


VISAYAS STATE UNIVERSITY

PERSONAL DATA SHEET

For Job Order Workers

Print legibly. Mark appropriate boxes ☐ with " ☒ " and use separate sheet if necessary.

1. SURNAME		R O X A S																									
		R E Y M A R I Z																									
		T A J O R E S															2. NAME EXTENSION (e.g. Jr., Sr.)										
FIRST NAME																											
MIDDLE NAME																											
3. DATE OF BIRTH (mm/dd/yyyy)				5/19/1998				11. PRESENT ADDRESS				Sitio Tugas Brgy. Hilapnitan Baybay City, Leyte															
4. PLACE OF BIRTH				Baybay City, Leyte																							
5. SEX				<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																							
6. CIVIL STATUS				<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed				12. ZIP CODE				6521															
				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Single				13. TEL. NO./CEL. NO.				09692753212															
				<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____				14. PHILHEALTH NO.				12-025765874-6															
								15. TIN				724-846-085															
7. CITIZENSHIP				Filipino				9. WEIGHT (kg)		45		16. PAG-IBIG ID NO.				121237030903											
8. HEIGHT (m)				1.57				10. BLOOD TYPE		B+																	
17. SPOUSE'S SURNAME		NA																		18. NAME OF CHILD (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)			
		FIRST NAME																									
		MIDDLE NAME																									
19. HIGHEST EDUCATIONAL ATTAINMENT <i>(Please check and underline the specific)</i>				<input type="checkbox"/> Elementary (Grade ____ / Graduated)																							
				<input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated)																							
				<input type="checkbox"/> College (1st, 2nd, 3rd, 4th, <u>Graduated</u> Degree)																							
20. CAREER SERVICE ELIGIBILITY				<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional _____ers, Specify: Board Eligibility (PRC)_____																							
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)				POSITION TITLE (Write in full)				DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)				SALARY (Daily or Monthly)		STATUS OF APPOINTMENT (Perm/Temp/ Job Order)		GOV'T SERVICE (Yes / No)											
From		To																									
11/23/2018		03/10/2022		English as a Second Language Teacher				QQ English IT Park Campus Cebu City				18,000		Permanent		No											
11/14/2022		02/14/2022		English as a Second Language				Great Learning and Technologies Cebu Inc.				14,000		Temporary		No											
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)				Proficiency (Please check)												REMARKS											
				Highly Skilled				Average				Fair															
Typing skills				/																							
Communication skills				/																							
Time management				/																							
Classroom management				/																							
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)				INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)				NUMBER OF HOURS				CONDUCTED/ SPONSORED BY (Write in full)															
				From		To																					
Basic Computer Network Installation and Administ				10/7/2019		11/18/2019		280				Engr. June B.															
Computer System Servicing NC-2				10/07/2019		11/18/2019		280				Engr. June B. Toral, BSCOE/BSECE															
Teaching English to Speakers of Other Languages(TESOL)				12/11/2018		01/11/2019		40				QQ English															
I.T. Technical Support				10/07/2019		11/18/2019		280				Engr. June B. Toral, BSCOE/BSECE															
I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.																											
24. COMMUNITY TAX CERTIFICATE NO. _____ ISSUED AT: _____ ISSUED ON (mm/dd/yy): _____ SIGNATURE :  DATE ACCOMPLISHED: (mm/dd/yyyy) _____ 1/29/2023																											

Revised 2015

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS				
31. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency			
	Highly Skilled	Average	Fair	
	typing skills	/		
	communication skills	/		
	time management	/		
	Classroom management	/		
	Teamwork		/	
(Continue on separate sheet if necessary)				
VII. TRAINING PROGRAMS (Start from the most recent training.)				
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		
(Continue on separate sheet if necessary)				
36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>			
(Continue on separate sheet if necessary)				
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VI. SPECIAL SKILLS

22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	

VII. TRAINING PROGRAMS (Start from the most recent training.)

23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		

24. Are you related by consanguinity or affinity to any of the following :

- a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?

If YES, give details: _____

☐

YES

☒

NO

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

NAME	ADDRESS	TEL. NO.
Shaina Mae C. Escartin	Sogod, Southern Leyte	09955652219
Anna Mae Patalinghug	Maasin, Southern Leyte	09397845494



PHOTO

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

/ /

SIGNATURE (Sign inside the box)

01/29/2023



ISSUED ON (mm/dd/yyyy)

DATE ACCOMPLISHED

RIGHT THUMBMARK
(REQUIRED)