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 concerned.

READ THE ATTACHED GUIDE TO FILE Print legibly. Tick appropriate boxes				ATE.	1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO							, , , , ,	,,	
2. SURNAME	Valenzona								
FIRST NAME	Raul Anthony		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	Santiago								
DATE OF BIRTH (mm/dd/yyyy)	07/46/4007	16. CITIZENSHIP		✓ Filip	nino -	Dual Citizenship			
(min/dd/yyyy)	07/10/1907	7/16/1987 III. CHIZENSHIP				by birth	by natura	lization	
4. PLACE OF BIRTH	Baybay City, leyte	If holder of dual citize	enship,	Pls. indicate country:					
5. SEX	✓ Male Female	please indicate the d	letails. Philippines						
6. CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS				Zone 2			
	Widowed Separated Other/s:		House/Block/Lot No.			Street Patag			
			Sul	bdivision/Villag BAYBAY	-			Barangay LEYTE	
7. HEIGHT (m)	1.60			ity/Municipality	/		Province		
8. WEIGHT (kg)	79.00	ZIP CODE	6521			6521			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	ıse/Block/Lot N	lo.		Zone 2 Street		
10. GSIS ID NO.	N/A		Sul	bdivision/Villag	ge		Patag Barangay		
11. PAG-IBIG ID NO.	121048501996		C	BAYBAY ity/Municipality	,		LEYTE Province		
12. PHILHEALTH NO.	010510153753	ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6521			
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A				
14. TIN NO.	949055796	20. MOBILE NO.		906-613-0739					
15. AGENCY EMPLOYEE NO.	V02022		raulanthony.valenzona@vsu.edu.ph						
II. FAMILY BACKGROUND									
II. FAMILY BACKGROUND 22. SPOUSEI'S SURNAME	N/A		23. NAME of CH	HILDREN (Wri	te full name an	d list all)	DATE OF BIRT	H (mm/dd/yyyy)	
	N/A N/A	NAME EXTENSION (JR., SR) N/A	23. NAME of CH	•	te full name an	d list all)		TH (mm/dd/yyyy)	
22. SPOUSE\'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME	N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME OCCUPATION	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A N/A N/A N/A N/A Valenzona	NAME EXTENSION (JR., SR) N/A	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	N/A N/A N/A N/A N/A N/A N/A Valenzona	NAME EXTENSION (JR., SR)	23. NAME of CH	•		d list all)			
22. SPOUSEYS SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHERY'S SURNAME	N/A N/A N/A N/A N/A N/A N/A Valenzona	NAME EXTENSION (JR., SR) N/A	23. NAME of CH	•		d list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A Valenzona Raul	NAME EXTENSION (JR., SR) N/A	23. NAME of CH	•		d list all)			
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22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A N/A N/A Valenzona Raul Fernandez Erlinda Igot Santiag	NAME EXTENSION (JR., SR) N/A	23. NAME of CH	•		d list all)			
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Color Colo	IV. CIVIL	SERVICE I	ELIGIBILITY							
COS DAD-Protessional SCLTD 13/12/01/3 Sert Lose/ Cologe, Mason Cily NA NA NA Na Na Protessional SCLTD 13/12/01/3 Sert Lose/ Cologe, Mason Cily Protessional 13/12/01/2 13/12/01/3 Sert Lose/ Cologe, Mason Cily Protessional Cily Pr	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING		DI ACE OF EVAMINATION / CONFEDNENT			LICENSE (if a	pplicable)
Non-Professional Distant Licenses	SPECIAL LAWS/ CES/ CSEE			(If Applicable)		PLACE OF EXAMIN	ATION / CONFER	RMENI	NUMBER	Date of Validity
VALUE VALU	CSC Sub-Professional 80.			80.70	10/13/2013	Saint Joseph College, Maasin City			N/A	N/A
No. Proceedings Proceedings Proceded Proceded	N	Non-Professional Driver's License			07/14/2017	LTO Regional Office, Baybay City			H1209000112	07/16/2022
No. Proceedings Proceedings Proceded Proceded										
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NOME Processing Processin										
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NOME Processing Processin										
	V WORK	FYPERIFI	NCF		(Continue on separate she	eet if necessary)				
POSITION TITLE	(Include priv	ate employm		t work) Descripti	ion of duties should k	oe indicated in the attached	Work Exper			
0503/2021	(mr	m/dd/yyyy)						PAY GRADE (if applicable)& STEP (Format"00-0")/		GOV'T SERVICE (Y/N)
Contractor Con			Administrative A	ide III	Visayas	State University	13,572.00		Casual	Y
D651/2016 O7/51/2016 Clerk Visayas State University S.720.00 Job Order N	05/03/2021	06/30/2021	Administrative A	ide III	Visayas	State University	13,572.00	3-1	Casual	Y
Signature Date Da	07/17/2017	04/30/2021	Clerk		Visayas	State University	9,954.70	-	Job Order	N
11/17/2010 04/16/2011 Toll Teller Skyway O&M Corporation 19.504.00 Contractual N	06/01/2016	07/31/2016	Clerk		Visayas	State University	5,720.00	-	Job Order	N
(Continue on aspectate sheet if necessary) SIGNATURE DATE 05/24/2022	05/16/2011	05/31/2014	Utility/Messen	ger	Visayas	State University	6,160.00	-	Job Order	N
SIGNATURE DATE 05/24/2022	11/17/2010	04/16/2011	Toll Teller		Skyway (D&M Corporation	10,504.00	-	Contractual	N
SIGNATURE DATE 05/24/2022										
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			<u> </u>		(Continue on separate she	eet if necessary)				
CS FORM 212 (Revised 2017), Page	SIGNATURE					DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A	
			e sheet if necessary)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING	G PROGRAM	IS ATTENDE	D	agerial positions)		
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Documents Control and Records Mana	gement Training	09/21/2021	09/23/2021	32	Technical	AGF Training and Consulting Group	
ISO 9001:2015 ISO Awareness and Reav	wareness Webinar	09/13/2021	09/13/2021	8	Technical	ODQA, Visayas State University	
Control you records before they control you: The basics of Rec	ords Management and Records Control	01/27/2021	01/27/2021	8	Technical	Department of Science and Technology - Science and Technology Information Institute	
ISO 9001:2015 ISO Awareness and Reav	wareness Webinar	11/27/2020	11/27/2020	8	Technical	ODQA, Visayas State University	
Webinar on ISO Document C	control	09/21/2020	09/21/2020	8	Technical	AGF Training and Consulting Group	
Documentation Training	I	01/17/2019	01/17/2019	8	Technical	AGF Consulting Group and Visayas State University	
Risk Assessment and ISO Process D	locumentation	01/16/2019	01/16/2019	8	Technical	AGF Consulting Group and Visayas State University	
Orientation on Basic Customer Service	and Work Values	09/05/2017	09/05/2017	8	Technical	ODAHRD, Visayas State University	
Enterprise Resource Planning(ERF	P) workshop	03/04/2015	03/04/2015	8	Technical	DBM, Visayas State University	
Planning Workshop for Program A	ccreditation	02/04/2013	02/08/2013	64	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "	
Personality Development and Custo	mer Services	11/09/2010	11/09/2010	8	Technical	Skyway O&M Corp.	
Orientation on QEHS Management System(ISO-9001:2 14001:2004+cor1:2009	008), OHSAS-18001:2007 & ISO)	11/08/2010	11/08/2010	8	Technical	Skyway O&M Corp.	
Wrokshop on Career and Gui	dance	03/07/2008	05/07/2008	8	Technical	STI College Ormoc	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A	N/A					N/A	
	(Continue on separat	e sheet if necessary)			
SIGNATURE				DA	ATE	05/24/2022	
	•					CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the apportune the chief of bureau or office or to the person who has i Office, Bureau or Department where you will be appporal within the third degree? b. within the fourth degree (for Local Government Unit]no]no			
35.	a. Have you ever been found guilty of any administrati	YES ✓ If YES, give details:]NO			
	b. Have you been criminally charged before any court	☐YES ✓ If YES, give details: Date Filed: Status of Case/s:	ON[
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐YES ✓ If YES, give details:]NO			
37.	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminati phased out (abolition) in the public or private sector?	YES If YES, give details:	No End on contract			
38.	a. Have you ever been a candidate in a national or loc (except Barangay election)?	☐YES ✓ If YES, give details:	NO 			
	b. Have you resigned from the government service dulast election to promote/actively campaign for a nation	☐YES ✓NO If YES, give details:				
39.	Have you acquired the status of an immigrant or perm	☐YES ✓NO If YES, give details (country):				
a. b.	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐YES ✓ If YES, please specify: ☐YES ✓ If YES, please specify ID				
41.	REFERENCES (Person not related by consanguinity or affinity to ap	oplicant /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten		
42.	I declare under oath that I have personally accomplis complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized re agree that any misrepresentation made in this do administrative/criminal case/s against me.	rtinent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the stated herein. I	name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO		
G II	covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driven's License, c.) PLEASE INDICATE ID Number and Date of Issuance overnment Issued ID: N/A D/License/Passport No.: N/A	Signature (Sign inside the 05/24/2022	box)			
	ate/Place of Issuance: N/A		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exh		government ID as indicated above.		