. FATHER'S SURNAME MEANO NAME EXTENSION (JR., SR) **EDUARDO** FIRST NAME MIDDLE NAME MODINA 25 MOTHER'S MAIDEN NAME SURNAME ASODISEN **LUNA NGUYEN** FIRST NAME **DELOS REYES** (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** UNITS EARNED LEVEL GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To PRINCIPAL'S **ELEMENTARY EDUCATION** 2000 VISCA FOUNDATION ELEMENTARY SCHOOL 1994 ELEMENTARY 2000 LIST SECONDARY EDUCATION 2005 PLARIDEL NATIONAL HIGH SCHOOL 2000 2005 SECONDARY VOCATIONAL / ACIDELLA TECHNOLOGY INSTITUTE HOUSEKEEPING NC II 2019 July 2019 Oct. 2019 TRADE COURSE BACHELOR OF SCIENCE IN HOTEL, 2013 VISAYAS STATE UNIVERSITY 2013 COLLEGE 2005 RESTAURANT AND TOURISM MANAGEMENT **GRADUATE STUDIES** ue on separate sheet if necessary SIGNATURE DATE 5-18-22 CS FORM 212 (Revised 2017), Page 1 of 4 Mur

	RVICE ELIG			DATE OF				LICENSE (if ap	policable)
	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
	CLERICAL EXAM			October 2019	VISAYAS STATE UNIVERSITY		SITY		
CIVIL SERVICE EXAMINATION (SUB-PROFESSIONAL)				April 2021	PALO, LEYTE				
			(Co	ntinue on separate sheet i	f nacassand				
	XPERIENCE								
INCLU	INCLUSIVE DATES (mm/dd/yyyy) From To		TTLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	PRESENT	OFFICE CI	ERK	VISAYAS STATE UNIVERSITY		9954.00		JOB ORDER	Y
	7/1/2021	FRONT DESK			ATE UNIVERSITY	5600.00		JOB ORDER	Y
						et.			
	ATURE		(Co	ntinue on separate sheet i	5-18-22			212 (Revised 2017), F	

NAME & ADDRESS OF OF		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(Write in full)		From	To	NOMBER OF FIDURES		POSITION/ NATURE OF WORK	
	(Contin	ue on separate sh	eet if necessary)				
LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAINING PROC	GRAMS ATTE	NDED				
from the most recent L&O training program and includ	only the relevant L&D/training taken for the	last five (5) years I	or Division Chief	Executive Manageri	al positions)		
TITLE OF LEADNING AND DEVELOPMENT BUT	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in ful	A STATE OF THE PARTY OF THE PAR	(mm/de		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
		From	То		i echnical/etc)		
Reinforcing Competencies of Eastern Visayas Tourism Players: FRONT OFFICE OPERATIONS UNDER THE NEW NORMAL			Mach 26, 2021	6		Department of Tourism Region 8	
			Nov. 13, 2020	3		Visayas State University	
ssessing Housekeeping Practices During Pande	Nov. 13, 2020						
TOURISM STAKEHO		Aug.26, 2020	Aug.28, 2020	6		Department of Tourism Region 8	
Reinforcing Compentencies: HEALTH AND SAFETY GUIDELINES GOVERNING THE OPERATIONS OF ACCOMMODATION ESTABLISHMENTS UNDER THE NEW NORMAL			July28, 2020	4		Department of Tourism Region 8	
fection prevention and Control: Cleaning, Disinfection and Hygiene in Tourism Hospitality Facilities			July 9, 2020	6		Department of Tourism Region 8	
ninar on Hospitality Industry Systems: Point-of-s	Nov. 16, 2019	Nov. 16, 2019			Visayas State University		
Housekeeping N	July 2019	Sept. 2019	436		Acedilla Technology Institute		
Re-orientation on Front Office and I	Oct. 10, 2018	Oct. 10, 2018	4		Visayas State University		
Effective Customer Serv	Jan. 24, 2018	Jan. 24, 2018	8		Tourism Office Baybay		
Video production and Promotion	Aug. 3,2013	Aug. 3,2013	4		Visayas State University		
spitality and Tourism Education: AN OPPORTUN	Feb. 23, 2013	Feb. 23, 2013	8		Visayas State University		
INDUSTRY PRAC	June 2012	Oct. 2012	800		DEPARTMENT OF TOURISM - CAMIGUIN		
FOOD ATTEND	Jan. 9, 2011	Jan. 12, 2011	15		APMC CATERING SERVICES		
FRONT DESK OF	Feb 2, 2011	Feb. 5, 2011	20		HOSTEL		
ROOM ATTENDANT			Feb. 23, 2011	20		APARTELLE	
	(Con	tinue on separate	sheet if necessar	y)			No Samuel
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	NON	-ACADEMIC DIST		GNITION		MEMBERSHIP IN ASSOCIATION/OR	RGANIZATI
STECIAL SKILLS BIRT TODDICS	(Wr	te in full)		4	(Write in full)		
		ntinue on separal			-10-00	OC CODE AND TO JOSE	(7) Parra 2
SIGNATURE	Nune		DATE	0	18-22	CS FORM 212 (Revised 201	r, rage 3

				Date Filed: of Case/s:		
36.	Have you ever been convicted of any crime or violation of an		NO			
	any court or tribunal?	If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES If YES, please specify. ☐ YES If YES, please specify ☐ YES If YES, please specify	☑ NO ID No: ☑ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant //	appointee)				
	NAME	ADDRESS	TEL. NO.			
	APRIL GAYLE V. CALUNANGAN	GUADALUPE, BAYBAY CITY, LEYTE	9175339495	99		
	ALICIA M. FLORES	GUADALUPE, BAYBAY CITY, LEYTE	9176341430	₩		
	NANCY V. DUMAGUING	VSICA, BAYBAY CITY, LEYTE	9268014558			
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, reauthorize the agency head / authorized representative to misrepresentation made in this document and its attachmagainst me.	ules and regulations of the Republic of verify/validate the contents stated herein	the Philippines. I I agree that any	RAIZEL M. PIANONTE		
	Soverment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			2.3		
	PLEASE INDICATE ID Number and Date of Issuance sovernment Issued ID: LICENSE	,				
10	D/License/Passport No.: H12-19-002514	Signature (Sign inside the bo	w)			
D	hate/Place of Issuance: BAYBAY CITY, LEYTE	Date Accomplished		Right Thumbmark		
ľ						