CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE	Γ			
WARNING: Any misrepresenta	ntion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the f	filing of adm	ninistrative/	criminal case/s a	gainst the pe	rson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE	•		_			3	
Print legibly. Tick appropriate boxes	() ause separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO								
2. SURNAME	JAGONOS					NAME EXTENSION (JR	SR)	
FIRST NAME	JIMMY					N/A	, 51()	
MIDDLE NAME	PANOGAN							
3. DATE OF BIRTH (mm/dd/yyyy)	04/26/1987	16. CITIZENSHIP		✓ Filipi	ino	Dual Citizenship	1	
4 PLACE OF BIRTH	DAVDAY LEVTE	If helder of short effects	□ by birth □ by naturali			ization		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizer				Pls. indicate o	ountry:	
5. SEX	✓ Male Female	,	Philippines			7005 (
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	Hou	140 use/Block/Lot No.			ZONE 4 Street	
	Other/s:		Sul	N/A ibdivision/Village			COGON Barangay	
7. HEIGHT (m)	1.62			BAYBAY	.		LEYTE	
8. WEIGHT (kg)	70	ZIP CODE	Ci	ity/Municipality		6521	Province 1	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		140			ZONE 4	
	<u>-</u>		Hou	se/Block/Lot No N/A	0.	Street COGON		
10. GSIS ID NO.	2004175561			bdivision/Village			Barangay	
11. PAG-IBIG ID NO.	121103281543				BAYBAY ity/Municipality		LEYTE Province	
12. PHILHEALTH NO.	N/A	ZIP CODE		6521				
13. SSS NO.	3484029057 19. TELEPHONE NO.			N/A				
14. TIN NO.	285-706-763	20. MOBILE NO.			092	269617622		
15. AGENCY EMPLOYEE NO.	AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) <u>jimjag12@gmail.com</u>							
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	JAGONOS		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	LIZA ANN	NAME EXTENSION (JR., SR) N/A ELIZ		LIZ JIMELLI C. JAGONOS			05/01/2015	
MIDDLE NAME	CORONADO		EF	RIN JIANNA C. JAGONOS			04/12	2/2020
OCCUPATION	ADMINISTRATIVE AIDE III							
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY							
BUSINESS ADDRESS	VISCA, BAYBAY CITY LEYTE							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	JAGONOS	NAME EVIENCION / ID. CD)						
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) JR.						
MIDDLE NAME	TUASOC							
25. MOTHER'S MAIDEN NAME								
SURNAME	PANOGAN							
FIRST NAME LILIA								
MIDDLE NAME DONAYRE				(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKG	ROUND					l	T .	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	CAN-IPA ELEM. SCHOOL	ELEMENTARY		1993	2000	N/A	2000	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY		2002	2006	N/A	2006	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	NURSING AID	ÞΕ	2006	2008	N/A	2008	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
		Continue on separate sheet if nece	essary)			I		
SIGNATURE	Hodoron			DA	TE		01/11/2024	

	ERVICE ELIG							LIGENIOE ("	P 11)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			DATE OF EXAMINATION / CONFERMENT	TION / CONFER	MENT	LICENSE (if ap	Date of		
DAI	TESDA NC II DRIVING N/A N/A TACLOBAN CITY				22083702000125	Validity 02/02/202			
	1205/(1101		N/A	1071	1710201			223070230723	02/02/202
V. WORK E	XPERIENCE		(Co	ntinue on separate shee	t if necessary)				
	ate employme JSIVE DATES	nt. Start from your recen	nt work) Descriptio	n of duties should b	e indicated in the attache	d Work Expe	SALARY/ JOB/ PAY		0.01/17
(mi	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) AGRICULTURAL TRAINING INSTITUTE		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To DESCRIP	DDIVE					INCREMENT		
03/2018	PRESENT	DRIVE	К	- R			JO	Υ	
01/2014	08/2017	DRIVE	R	SANGGUNIANG PANLALAWIGAN - OFFICE OF THE VICE GOVERNOR				CASUAL	Y
07/2010	12/2013	DRIVE	R	PROVINCIAL GOVERNOR'S OFFICE				JO	Y
07/2009	06/2010	UTILITY/MES	SENGER	PROVINCIAL G			JO	Υ	
12/02/2008	07/11/2009	VOLUNTEER NU	RSING AIDE	WEST PROVINC	N/A	N/A	VOLUNTEER	Υ	
04/16/2008	07/31/2008	VOLUNTEER NU	RSING AIDE	WESTERN LEYTE PROVINCIAL HOSPITAL		N/A	N/A	VOLUNTEER	Υ
SIGNA	ATURE	Hoga vor	(Co	ntinue on separate shee	t if necessary) DATE		01/11	1/2024	
		~ 0			·				

/I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
INTER COMMUNITY OPERATION TABANG (ICOT CARAVAN)			01/8/2009	8.0		VOLUNTEER-NURSE	
INTER COMMUNITY OPERATION TAMBULIG (ICOT CARAVAN)			09/06/2007	8.0		VOLUNTEER	
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)	INTERVENTIONS/TRAINING P		TTENDED		agerial positions)		
		INCLUSIVE DATES OF ATTENDANCE			Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)			ld/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
TRADITIONAL AND ALTERNATI	IVE HEALTH CARE	From	To	0.0	· · · · · · · · · · · · · · · · · · ·	AGRICULTURAL TRAINING INSTITUTE-	
FOR ATIng #JuanAt	tJuana	03/31/2023	03/31/2023	8.0		REGIONAL TRAINING CENTER VIII AGRICULTURAL TRAINING INSTITUTE-	
#GADtoKnow: FORUM ON GENDER S	ENSITIVITY AWARENESS	03/31/2022	03/31/2022	8.0		REGIONAL TRAINING CENTER VIII	
KALUSUGAN NG ATIng #JuanAtJua	ana BIGYANG HALAGA	03/22/2022	03/22/2022	8.0		AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER VIII	
REVIEW/ORIENTATION OF CENTER'S POLICI AND PROCEDURES PERTAINING TO HUMA		05/20/2019	05/21/2019	16.0		AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER VIII	
RISK ASSESSMENT AND AC	TION PLANNING	10/08/2018	10/10/2018	24.0		AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER VIII	
EARTHQUAKE AND FI	RE DRILL	05/04/2018	05/04/2018	8.0		AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER VIII	
BASIC LIFE SUPP	PORT	09/13/2006	09/16/2006	32.0		PHILIPPINE NATIONAL RED CROSS	
VIII. OTHER INFORMATION	(Cont	tinue on separate :	sheet if necessary)			
	NON-	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.	•	(Write in full) 33. (Write in full)				
DRIVING BASIC AUTO REPAIR	N/A					N/A	
BASIC AUTO REPAIR							
		tinue on separate :	sheet if necessary			A///A//2001	
SIGNATURE	Hoda nos			DA	ATE 01/191/2024		

34.	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	o					
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO If YES, give details: ————————————————————————————————————)					
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 a by any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, export (abolition) in the public or private sector?	YES NO If YES, give details:						
38.	A. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during to 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 permanen	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	•						
a.	Are you a member of any indigenous group?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES If YES, please specify:] NO				
b.	Are you a person with disability?	YES If YES, please specify ID No] NO					
C.	Are you a solo parent?	☐ YES If YES, please specify ID No	o:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)						
	NAME	ADDRESS	TEL. NO.					
	HAZEL GRACE TAGANAS	ATI-RTC 8, VSU BAYBAY	053-563-7635					
	DR. ULDERICO B. ALVIOLA ALICIA M. FLORES	VSU, BAYBAY CITY, LEYTE BRGY. GUADALUPE, BAYBAY CITY,	09778512000 09464928865					
42.	42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
Pl Ge	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: UMID	Sognen	3/					
H	/License/Passport No.: 021-1520-6110-3 ate/Place of Issuance: Tacloban City	ox)						
De	racionali City	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued govern	ment ID as indicated above.				