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 case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only I. PERSONAL INFORMATION PRECILDA 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME JOHN PHILIP MIDDLE NAME LAGAHIT 3. DATE OF BIRTH 16. CITIZENSHIP 28/12/1997 (mm/dd/yyyy) 4. PLACE OF BIRTH WESTERN BAYBAY HOSPITAL If holder of dual citizenship, Pls. indicate country: please indicate the details MALE 5. SEX 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS SINGLE House/Block/Lot No. Plaridel Subdivision/Village Baybay City Leyte 7. HEIGHT (m) 1.73 City/Municipality 78 ZIP CODE 8. WEIGHT (kg) 6521 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No. Street Plaridel 10. GSIS ID NO. Subdivision/Village Barangay Baybay City Levte 11. PAG-IBIG ID NO. 121281641076 City/Municipality 12. PHILHEALTH NO. 13-025566830-8 ZIP CODE 6521 13. SSS NO. 35-1274485-1 19. TELEPHONE NO. 14. TIN NO. 371488187 09289228300 20. MOBILE NO. 15 AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) john.precilda@vsu.edu.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) AME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME Precilda AME EXTENSION (JR., SR) Anecito FIRST NAME Balbarino MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Lagahit

MIDDLE NAME	Tambeling		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE		YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
					То	(if not graduated)		RECEIVED
ELEMENTARY	Plaridel Central School			2004	2010		2010	With Honors
SECONDARY	Plaridel National High School			2010	2014		2014	5th Honorable Mention
VOCATIONAL / TRADE COURSE	ICOTP - Information Communication Technology			2013	2015		2015	Academic Excellence
COLLEGE	Visayas State Univeristy	Bachelor of Science in Comp	uter Science	2017	2020		2020	
GRADUATE STUDIES								
(Continue on separate sheet if necessary)								

FIRST NAME

SIGNATURE

Norma

August 3, 2022

DATE

	ERVICE ELIG								
	. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		DATE OF EXAMINATION /	PLACE OF EXAMINA	RMENT	LICENSE (if a	Date of		
BA	RANGAY ELIGIBIL	ITY / DRIVER'S LICENSE	(II Applicable) CONFERMENT				NUMBER	Validity	
			(Cor	ntinue on separate sheet	if necessary)				
	EXPERIENCE		(I) D						
28. INCL	USIVE DATES	nt. Start from your recen					SALARY/ JOB/ PAY		GOV'T
	(mm/yyyy)				ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/ N)
From Sept. 2019	To Mar. 2020	IT STAF	:E	CITY PLANNING AND DEVELOPMENT			INCREMENT		Y
Mar. 2020		IT PERSON		OFFICE - MUNIC				1	
Feb. 2022	Dec. 2021	PART TIME INS		DEPARTMENT OF	VSU F COMPUTER SCIENCE				
reb. 2022	Jun. 2022	FART TIME INS	INUCTOR	AND TECH	INOLOGY - VSU				
		A		ntinue on separate sheet					
SIGN	ATURE	y n	dfa		DATE			t 3, 2022 FORM 212 (Revised 20	117) Paga 2 of
		<i>I</i>	7				US	I UNIVIZIZ (KEVISEO ZO	лт, гауе 2 01 4

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	//PEOPLE/\	OLUNTARY	ORGANIZATI	ON/S		
29. NAME & ADDRESS OF O (Write in full		INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS		POSITION / NATURE OF WORK			
		From	То				
AND DEVELOPMENT (LOD		inue on separate s)			
VII. LEARNING AND DEVELOPMENT (L&D, (Start from the most recent L&D/training program and inclu				hief/Executive/Mar	nagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE	TOUTHIN OF THE AND THE	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		(mm/d	d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
		From	То		·		
VIII. OTHER INFORMATION	(Cont	inue on separate s	sheet if necessary)			
	NON-	ACADEMIC DISTIN	ICTIONS / RECOG	NITION	_	MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		e in full)			33. (Write in full)	
PROGRAMMING							
LISTENING MUSIC							
PLAYING COMPUTER GAMES							
BASKETBALL							
READING							
STUDYING							
		<u></u>					
SIGNATURE	(Joseph)	aue on separate s	sheet if necessary		ATE	August 3, 2022	
SIGNATURE	I The state of the	<u> </u>		101		CS FORM 212 (Revised 2017), Page 3 of 4	
	• /						

34. Are you related by consanguinity of chief of bureau or office or to the po Bureau or Department where you v a. within the third degree?	erson who has immediate						
b. within the fourth degree (for Loca	al Government Unit - Car	If YES, give details:					
	-	N	<u> </u>				
35. a. Have you ever been found guilty	of any administrative off	If YES, give details:					
b. Have you been criminally charge	ed before any court?	If YES, give details: Date Filed: Status of Case/s:					
36. Have you ever been convicted of a by any court or tribunal?	ny crime or violation of a	If YES, give details:					
37. Have you ever been separated from retirement, dropped from the rolls, out (abolition) in the public or private	dismissal, termination, er	e following modes: resignation, and of term, finished contract or phased	If YES, give details:				
38. a. Have you ever been a candidate Barangay election)?		If YES, give details:	NO				
election to promote/actively campa	ign for a national or local		If YES, give details:	NO			
39. Have you acquired the status of an	immigrant or permanent	If YES, give details (country	/): NO				
40. Pursuant to: (a) Indigenous People 7277); and (c) Solo Parents Welfar		gna Carta for Disabled Persons (RA , please answer the following items:					
a. Are you a member of any indigenor	us group?		I()/E()	NO			
b. Are you a person with disability?		If YES, please specify: NO NO NO					
c. Are you a solo parent?		If YES, please specify ID No:	NO				
41. REFERENCES (Person not related by cons	anguinity or affinity to applican	t /appointee)					
NAME		ADDRESS	TEL. NO.				
Sarah Jane Gortipa	cion	Gacat, Baybay City, Leyte					
Jigger Taghoy		Gabas, Baybay City, Leyte					
Joy Espinosa		Bunga, Baybay City, Leyte					
42. These years all bits recognised, according to be forecasted tradebills to the constraint according to the present of	unsverlegs den sekste film film en den sekste film filmen sekste film film film film film film film film	entered is any old to be used the entered of the following in the following the follow	PR	PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PPLEASE INDICATE ID Number and Date of Government Issued ID: TIN ID ID/License/Passport No.: 371488187	The state of the s	Signature (Sign inside the b August 3, 2022	ox)				
Date/Place of Issuance: BIR Ormoc Br	anch		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.							
Person Administering Oath							