CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentate person concerned.	tion made in the Personal Data She	et and the Work Experience	e Sheet sha	II cause the filing	g of adminis	trative/crimi	nal case/s aga	inst the	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL i) and use separate sheet if necessary				1. CS ID No.		(Do not fill up. For	r CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	CAÑEZO								
FIRST NAME							ON (JR., SR)		
MIDDLE NAME	GALLOS								
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/2000	16. CITIZENSHIP			☐ Dual Citizenship☐ by birth☐ by naturalization				
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizensh				ate country:			
5. SEX	Male Female	please indicate the detai	ils.					•	
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		House/Block/Lot No. Subdivision/Village			JROK TOSA Street TINAG-AN Barangay		
7. HEIGHT (m)	1.68			ALBUERA City/Municipality			LEYTE Province		
8. WEIGHT (kg)	70	ZIP CODE							
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		521 House/Block/Lot No.		PUI	ROK TOSA Street		
10. GSIS ID NO.	N/A			Subdivision/Village	е		Barangay		
11. PAG-IBIG ID NO.	121309666187			ALBUERA City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-253399957-7	ZIP CODE	6542	Onym				Trovince	
13. SSS NO.	N/A	19. TELEPHONE NO.							
14. TIN NO.	617-494-506-0000	20. MOBILE NO.		26 5451 TN					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	xaviery	ricgalloscar	nezo@gr	mail.com	1		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	23. NAME of C	CHILDREN (Write full	DATE OF BIRTH (mm/dd/yyyy)					
FIRST NAME	N/A NAME EXTENSION (JR., SR)		N/A				N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A		<u></u>						
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CAÑEZO								
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MIDERA								
25. MOTHER'S MAIDEN NAME	ARMIDA DELACRUZ	GALLOS							
SURNAME	GALLOS								
FIRST NAME	ARMIDA								
MIDDLE NAME	DELACRUZ			(Contin	ue on separate	e sheet if necess	sary)		
III. EDUCATIONAL BACKG	ROUND					HIGHEST			
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF ATT	TENDANCE To	LEVEL/ UNITS EARNED (if not	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	TINAG-AN ELEMENTARY SCHOOL	N/A		2006	2012	N/A	2012	N/A	
SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL	N/A		2012	2018	N/A	2018	LEADERSHIP AWARD	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION		2018	2022	174	2022	CUM LAUDE	
GRADUATE STUDIES	N/A	N/A (Continue on separate sheet if	f nonceary)	N/A	N/A	N/A	N/A	N/A	
SIGNATURE		Type text here	necessary)	DAT	Έ	Decem	ber 16, 20)24	

IV. CIVIL S	SERVICE EL	IGIBILITY							
1V. 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	LICENSE (if applicable)					
			EXAMINATION / CONFERMENT	ON / CONFERMENT		NUMBER	Date of Validity		
Licensure Examination For 87.00 Teachers		September 24, 2023	Leyte Nationa	Leyte National High School		N/A	N/A		
	1000	11010							
V. WORK	EXPERIENC	E	(Contir	nue on separate sheet if n	ecessary)	-		_	
(Include pri	vate employm	nent. Start from your red	ent work) Descrip	tion of duties should	be indicated in the att	ached Wo		ce sheet.	
(m	LUSIVE DATES POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGE (Write in full/	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)		
From January	To Present	PART-TIME INS	PART-TIME INSTRUCTOR		DEPARTMENT OF PHILOSOPHY & SOCIAL			PART-TIME	Y
15, 2024- August 16,	December			SC	SCIENCES			PART-TIME	' Y
	2023 June 23, 2023	PART-TIME INS		SC	DEPARTMENT OF PHILOSOPHY & SOCIAL SCIENCES			PART-TIME	Y
2023- September	February 1,	PART-TIME INS	TRUCTOR	DEPARTMENT OF LIBE SC	N/A N/A	N/A N/A	PART-TIME	Y	
28, 2022-	2023	PART-TIME INS	TRUCTOR	DEPARTMENT OF LIBE SCI	IN/A	IN/A		'	
						 			
						 			
			(Contir	nue on separate sheet if n	ecessary)				
SIGNATURE					DATE	Dece	mber 16,	2024	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK				
VISAYAS STATE UNIVERSITY INTERACT SOCIETY	N/A	N/A	N/A	PUBLIC INFOR	RMATION OFFICER			
		-	-					
VII. LEARNING AND DEVELOPMENT (L&D)		inue on separate si ONS/TRAININ		S ATTENDED				
(Start from the most recent L&D/training program and include					Chief/Executive/Managerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	DATES OF IDANCE Id/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)			
DIGITAL STORY TELLING FOR PRIMARY LEVEL FOCUSING ON FARMING	11-03-2023	11-04-2023	16 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY MAIN CAMPUS			
EXPLORATIONS ON RESEARCH AND THE LOCALCULTURE & ARTS	06-18-2023	06-19-2023	16 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY MAIN CAMPUS			
INSTRUCTIONAL RESOURCES IN REMOTE LEARNING	11-19-2021	11-19-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION			
ASSESSMENT STRATEGIES IN FLEXIBLE LEARNING	10-14-2021	10-14-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION			
TEACHING IN THE NEW NORMAL	9-24-2021	9-24-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION			
	(Conti	inue on separate si	heet if necessary)					
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. ASSOCIATION/OR					MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)			
LISTENING TO MUSIC	N/A			VISAYAS STATE UNIVERSITY INTERACT SOCIETY				
N/A								
TRAVEL	N/A							
READING BOOKS	N/A							
SIGNATURE	(Conti	nue on separate si		 ATE	Danamh = 40, 0004			
SIGNATURE			וט	- I L	December 16, 2024			

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 apppointed, a. within the third degree?	☐ YES [/]	NO			
b. within the fourth degree (for Local Government Unit - Car	☐ YES				
35. a. Have you ever been found guilty of any administrative off	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 ar regulation by any court or tribunal?	☐ YES				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	☐ YES				
a. Have you ever been a candidate in a national or local election (except Barangay election)?b. Have you resigned from the government service during the	☐ YES				
the last election to promote/actively campaign for a national 39. Have you acquired the status of an immigrant or permanent	If YES, give details: YES DO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 a. Are you a member of any indigenous group? b. Are you a person with disability? 	☐ YES				
c. Are you a solo parent?	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.	ID picture taken within the last 6 months		
JAY C. BANSALE	VISAYAS STATE UNIVERSITY MAIN CAMPUS	N/A	3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over		
42. I declare under oath that I have personally accomplished th complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized rep herein. I agree that any misrepresentation made in filing of administrative/criminal case/s against me.	laws, rules and regulations of the Fresentative to verify/validate the co	Republic of the ontents stated	printed name Computer generated or photocopied picture is not acceptable PHOTO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID:					
ID/License/Passport No.: Date/Place of Issuance:	he box)				
	Date Accomplishe		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly i	ssued government ID as Ind	icated above.		
<u> </u>	Person Administering	Oath			