CS Form No. 212 Revised 2017	DEDG	AMOS	L DAT	A CL	IEE:	_			
	PERS	ONA	LUAI	A SI					
WARNING: Any misrepresent	ation made in the Personal Data Sheet a	and the Work Ex	perience Sheet sha	Il cause the fil	ing of admir	nistrative/cr	iminal case/s aga	inst the pers	on concerne
	E TO FILLING OUT THE PERSONAL DATES () and use separate sheet if necessary. I					1. CS ID No.		(Do not fill up	For CSC use or
I. PERSONAL INFORMATION		Indicate N/A ii not	арріюавіе. Во нот л	DOREVIATE		II. CO ID NO.		(Bo not iiii up.	roi coc use o
2. SURNAME	MATIOM								
FIRST NAME	JECIMAE	NAME EXTENSION (JR., SR)							
MIDDLE NAME	LIBRES								
3. DATE OF BIRTH (mm/dd/yyyy)	8/19/1997	16. CITIZ	ENSHIP		☑ Filipin	о П	Dual Citizenship		
(minocoyyyy)					□by birth □by naturalization				
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE		If holder of dual citizensh				Pls. indicate of	country:	
5. SEX	☐ Male ☑ Female	e	please indicate the details.					-	
6 CIVIL STATUS	☐ Single ☑ Marrie		DENTIAL ADDRESS		MARCOS			ILANG-ILANG	
	☐ Widowed ☐ Separated ☐ Other/s:				House/Block/Lot No.			Street	
7. HEIGHT (m)	5'0				bdivision/Villag BAYBAY CITY	е		Barangay LEYTE	
	47		ZIP CODE	- 0	city/Municipality			Province	
8. WEIGHT (kg)		18. PERM	MANENT ADDRESS		MARCOS			ILANG-ILANG	
9. BLOOD TYPE	AB+			Hou	use/Block/Lot N	0.		Street	
10. GSIS ID NO.	N/A			Su	bdivision/Villag			Barangay	
11. PAG-IBIG ID NO.	121358258859				BAYBAY City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	132503598772		ZIP CODE		6521				
13. SSS NO.	N/A 19. TELEPHONE NO		PHONE NO.	N/A					
14. TIN NO.	6679900200000	20. MOBI	ILE NO.	09359481229					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MA	IL ADDRESS (if any)	jecimae.matiom@vsu.edu.ph					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	MATIOM			23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	JOMAR	NAME EX	TENSION (JR., SR)		BLYTHE	LIBRES MATIOM		10/	5/2022
MIDDLE NAME	ALA	40							
OCCUPATION	CARPENTER								
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY								
BUSINESS ADDRESS	PANGASUGAN BAYBAY CITY LEYTE								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	LIBR	RES							
FIRST NAME	CIPRIANO	NAME EX	TENSION (JR., SR)						
MIDDLE NAME	APU	IRA							
25. MOTHER'S MAIDEN NAME									
SURNAME	NGOHO								
FIRST NAME	MATI	LDE							
MIDDLE NAME	TAN	IZA			(0	Continue on se	parate sheet if neces	isary)	
III. EDUCATIONAL BACK	GROUND								COHOL ADOLUT
26. LEVEL	NAME OF SCHOOL (Write in full)	BA	BASIC EDUCATION/DEGRE (Write in full)		PERIOD OF ATTENDANG From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED
ELEMENTARY	CARIDAD, ELEM.SCHOOL	ELEM.GR	ELEM.GRADUATE		2008	2011		2011	N/A

2011 2014 2014 N/A CARIDAD NATIONAL HIGH SCHOOL SECONDARY HIGHSCHOOL GRADUATE VOCATIONAL / TRADE COURSE N/A N/A N/A N/A VISAYAS STATE UNIVERSITY COLLEGE GRADUATE COLLEGE 2014 2019 2019 N/A GRADUATE STUDIES N/A N/A SIGNATURE DATE October 11, 2025 CS FORM 212 (Revised 2017), Page 1 of 4