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 cases 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.)

I. PERSONAL INFORMATION

2. SURNAME	PAUSANOS			
FIRST NAME	EMELITA		NAME EXTENSION (JR., SR)	
MIDDLE NAME	SAGARAL			
3. DATE OF BIRTH (mm/dd/yyyy)	10/23/1981	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization	
4. PLACE OF BIRTH	LOAY, BOHOL	If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
5. SEX	☐ Male ☑ Female			
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No.	Street
			VISCA	PANGASUGAN
			Subdivision/Village	Barangay
7. HEIGHT (m)	1.25		BAYBAY CITY	LEYTE
			City/Municipality	Province
8. WEIGHT (kg)	58 KG	ZIP CODE	6521	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	1113	ANDRES ABELLANA ST
			House/Block/Lot No.	Street
10. GSIS ID NO.	N/A		VELOSO COMPOUND	GUADALUPE
			Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	1640-0188-8588		CEBU CITY	CITY
			City/Municipality	Province
12. PHILHEALTH NO.	N/A	ZIP CODE	6000	
13. SSS NO.	33-7781809-0	19. TELEPHONE NO.	N/A	
14. TIN NO.	225-085-344-00	20. MOBILE NO.	09674123302	
15. AGENCY EMPLOYEE NO.	VJ001245	21. E-MAIL ADDRESS (If any)	emelita.pausanos@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PAUSANOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MIKE	NAME EXTENSION (JR., SR)	PAUSANOS, MIKAELA VERGELL	3/22/2006
MIDDLE NAME	BEHASA		PAUSANOS, MIKAEL VIANEY	5/17/2014
OCCUPATION	DRIVER			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	9351857759			
24. FATHER'S SURNAME	SAGARAL			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	AVELINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	APIT			
FIRST NAME	SHIRLEY			
MIDDLE NAME	ILOGON		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	LOAY CENTRAL SCHOOL		1988	1994		1994	
SECONDARY	HOLY TRINITY ACADEMY		1994	1998		1998	
VOCATIONAL / TRADE COURSE							
COLLEGE	HOLY NAME UNIVERSITY	BACHELOR OF SCIENCE IN COMMERCE (MAJOR IN MANAGEMENT)	1998	2002		2002	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

IV. CIVIL SERVICE ELIGIBILITY

27. 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	LICENSE (if applicable) NUMBER	Date of Validity
CSC Sub-Professional	83.96	Aug. 7, 2022	**Maasin City, Leyte**		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy) From	To	POSITION TITLE (Write in full/Do not abbreviate)	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	GOV'T SERVICE (Y/N)
03.11.2020	PRESENT	CLERK/Ddrc	VISAYAS STATE UNIVERSITY	12174.00		JO	YES
06.27.2017	03.10.2020	PURCHASER/BUYER	RELL&RENN TRADING CORP/ ULTRAMART	17800.00		PERMANENT	NO
04.23.2010	06.26.2017	PURCHASING STAFF/CLERK	BLUE OCEAN HOLDINGS INC / THREESIXTY PHARMACY	12500.00		PERMANENT	NO
05.29.2003	04.22.2010	PHARMACY ASSISTANT/BRANCH IN CHARGE	ROSE PHARMACY INC	10500.00		PERMANENT	NO

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

30. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Manager/Supervisor)

38. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of L/D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/23/2022	4	Technical	Department of Health-Eastern Visayas Center for Health Development
TYPHOON AWARENESS & CALAMITY READINESS	06/06/2022	06/06/2022	4	Technical	Department of Meteorology
Virtual Data Privacy Act of 2012 Awareness Seminar	04/07/2022	04/07/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
WEBINAR ON MENOPAUSE AND OTHER COMMON GYNECOLOGIC PROBLEMS	03/31/2022	03/31/2022	8	Technical	GENDER RESOURCE CENTER
WOMEN INSPIRING WOMEN	03/07/2022	03/07/2022	8	Technical	GENDER RESOURCE CENTER
ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/21/2022

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐YES ☑NO ☐YES ☑NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐YES ☑NO If YES, give details:
b. Have you been criminally charged before any court?	☐YES ☑NO If YES, give details: Date Filed: Status of Case/s:
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 the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☑YES ☐NO If YES, give details: Resigned from private company
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐YES ☑NO If YES, give details:
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐YES ☑NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐YES ☑NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐YES ☑NO If YES, please specify: ☐YES ☑NO If YES, please specify ID No: ☐YES ☑NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Ariel Angus	Cebu City	
Noslyn Q. Taghoy	Mandaue City	

EMERITA S. PASCUAL

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	NIA GSIS ID
ID/License/Passport No.:	NIA 33-7781-8009-D
Date/Place of Issuance:	NIA July 2004

EMERITA S. PASCUAL

Signature (Sign inside the box)

12/21/2022

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath