VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET For Job Order Workers

PLEASE PASTE an ID picture taken within the last 6 months (2" x 2" or Passport Size)

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| Print legibly Mark appr | onriate hoves | with " and | IICA C | enarate sheet if n | ocessary | | | | | |
|---|---------------------------------|--|----------------------------|------------------------|--|--------------------------|-----------------------------|-------------------|--------------------------|-----------------|
| 1. SURNAME | P E T A L C O R I N | | | | | | | | | |
| FIRST NAME | J A N I | C E | | 1 1 | | | | 1 1 1 | 1 1 1 | |
| MIDDLE NAME | L E G | A R A Y | | 1 1 1 1 | 1 1 | 2. | NAME | E EXTENSION (e | .g. Jr., Sr.) | N/A |
| 3. DATE OF BIRTH (mm/dd | 9999) 04/24/01 11. PRESENT ADDI | | RESS | | | | | | | |
| 4. PLACE OF BIRTH | PLACE OF BIRTH Baybay Leyte | | | | Brgy. Gab | as B | Baybay City, L | eyte | | |
| 5. SEX | ☐ Male ☑ | Female | - emale | | | | | | | |
| 6. CIVIL STATUS | Şingle | Widowed | | 12. ZIP CODE | 6521 | | | | | |
| | | Separated | | 13. TEL. NO./CEL. NO. | | 090731164 | 199 | | | |
| | Annulled | Others, specify | | 14. PHILHEALTH NO. | | 13-250339 | 801- | 3 | | |
| 7. CITIZENSHIP | Filipino | 9. WEIGHT (kg) | 47 | 15. TIN (| | 637-829-532 | | | | |
| | | | | 16. PAG-IBIG ID NO. 12 | | 121335044816 | | | | |
| 8. HEIGHT (m) | 1.52 | 10. BLOOD TYPE | 0 | 17. EMAIL ADDRES | '. EMAIL ADDRESS janic | | 4petalcorin@gmail.com | | | |
| 17. SPOUSE'S SURNAME | N/A | | | | 18. NAME OF | CHILD (Write | full na | ame and list all) | DATE OF BIR | ΓΗ (mm/dd/yyyy) |
| FIRST NAME | N/A | | | | N/A | | | | | |
| MIDDLE NAME | N/A | | | | | | | | | |
| 19. ATTAINMENT | ONAL | [] Elementary (Grade | | / Graduated) | | | | | | |
| (Please check and under | erline the specific) | [] High School (1st, 2 | nd, 3rd | I, 4th, Graduated) | | | | | | |
| | | College (1st, 2nd, 3 Degree: Bachelor of in Social Studies | | | | | | | | |
| 20. CAREER SERVICE E | ELIGIBILITY | rofessional | Г | Sub-Professional | Others, Specify: | | ecify: | | NONE | |
| 21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy) | | | ΓΙΟΝ T | | DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Daily or Monthly) (Write in full) STATUS OF APPOINTMENT (Perm/Temp/ Job Order) | | GOV'T SERVICE (Yes / No) | | | |
| From 2-Jan-24 | To 30-Jun-25 | Administrative A | ide- II | I | Quality Assurance Center 603.40 | | 603.40 | Job Order | Yes | |
| | | | | | | | | | | |
| 22. | | | | Drafisianay (I | Nagas abas | sle) | | | | |
| SPECIAL SKILLS (i.e. computer skills, typing, welding, | | | Proficiency (Please check) | | | | | | | |
| plumbing, carpentry, auto mechanic, driving, et. al.) | | Highly Skilled | l | Averaç | ge Fair | | ARKS | | | |
| Communication Skills | | 1 | | | | | | | | |
| Basic Microso | oft Skills | 1 | | | | | | | | |
| Multi-task Skills | | 1 | | | | | | | | |
| 00 | Time Management Skills / | | | | | | | | | |
| SEMINAR/W | ORKSHOP | INCLUSIVE DAT (mn | ES OF n/dd/yy | | NUMBER OF | HOURS | | | ED/ SPONSORE | D BY |
| ATTEN (Write i | | From | | То | NOMBERO | UNIBER OF HOURS | | (| (Write in full) | |
| ISO 9001:2015 Awarene awareness Seminar | | 9/10/2024 | | 10/09/24 | 4 | | Visayas State University | | sity | |
| Seminar Workshop on E and Archives Manageme | | 07/30/24 | | 07/31/24 | 16 | Visayas State University | | sity | | |
| From Policy to Practice: EODB, DPA of | | 07/29/24 | | 07/29/24 | 8 | | | Visayas | State Univers | sity |
| 2012, and PIA Reorienta State University (VSU) F | | | | | | | | | | |
| Gender Sensitivity Training | | 04/12/24 | | 04/12/24 | 8 | | | Visayas | Visayas State University | |
| Women Inspiring Women Forum | | 03/22/24 | | 03/22/24 | 8 | | Visayas State University | | sity | |
| Norkshop on Program Accreditation 01/12/24 01/12/24 8 Visayas State University | | | | | | | | | | |
| 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 CERTIF | ICATE NO. | | _ | ISSUED AT: BA | YBAY CITY, LE | YTE ISSU | ED O | N (mm/dd/yy): | | |
| SIGNATURE : | | DATE ACCOMPLISHE | ED: (mı | m/dd/yyyy) | | | | | | P |

| IV. CIVIL SERVICE ELIGIBILITY | | | | | | | | |
|--|--|-------------|---------|-----------------------------|-------------------------|-----------------|------------------|--------------------|
| 29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) | | _ .= | DATE OF | | LICENSE (if applicable) | | | |
| UNDER S | UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC | | RATING | EXAMINATION / CONFERMENT | PLACE OF EXAMINATI | ON / CONFERMENT | NUMBER | DATE OF RELEASE |
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| | | | (Co | ntinue on separate | sheet if necessary) | CS FORM : | 212 (Revised 200 | 5) Page 2 of 4 |

| VI. SPECIAL SKILLS | | | | | |
|--|--|-------------|--------------------|--|--|
| 31. SPECIAL SKILLS | | Proficiency | | | |
| (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.) | Highly Skilled Average | | Fair | | |
| computer skills | | | | | |
| typing | | | | | |
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| (Continue) | e on separate sheet it | nocossary) | | | |
| VII. TRAINING PROGRAMS (Start from the most recent tra | • | necessary) | | | |
| | | | | | |
| 32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY | |
| (vviite iii iuii) | From | То | 1100113 | (Write in full) | |
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| | e 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, | | □ YES | ──NO | | |
| recommending authority, chief of office/bureau/department or | If YES, give de | _ | 110 | | |
| person who has immediate supervision over you in the Office, | | | | _ | |
| Bureau or Department where vou will be appointed? | | | | | |
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| VI. SPECIAL SKILLS | | | | | | |
|---|--|----------------------|--------------------|----------------------------------|---|--|
| 22 SPECIAL SKILLS | Proficiency (Please check) | | | | | |
| (i.e. computer skills, typing, welding, auto mechanic, driving | Highly SI | killed | Average | Fair | REMARKS | |
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| VII. TRAINING PROGRAMS (Start from the m | ost recent training.) | | | | | |
| 23. TITLE OF OFMINAD/OONEEDENOE MODI/ | | INCLUSIVE DA | | | | |
| TITLE OF SEMINAR/CONFERENCE/WORKS (Write in full) | (mm/dd/y | | NUMBER OF HOURS | CONDUCTED/ SPON (Write in ful | | |
| | | From | То | | | |
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| | | | | | | |
| | | 1 1 | 1 1 | | | |
| 24. A | | 1 1 | 1 1 | | | |
| ^{24.} Are you related by consanguinity or affinity to any of the following: | | | | | | |
| a. Within the third degree with the appoir recommending authority, chief of office or person who has immediate supervis Office, Department/Project where you very continuous. | If YES, give detai | ls:YES | NO | | | |
| 25. REFERENCES (Person not related by consangu | inity or affinity to applicant / ap | ppointee) | | | | |
| NAME | ADDRESS | TEL. N | 0. | | | |
| | | | | | PLEASE PASTE a ID picture taken with | |
| | | | | | the last 6 months (1"X1" or 2" x 2" or Passp | |
| | | | | | (REQUIRED) | |
| I declare under oath that this Personal is a true, correct and complete statemerules and regulations of the Republic of | ent pursuant to the prov f the Philippines. | visions of pertin | ent laws, | | | |
| I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. | | | | | PHOTO | |
| | | | | | 111010 | |
| COMMUNITY TAX CERTIFICATE NO. ISSUED AT | SIGNATURE (| Sign inside the box) | | | | |
| 1 1 | | | | | | |

| ISSUED ON (mm/dd/yyyy) | DATE ACCOMPLISHED | RIGHT THUMBMARK (REQUIRED) |
|------------------------|-------------------|-------------------------------|
| | | Page 2 of 2 |