VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

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

Print legibly. Mark appro	B O L E		e separate sheet if	necessary.						
FIRST NAME MIDDLE NAME 3. DATE OF BIRTH (mm/dd/yyyy)		C H E						And the second second second		
FIRST NAME MIDDLE NAME 3. DATE OF BIRTH (mm/dd/lyyyy)			1 1 1 1 1	1 1 1 1	1 1 1	I I I I				
MIDDLE NAME 3. DATE OF BIRTH (mm/dd/yyyy)					7 7 7 7		1 1 1			
3. DATE OF BIRTH (mm/dd/yyyy)	J O A N O R A P		O U I E	LIAI	I I 2 NAME E	YTENSION (e.g. k	Sr)			
	OIRIAIP	10/21/1995	I I I I							
						GY. MASLUG, BAYBAY CITY, LEYTE				
4. PLACE OF BIRTH	TACLOBAN (BG							
5. SEX 6. CIVIL STATUS			40 70 0005	12. ZIP CODE		8524				
	☐ Single ☐ Wide		13. TEL. NO /CEL. NO.		09354145564					
	☐ Annulled ☐					13-025494812-9				
	EU IDINO		15. TIN					494612-9 		
7. CITIZENSHIP	FILIPINO	9. WEIGHT (kg)								
3. HEIGHT (m)		10. BLOOD TYPE	B 16. PAG-IBIG ID N		0 000	121230113607 nd list all) DATE OF BIRTH (mm/dd/y)				
SPOUSE'S SURNAME		N/A		18. NAME OF CHILD (Write full name and I						
FIRST NAME		N/A		N		N/A		N/A		
MIDDLE NAME		N/A			N/A			N/A		
HIGHEST EDUCATIONAL			nentary (Grade School (1st, 2nd, 3rd, 4					-		
(Please check and under	rtine the specific)		ege (1st, 2nd, 3rd, 4th,							
			egree: BS IN MANAGE							
CAREER SERVICE ELIGI	BILITY	☐ Professional	□ Sub-Profess	onal		Others, S	Specify:			
				DEPARTMENT/A			STATUS OF			
WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)			ON TITLE on full)	COMPAN	Y /PROJECT	SALARY (Daily or Monthly)	APPOINTMENT (Perm/Temp/	GOVT SERVIC (Yes / No)		
10.000				(AALIO	e in full)		Job Order)			
From	TO	ADMINISTRA	ATIVE AIDE III	ACCOUNTING OFFICE		602 40 DAILY	I Jo I	NO		
01 / 01 / 2023	PRESENT	ADMINISTRA	ATIVE AIDE III	VISAYAS STATE UNIVERSITY		603.40 DAILY	30			
02 / 02 / 2022	12 / 31 / 2022	ADMINISTR	ATIVE AIDE I	ACCOUNTING OFFICE VISAYA STATE UNIVERSITY		553.40 DAILY	JO	NO		
07 / 20 / 2020	01 / 20 / 2021	CENSUS AREA	A SUPERVISOR	PHILIPPINE STATISTICS			MOA	NO		
	0112012021		Proficiono	AUTHORITY - LEYTE PSO 15,000 / (Please check)						
SPECIAL			Floricienc	y (r lease che	CK)		adv -			
(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Highly Skilled	Av	Average		Fair		REMARKS		
MPUTER SKILLS (MS OFF	ICE, ETC.)									
RAL AND WRITTEN COMMU	JNICATION SKILLS									
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)				CONDUCTED/ SPONSORED BY		n ev		
				NUMBER OF H	IOURS			(Write in full)		
		From	To '							
ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINA		08 / 30 / 2022	08 / 31 / 2022	8		VISAYAS	S STATE UNIVERS	TY		
HANDS-ONLY CARDIOPULMON	NARY RESUSCITATION	07 / 21 / 2022	07 / 22 / 2022	4		DEPARTMENT	OF HEALTH - HEM	AND VSU		
TH LEVEL TRAINING ON 2020 CENSUS ON POPULATION AND HOUSING		08 / 10 / 2020	08 / 10 / 2020	48		PHILIPPINE STATIS	STICS AUTHORITY	- LEYTE PSO		
3RD LEVEL TRAINING		07 / 20 / 2020	07 / 25 / 2020	48		PHILIPPINE STATISTICS AUTHORITY - LEYTE PSC				
GLOBAL COMMUNICATI	IONS TRAINING	03 / 25 / 2019	04/28/2019	160		EPERFORMAX I	BPO AND CONTAC	T CENTER		
ereby declare that this F rtinent laws, rules and r				a true, correct a	nd complete sta	tement pursua	ant to the prov	risions of		
	NO 0944697		BAYBAY CITY							

IV. CIVIL SERVICE ELIGIBILITY							LICENSE (if applicable)		
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	PLACE OF EXAMINATION / CONFERMENT			Date of Validity
Civil Service Professional Examination			87.7	4/1/2016	Tacloba	an City			
						Lundyan in tra			
				Continue on separate sheet if i	necessary)				
V. WORK EX		Start from your recent wor	k) Description of	duties should be indicate	ed in the attached Work Ex	rperience sh	ee <i>t.</i>		
28. INCLU	SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not a	TLE	DEPARTMENT / AGEN	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOVT SERVICE
From	То	(vvnte in tuli/Do not a	Dureviate)			0.011	(Format "00-0")/ INCREMENT	74 7 5 11 11 11 11	(Y/N)
02/02/2022	present	Administrative	e Aide	University		P 10,000		JO	N
07/20/2020	10/15/2020	Census Area Su	pervisor	Philippine Statist	ics Authority -Leyte	P 15,000		contractual	N
03/25/2019	1/15/2020	Customer Service	Consultant		and Contact Centers	P20,000		contractual	N
1/4/2018	06/30/2018	Administrative Aide			Department of Social Welfare and Development			MOA	Y
1/8/2017	09/30/2017	Field Enume	rator	Adventist Developn	P12,000		contract	N	
1/2/2017	05/28/2017	Student Assi	stant	Teaching and Learning Resource Center, UP Tacloban College		P 1,800		part-time	N
			-						
	-								
-									
		-							
-									
SIGN	ATURE	_	Malike	Continue on separate sheet if	necessary) DATE		03-09-	2024	
0.010		<u> </u>	moune			<u> </u>	33 30	CS FORM 212 (Revised	2017), Page 2 of

VI. SPECIAL SKILLS	1		D6-1	cy (Please che	vals)	
22. SPECIAL SKILLS						
(i.e. computer skills, typing, welding, plum auto mechanic, driving, et. a		Highly Skilled		Average	Fair	REMARKS
VII. TRAINING PROGRAMS (Start from the most	recent training.)					446
^{23.} TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SH	ORT COURSES (Write	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF	CONDUCTED/ SPONSORED	
in full)		From To		HOURS	(Write in	full)
		1190	+ .,			
· · · · · · · · · · · · · · · · · · ·						
		1 1	1 1			
		1 1	-			
24. Are you related by consanguinity or		1 1	/ /			
25. REFERENCES (Person not related by consanguinity or	affinity to applicant / app	ointee)				
NAME	ADDRESS	TEL. I	NO.			
Michael Rudolph R Falle	d Census Area ervisor PSA-Tacloban	9171062588			PLEASE PASTE an ID picture taken within the last 6 months (1"X1" or 2" x 2" or Passport Size) (REQUIRED)	
	nce Director, VSU	9175423297		(
Mary Ellen Ambos Tear	n Lead, Cebu City	9988441362		1		
I declare under oath that this Personal Data a true, correct and complete statement purs and regulations of the Republic of the Philip I also authorize the agency head / authorize contents stated herein. I trust that this infor	uant to the provisio pines. d representative to	ons of pertinent	t laws, rules		PHOTO	
					FNOTO	
09446971						
COMMUNITY TAX CERTIFICATE NO.	M	aliche				
City of Baybay						
ISSUED AT	SIGNATURE (Sign inside the box)				
		0006				
01 / 04 / 2024 ISSUED ON (mm/dd/yyyy)	-2024 CCOMPLISHED		 	RIGHT THUMBMARK		
(SOSED OH (IIIII) (W)))	2276			<u> </u>	(REQUIRED)	