CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE'	r			
concerned. READ THE ATTACHED GUIDE	tion made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING THE	PDS FORM		riminal case/s ag	·	For CSC use only
I. PERSONAL INFORMATIO		N/A il flot applicable. DO NOT	ADDREVIATE.		I. CO ID NO.		(Bo not niii up. 1	or ooo use only
2. SURNAME	POLE							
FIRST NAME	LUCIO					NAME EXTENSION (JF	R., SR)	JR.
MIDDLE NAME	CARTA							
3. DATE OF BIRTH (mm/dd/yyyy)	07/23/1973 16. CITIZENSHIP Filipino Dual Citizenship					ization		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citize				Zudom		
5. SEX	✓ Male Female	please indicate the de	the details.				•	
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		Street HIPUSNGO Barangay	IPUSNGO		
7. HEIGHT (m)	5'5"	1		BAYBAY	7		LEYTE	
8. WEIGHT (kg)	64kg	ZIP CODE	Ci	ty/Municipality		6521-A	Province	
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS					HIPUSNGO	
10. GSIS ID NO.	200-47968-98	-		se/Block/Lot No BAYBAY odivision/Village			Street LEYTE Barangay	
11. PAG-IBIG ID NO.	916-195161-091	1			,			
12. PHILHEALTH NO.	13-200413033-6	ZIP CODE	City/Municipality			Province 6521-A		
13. SSS NO.	3339426129	19. TELEPHONE NO.	N/A					
14. TIN NO.	947-762-563	20. MOBILE NO.	0926-556474					
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)				N/A		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	POLE		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	ANGELITA	NAME EXTENSION (JR., SR)	ALLANA MA	E P. POLE			12/18	3/2002
MIDDLE NAME	OMAPAS		JUNJIE P. POLE 01/27			7/1999		
OCCUPATION	HOUSEWIFE		ANGELICA P. POLE			03/25	5/1997	
EMPLOYER/BUSINESS NAME	N/A		ARDE JOHN P. POLE 11			11/08	3/1995	
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	POLE	NAME EXTENSION (JR., SR)						
FIRST NAME	LUCIO	JR.						
MIDDLE NAME	NEMENCIO							
25. MOTHER'S MAIDEN NAME	CARTA							
SURNAME	EUSTIQUIA							
FIRST NAME MIDDLE NAME	FLORES			(0)	antinua an aa	parate sheet if neces	cond	
III. EDUCATIONAL BACKG				(0)	onunue on sej	Jarate Sheet II Heces	sary)	
				DEDIOD OF A	TTENDANIOE	HIGHEST LEVEL/		SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCAT	ION	1981	1987	GRADUATED	1987	N/A
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY EDUCATION	GRADUATE	1987	1991	GRADUATED	1991	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A		N/A	N/A	N/A	N/A	N/A

N/A

N/A

GRADUATE STUDIES

SIGNATURE

N/A

N/A

July 9, 2024

N/A

N/A

DATE

N/A

V. CIVIL SE	RVICE ELIG	IBILITY							
7. CAREE	ER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if ap	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION / CONFERMENT				NUMBER	Date of Validity		
TESDA NC11 ELECTRICAL INSTALLATION & N/A MAINTENANCE		March 7, 2016	CALUBIAN NATIONAL	VOCATIONAL	SCHOOL	16083702002288	March 6, 2021		
/ WORK F	XPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	nt work) Descriptio	on of duties should l	be indicated in the attach	ed Work Ex	perience shee	et.	
8. INCLU	SIVE DATES						SALARY/ JOB/ PAY		GOV'T
	n/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGE (Write in full	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/ N)	
11/02/2015	Present	CONSTRUCTION AND MAINTE	NANCE FOREMAN	VISAYAS STATE UNIVE DIVISION - IDBMU	15,840.00	8	CASUAL	YES	
07/01/2009	10/31/2015	FOREMAN			RSITY/GENERAL SERVICES	8,800.00	N/A	JOB ORDER	YES
				4					
SIGNA	TURE			ntinue on separate sheet	if necessary) DATE		July	9, 2024	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNINEN I	/ PEUPLE/	VOLUNIARI	ORGANIZATI	UN/3		
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIN (mm/d	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include	INTERVENTIONS/TRAINING P		TTENDED		agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)	RVENTIONS/TRAINING PROGRAMS	ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ (Write in full) Technical/etc)		
STRATEGIC PLANNING WORKSHOP		From 02/15/2017	To 02/16/2017	16 hours		VISAYAS STATE UNIVERSITY/OFFICE OF THE VICE	
HIV WORKPLACE SEMINAR		02/15/2017	02/16/2017	08 hours	Managerial Prevention	PRESIDENT VISAYAS STATE UNIVERSITY HOSPITAL	
SEMINAR ON DEFENSIVE DRIVING						LAND TRANSPORTATION OFFICE	
WORKSHOP ON PUBLIC ACCOUNTABILITY, CUSTON	IER SERVICE & PMS-OPES FOR	10/26/2016 01/19/2010	10/26/2016 01/19/2010	08 hours 08 hours	Technical Customer Service	VISAYAS STATE UNIVERSITY	
GSD STAFF		01/19/2010	01/19/2010	00 Hours	Customer Service	VIDATAG STATE UNIVERSITT	
	(Cont	tinue on separate s	sheet if necessary,				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	ICTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A	LSU, ADMINISTRATIVE PERSONNE					LSU, ADMINISTRATIVE PERSONNEL ASSOCIATION	
	(Cont	tinue on separate s	sheet if necessary,				
SIGNATURE	Metos			DA	ATE	July 9, 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 - Care	YES NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offer	☐ 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 by any court or tribunal?	☐ YES ☑ NC If YES, give details:)				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		YES VINCTIFYES, give details:)			
38. a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?	,	YES 🗸 I	NO			
b. Are you a person with disability?	If YES, please specify: YES YES If YES, please specify ID No:	NO				
c. Are you a solo parent?	YES If YES, please specify ID No:	NO				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
NAME	ADDRESS	TEL. NO.				
ENGR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341514	-			
ENGR. MARLON G. BURLAS	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341520				
ENGR. ROBERTO C. GUARTE	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-3108078				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the contents	Republic of the stated herein.	LUCIO C POLE JR. PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	46					
Government Issued ID: VSU ID	ARIN					
ID/License/Passport No.: V000895	Signatue (Sign inside the b July 9, 2024	ox)				
Date/Place of Issuance: BAYBAY CITY, LEYTE		J				
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued governn	nent ID as indicated above.			
	Person Administering Oat	h	CS FORM 212 (Revised 2017) Page 4 of			