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

REA Print		O FILLING OUT THE PERSONAL DATA SHEE and use separate sheet if necessary. Indicate N			PDS FORM.	1. CS ID No.		(Do not fill up. F	For CSC use only)		
		ASILOM									
							NAME EXTENSION (JR.	, SR) NIA			
	-	VINCENT PAUL									
	MIDDLE NAME	CONCOLES									
	DATE OF BIRTH mm/dd/yyyy) 11/17/1988		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth			by naturalization			
4. PLACE OF BIRTH		BAYBAY LEYTE If holder of dual citizens			nship, Pls. indicate country:						
5. 8	SEX	✓ Male ☐ Female	please indicate the de	dicate the details.			•				
60	CIVIL STATUS	Single Married Widowed Separated Other/s:		0 0		ouse/Block/Lot No.			OSE P. LAUREL Street WINGO C. VELOSO Barangay		
7. F	HEIGHT (m)	HT (m) 5'6"			BAYBAY City/Municipality				LEYTE Province		
8. V	VEIGHT (kg)	62 ZIP CODE				6521-A	7704000				
9. E	BLOOD TYPE	"B"	18. PERMANENT ADDRESS	Hou	House/Block/Lot No.			SEP. LAUREL Street			
10. 0	SSIS ID NO.	2005517828	Transaction Section				DOM	INGO C. VELOS	0		
11. F	PAG-IBIG ID NO.	1212-0167-9140	Balance San Sent	Subdivision/Village BAYBAY City/Municipality			Barangay LEYTE Province				
12. F	PHILHEALTH NO.	13-201223255-5	ZIP CODE		6521-A	ş		Province			
13. 5	SSS NO.	NONE	19. TELEPHONE NO.				NONE				
14. TIN NO.		482-439-671	20. MOBILE NO.		09759748501						
15. AGENCY EMPLOYEE NO.		V01132	asilomvincent88@gmail.com								
II.	AMILY BACKGROUND								A Plan mater		
22. 5	SPOUSE'S SURNAME +	DE LOS SANTOS		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)		
	FIRST NAME	JOMALYN NAME EXTENSION (
	MIDDLE NAME	GABIJAN				MARY MAILYN D. ASILOM			1/9/2012		
(OCCUPATION	CLERK			MARY PAULYN D. ASILOM			1/9/2012			
E	EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY	VINCE MANVI			IVIR D. ASILO	М	10/21/2019			
ı	BUSINESS ADDRESS	Brgy. Pangasugan, Baybay City, Leyte			MAEVE VENICE D. ASILOM			4/29/2023			
	TELEPHONE NO.	NONE									
24.	FATHER'S SURNAME	ASILOM	NAME EXTENSION (JR., SR) SENIOR								
F	FIRST NAME	ANTONIO	THATE EXTENSION (SR., SR) SEVION								
	MIDDLE NAME	BORINAGA									
	MOTHER'S MAIDEN NAME	SOMEOUTE.									
	SURNAME	CONCOLES									
	FIRST NAME	CORAZON					and the state of the same of t				
111	MIDDLE NAME EDUCATIONAL BACKGE	VILLAR			(C	onunue on se	parate sheet if neces	Sary)			
26.	LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY BAYBAY SOUTH CEN		BAYBAY SOUTH CENTRAL SCHOOL	PRIMARY EDUCATE	ON	1995	2001	GRADUATED	2001	NONE		
	SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SCHOOL HIGH SCHOOL		2001	2005	GRADUATED	2005	NONE		
	VOCATIONAL / FRADE COURSE	TESDA	SMAW NCII		AUG.2011	NOV. 2011	GRADUATED	2011	NONE		
0	COLLEGE	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
	GRADUATE STUDIES	, Tag NIA	N/A Continue on separate sheet if nece	ssary)	N/A	N/A	N/A	N/A	N/A		
	SIGNATURE		Property Street II 11000	DA	DATE 07			-30-24			

_	ERVICE ELIGI ER SERVICE/RA 1	080 (BOARD/ RAR) I INDER	250.000.074	DATE OF				LICENSE (if a	oplicable)
	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE DRIVER'S LICENSE PROF			EXAMINATION / CONFERMENT	ATION / CONFERMENT		NUMBER	Date Validi	
				11/14/2024	BAYBAY		H-12-20-001942	11/17/2	
	- 10-					jų.			
	XPERIENCE ate employmen	t. Start from your recent		ntinue on separate sheet if of duties should be i		Work Exper	ience sheet		
B. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TI (Write in full/Do not	TLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV SERVI
From OV. 2012	To DEC.2013	LABORE	:R	VISAYAS STA	ATE UNIVERSITY	220/DAY	INCREMENT N/A	JO	YE
AN.2014	MAY.2014	UTILITY/WELD	ER AIDE	VISAYAS STA	ATE UNIVERSITY	240/DAY	N/A	JO	YE
ULY.2014	NOV.15, 2018	WELDER/MESENG	ER/UTILITY	VISAYAS STA	ATE UNIVERSITY	300/DAY	N/A	JO	YE
IOV.16,2018	DEC.31,2019	ADMIN. AI	DE I	VISAYAS STA	ATE UNIVERSITY	503.09/DAY	1	CASUAL	YE
AN.1,2020	DEC.31,2020	ADMIN. AI		VISAYAS STA	ATE UNIVERSITY	529.05/DAY	1 .	CASUAL	Ϋ́E
AN.1,2021	DEC.31,2021	ADMIN. AI		VISAYAS STATE UNIVERSITY		547.00/DAY	1	CASUAL	YE
AN.1,2022	DEC.31, 2022	ADMIN. All		VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY		568.95/DAY	1	CASUAL	YE
AN.1, 2023 AN. 1, 2024	DEC.31,2023	ADMIN. AI			ATE UNIVERSITY	590.91/DAY;	1	CASUAL	YE
AN. 1, 2025	PRESENT	ADMIN. All			ATE UNIVERSITY	639.14/DAY	1	CASUAL	YES
							,		
		And the second s							
									(a) (de)
-	7								
SIGNA	TURE		(Con	tinue on separate sheet if	DATE		D7-	30-25	

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT /	PEOPLE / VO	LUNTARY OR	GANIZATIONS		en der kamingenschool von de med begreicht. 🚓	
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIVE DATES (mm/dd/yyyy).		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(verse in tail)	يمثر أناو عدد	From	То		40.00 (10		
N/A	N/A N/A		N/A		N/A		
		1	1				
			+	-			
WE I PARKET AND DELET OPERAT II SO IN		ontinue on separat	the state of the s	y		SOTEVANT CONTROL STATEMENT OF THE	
VII. LEARNING AND DEVELOPMENT (L&D) IN (Start from the most recent L&D/training program and include							
	Land Straige	INCLUSION	/E DATES OF		Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) 		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	(Managerial/ Supervisory/ - Technical/etc)		
SMAW NCII (TESDA	A)	1/8/2011	11/16/2011	520.0	Technical	TECHNICAL EDUTATION & SKILLS DEVELOPMENT AUTHORITY (TESDA)	
FRONTLINE and EXCELLENT CUS	TOMER SERVICE	11/9/2022	11/11/2022	24.0	Customer Service	PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES, INC. (POAP)	
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		1	1	1			
		-	1	1			
VIII. OTHER INCOMMATION	(Co	ontinue on separat	e sheet if necessar	OV)		and unions and processing I Separated	
VIII. OTHER INFORMATION 31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIS	TINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
WELDING	Write in full)				N/A		
COMPUTER							
· ·							
	ž jes						
	ontinue on separa	te sheet If necessa	ry)				
SIGNATURE		-		DA	I <i>TE</i>	07-30-25 CS FORM 212 (Revised 2017), Page 3 of 4	
	/					Co FURM 212 (Revised 2011), Page 3 of 4	

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34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, a. within the third degree?	and the second s	☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative off	ense?	☐ YES ☑ NO If YES, give details:			
	b. Have you been criminally charged before any court?		YES NO			
	b. Have you been onlineally charged before any court:		If YES, give details:			
			Date Filed:			
	54	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	YES ▼ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er (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 ele Barangay election)?	ection held within the last year (except	☐ 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 VO				
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) May 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 ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
L	NAME	ADDRESS	TEL. NO.			
	MARIO LILIO P. VALENZONA	VSU, PPO, Baybay City	9176341514			
	MARLON G. BURLAS	VSU, PPO, Baybay City	9176341520			
	AMIEL R. ARMADA	VSU, PPO, Baybay City	9154094809			
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 represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the VINCENT PRUL C. ASILOM			
	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance		Sept of September 1997			
	overnment issued ID: LICENSE	A Company of the Comp				
ID/	License/Passport No.: H-12-20-001942	ix)				
Da	te/Place of Issuance: BAYBAY CITY	- 2J Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	officent cykihitin				
	The state of the s	, amant exhibitin	g his/her validly issued government ID as indicated above.			
	No. Company					