CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

	The second secon		EET (PDS) BEFORE ACCOMPL		PDS FOR	1. CS ID No.	Ashirinina.	(Do not fill up. F	or CSC use only)
PERSONAL INFORMATION	A CARD TO MAKE A SHEET STORES AND A SHEET	t ii necessary. muicate	e N/A if not applicable. DO NOT Al	DBREVIATE.		1. 03 10 140.		(Bo not iiii up. i	or coc use only)
2. SURNAME	ACILO			1					
FIRST NAME	TRISHIA JADE						N/A		
MIDDLE NAME	CALZADA								
DATE OF BIRTH (mm/dd/yyyy)	5/2/19	98	16. CITIZENSHIP		✓ Filip	pino	Dual Citizenship		
4. PLACE OF BIRTH	HILONGOS	LEYTE	If holder of dual citizenship,		by birth Pls. indicate		by birth Pls. indicate of	by naturalization country:	
5. SEX	Male	✓ Female	please indicate the deta	ails.					
6 CIVIL STATUS	✓ Single	Married	17. RESIDENTIAL ADDRESS		1029			LAWIS ST.	
6 CIVIL STATUS	Widowed Other/s:	Separated			se/Block/Lot N	-71		Street POBLACION Barangay	
7. HEIGHT (m)	1.53				ALBUERA			LEYTE Organisas	
8. WEIGHT (kg)	56	RETURNED RUDUER	ZIP CODE	Cit	ty/Municipality		6542	Province	
9. BLOOD TYPE	AUA 23,06981	and garboons	18. PERMANENT ADDRESS	101	1029	rue wo	TELE	LAWIS ST.	- NAVIN
10. GSIS ID NO.	2005687	7863			se/Block/Lot N			Street POBLACION	
11. PAG-IBIG ID NO.	121261397281			Sub	Subdivision/Village ALBUERA			Barangay LEYTE	
		7/201			City/Municipality			Province	
12. PHILHEALTH NO.	13-025543469		ZIP CODE				6542		
13. SSS NO.	N/A		19. TELEPHONE NO.				N/A		
4. TIN NO.	358-214-153-000		20. MOBILE NO.			09	9128752169		
5. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		tris	shiajade.a	acilo@vsu.ed	lu.ph	
II. FAMILY BACKGROUNI									
2. SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI		e full name and	list all)		TH (mm/dd/yyyy)
FIRST NAME	N/A					IVA			WA.
MIDDLE NAME OCCUPATION		N/A N/A							
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME		Zaldivar							
24. FATHER'S SURNAME FIRST NAME		Zaldivar Ray							
FIRST NAME MIDDLE NAME		Ray							
FIRST NAME MIDDLE NAME		Ray N/A							
FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME		Ray N/A Ruvick Acilo							
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME		Ray N/A Ruvick Acilo Acilo			(C	Continue on se	parate sheet if neces	ssary)	
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	GROUND	Ray N/A Ruvick Acilo Acilo Ruvick			(C	iontinue on se	parate sheet if neces	ssary)	
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	GROUND NAME OF S	Ray N/A Ruvick Acilo Acilo Ruvick Calzada	BASIC EDUCATION/DEGREE. (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	year GRADUATED	ACADEMIC
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME HIL EDUCATIONAL BACK 26.	NAME OF S	Ray N/A Ruvick Acilo Acilo Ruvick Calzada		E/COURSE		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS RECEIVED
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACK	NAME OF S (Write in	Ray N/A Ruvick Acilo Acilo Ruvick Calzada CCHOOL ofull) entral School of	(Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACK 26. LEVEL	NAME OF S (Write in Albuera North Co	Ray N/A Ruvick Acilo Acilo Ruvick Calzada CCHOOL full) entral School r Memorial School of ies	(Write in full)	E/COURSE	PERIOD OF From 6/4/2005	ATTENDANCE To 4/4/2011	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL /	NAME OF S (Write in Albuera North Co Dr. Geronimo B. Zaldivar Fisheri	Ray N/A Ruvick Acilo Acilo Ruvick Calzada CCHOOL full) entral School of ies	(Write in full) N/A N/A		PERIOD OF From 6/4/2005 6/1/2011	To 4/4/2011 4/4/2015 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED 2011 2015	HONORS RECEIVED First Honor Salutatorian

7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF		\cup		LICENSE (if a	pplicable)	
В	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CON		RMENT	NUMBER	Date of Validity
	CIVIL SERVICE EI	LIGIBILITY	N/A	N/A	N cots Sheet and me v	A	ideaco notas		OMESA
2 x 3 m 8	Agricultur	rist	81.8	November 5-7, 2019	Taclob	an City •		0036097	2/5/2023
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	EXPERIENCE			ontinue on separate sheet if i	necessary)	OOMGUH		I I I S	35160
8. INC	ivate employment. ELUSIVE DATES (mm/dd/yyyy)	Start from your recent	TLE	DEPARTMENT / AGEN	CY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not a	abbreviate)	(Write in full/D	not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
1/6/2018	07/27/2018	TRAINE		NATIONAL ABACA	RESEARCH CENTER	N/A	N/A	N/A	N/A
8/8/2019	07/31/2020	Substitute Ins	tructor		ant Breeding And letics	24000.00	N/A	Sub.	Yes
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	NATURE	1	1)	ontinue on separate sheet if	DATE	Town .		January 5. 2021	I State 1

NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
lippine Association of Research Managers, Inc.		From To 11/27/2019 Present		N/A	N/A	cut neil) selves dread ent neil e 🎝		
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	165 640 CAV #			200				
LEARNING AND DEVELOPMENT (Le	&D) INTERVENTIONS/TRAINING		ATTENDED		ragerial positions)			
D. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
omprehensive Community Based Disaster Risi ining for DOST Patriot Scholars of VSU Visaya	k Reduction Management (CBDRRM) as State University	7/28/2019	7/31/2019	32 6 32	a father of ground a will	Department of Science and Technology Municipality of Hilongos		
Solid Waste Manager		7/22/2017	7/22/2017					
ASEAN Food Value C		9/11/2018				ASEAN, MAFF, VSU		
DOST Patriot Leadership Training for	or DOST Scholars, Regional	en u serection	Capation	24	effectively new	Department of Science and Technology		
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I. OTHER INFORMATION		ontinue on separat	o oneet ii necess	··· //				
SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIST	TINCTIONS / REC	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)		
Communication skills		N	/A			N/A		
Laboratory Skills	(46.3.10%)	ISEN INVESTIGE	6					
Proficient in Field Activities	batta min				100 TO 10	ingust scientist - Estate van		
					- 187 SO 4133	EALTHONIONAL CREATERING		
			4:					
		ontinue on separat	e sheet if necess	ary)				
SIGNATURE	The state of the s	14		D	ATE	January 5, 2021		

-				NAME OF TAXABLE PARTY.	
	Are you related by consanguinity or affinity to appoint in chief of bureau or office or to the person who has immediately Bureau or Department where you will be approinted, a. within the third degree?	g or recommending authority, or to the te supervision over you in the Office,	☐ YES ☑ NO		
	b. within the fourth degree (for Local Government Unit - Ca	YES NO If YES, give details:	repopulati		
35.	a. Have you ever been found guilty of any administrative of	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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37.	Have you ever been separated from the service in any of t retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	☐ YES			
38.	a. Have you ever been a candidate in a national or local el Barangay election)?	☐ YES			
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local	YES VO If YES, give details:			
39.	Have you acquired the status of an immigrant or permaner	YES NO If YES, give details (country):			
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mare 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 V NO If YES, please specify: YES V NO If YES, please specify ID No: YES V NO If YES, please specify ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)			
	NAME	ADDRESS	TEL. NO.		
	Julien R. Deroy	Department of Plant Breeding Visayas State University	9420061818		
	Jedi Joy Mahilom Luz O. Moreno	Department of Plant Breeding Visayas State University Department of Plant Breeding Visayas	N/A 9164239381		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized replacement and administrative/criminal case/s against me.	nent laws, rules and regulations of the presentative to verify/validate the content	Republic of the stated herein.		
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC	Author			
ID	/License/Passport No.: 0036097	Signature (Sign inside the b	ox)		
Di	ate/Place of Issuance: 16/1/2020 Tacloban City	Signature (Sign Inside in Ed. Sm. J. A.V.) Date Accomplished	Right Thumbr	nark	
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ing his/her validly issued government ID as indicated	above.	

Person Administering Oath