CS Form No. 212									
PERSONAL DATA SHEET									
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrativa/criminal case/s against the person concerned.									
	READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tex appropriate boxes (1) and use separate sheet if necessary. Indicate NIA II not applicable. DO NOT ABBREVIATE. I CS D165 (1) 05 045								
L PERSONAL INFORMATIO	Contract of the Contract of th			-				STATE OF STREET	
2 SURNAME	QUILARIO								
FIRST NAME	JOANNAH					NAME EXTENSION (A	R., SPO. N/A		
MIDDLE NAME	OCBA								
3 DATE OF BIRTH	JUNE 24, 1998 16. CITIZENSHIP Dual Citizenship								
(mm/dd/yyyy)		E rights E con care in			the state of the s	by naturalization			
4 PLACE OF BIRTH	MATALOM, LEYTE	If holder of dual citizenship,				country:			
5 SEX	☐ Male ☑ Female	please indicate the di	Mans.						
6 CML STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		N/A PUR			OK SAN FRANCISCO Street		
	☐ Widowed ☐ Separated ☐ Other/s:	The transfer of the second		NA			STA. FE		
		100		Subdivision/Vill MATALOI				Barangay LEYTE	
7. HEIGHT (m)	1.59 m	177 1222		CityMunicipality			Province		
8, WEIGHT (Ag)	52 kg	ZIP CODE		6526					
9. BLOOD TYPE	TYPE A	18, PERMANENT ADDRESS		N/A House/Block/Lof No.		PUROK SAN FRANCISCO Stroot		NCISCO	
10. GSIS ID NO.	N/A			N/A Subdivision/Villa	190		STA. FE Barangay		
11. PAG-IBIG ID NO.	121330312057		MATALOM		LEYTE				
12 PHILHEALTH NO.	13-025568416-8	ZIP CODE		CityMunicipality 6526			Province		
13 SSS NO.	06-4688169-6	19. TELEPHONE NO.		NA					
14 TIN NO.	764-925-060	20. MOBILE NO.			0955				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			joannahquil	ario@gmail.com			
II. FAMILY BACKGROUND		THE PERSON NAMED IN	1 3 2	A LONG		of the same of			
22 SPOUSE'S SURNAME	N/A		23. NAME of CH	ME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/d					
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			NA		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	NA								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	QUILARIO								
FIRST NAME	ULDARICO	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	INUTAN								
25 MOTHER'S MAIDEN NAME									
SURNAME									
FIRST NAME	NILA						-		
MIDDLE NAME	DAYANDAN							I	
III. EDUCATIONAL BACKG					(Continue on sepa	rate sheet if necessa	iry)		
26.						HIGHERY		000000000000000000000000000000000000000	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	STA. FE-ITUM ELEMENTARY SCHOOL	N/A		06/06/2005	3/30/2011	N/A	2011	3rd Hon. Mention	
SECONDARY	BATO SCHOOL OF FISHERIES	N/A		06/01/2011	3/27/2015	N/A	2015	N/A	
VOCATIONAL / TRADE COURSE	NA	N/A		NA	NA	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIE AGRICULTURE MA AGRONOMY	JOR IN	06/08/2015	6/14/2019	N/A	2019	CUM LAUDE	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRONOMY (Continue on separate sheet if necessary)		09/05/2020	08/03/2023	N/A	2023	N/A	
SIGNATURE	Joan Gilde	iconunue on separate shee	n in necessary)	D	ATE	1/8	3 /2025		
	-							Revised 2017), Page 1 of 4	

	ERVICE ELIGIE	NO (BOARDY BAR) UNDER	P.150	DATE OF	A CONTRACTOR OF THE PARTY OF TH	AND DESCRIPTION OF THE PERSON NAMED IN		DOESN'SE (II	perferation)
	SPECIAL LAWS	V CES/ CSEE	(# Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFERM	ENT	M,MBER	Only of Validity
PRESIDENTIAL DECREE NO. 907-HONOR NA		N/A	07/31/2019			NA	NA		
	LICENSED AGRICULTURIST 81.86		81.86	11/12-14/2024	TACLO	BAN CITY		Waiting for	Waiting fo
				The trace		BAN CITY		Oathtaking	Oathtakin
	XPERIENCE			Continue on separate sheet	THE PARTY NAMED IN				700
10000		Start from your recen	t work) Descriptio	n of duties should be	indicated in the attache	d Work Experie	SALARYI JOBI PAY		
(m	USIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (II applicable)& STEP (Format '00-0")	STATUS OF APPOINTMENT	GOVT SERV (Y/N)
From 8/30/2019	To 06/30/2020	TRAINING AS	SISTANT		RAINING INSTITUTE-	P19,125.40	SG 10	Job Order	Υ
2/06/2023	06/30/2023	TECHNICAL SUPP		AGRICULTURAL T	AINING CENTER 8 TRAINING INSTITUTE- AINING CENTER 8	P19,125.40	SG 10	Job Order	Y
8/22/2023	12/15/2023	PART-TIME INS	TRUCTOR	DEPARTMENT OF	AGRONOMY-VISAYAS JNIVERSITY	P21,600.80	N/A	Job Order	Y
1/15/2024	5/24/2024	PART-TIME INS	TRUCTOR	DEPARTMENT OF A	AGRONOMY-VISAYAS JNIVERSITY	P17,446.80	N/A	Job Order	Y
8/12/2024	12/13/2024	PART-TIME INS	TRUCTOR	24-2-4-7 80-3-100-100-7 100-100-10-10-10-10-10-10-10-10-10-10-10	AGRONOMY-VISAYAS JNIVERSITY	P29,568.00	N/A	Job Order	Υ
			-						
0.01	ATURE	A- (7AG	Continue on separate shee			2/		
SIGN	ATURE	pane	re la		DATE	11	8 2025	S FORM 212 (Revise	

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON GOVERNMENT	PEOPLE / VO	LUNTARY OF	ROANIZATION	1/3		
79 NAME & ADDRESS OF ORD (Wille in Mr)	SAMEATION	PACLUSATE DATES (mm/odfyyyy) From To		CHEST HOS	POSTCH INDIAN OF HOM		
N/A		N/A	N/A	NA	NA		
		-					
	(Con	tinue on separate s	heed if eacessary				
VII. LEARNING AND DEVELOPMENT (L&D) IN							
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN	DATES OF DANCE	NUMBER OF HOURS	Type of LD (Managed all	CONDUCTED/ SPONSOPED BY	
		(mm\dd\yyyy) From To			Supervisory/ Technicalists)	(Write in full)	
TRAINING ON INNOVATION IN EXTENSION PHASE	E 2	04/03/2023	04/04/2023	48 HOURS	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8	
FORUM ON METABOLIC ENGINEERING, CHRONO APPLICATION	BIOLOGY, AND NANOTECH	03/21/2024	03/21/2024	24 HOURS	TECHNICAL	DEPARTMENT OF PEST MANAGEMENT- VISAYAS STATE UNIVERSITY	
ABE TALKS: POSTHARVEST OPERATIONS AND L THE PHILIPPINES	OSSES ON MAJOR CROPS IN	10/29/2024	10/29/2024	24 HOURS	TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL AND BIOSYSTEMS ENGINEERS-VISAYAS STATE	
PROJECT IPaDS KNOWLEDGE SHARING AND LEA AGRICOOLTURE?	ARNING ON THE TOPIC "WHY	08/18/2016	08/18/2016	24 HOURS	TECHNICAL	PHILIPPINE RESEARCH INSTITUTE PROJECT IPaD	
					ju		
					4		
						1.5	
					- 17		
	- 4						
	-						
	-						
					-		
	(Con	ntinue on separate s	heat If nacessary				
VIII. OTHER INFORMATION	MANAGEMENT OF THE PARTY OF THE						
31. SPECIAL SKILLS and HOBBIES	32. NON	HACADEMIC DISTIN	CTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE	NA				N/A		
COMMUNICATION SKILLS	100						
INTERPERSONAL SKILLS							
WORK ETHIC							
FLEXIBLE							
COLLECTING ORNAMENTAL PLANTS							
CONTRIBE	0 (0.0/	ntinue on separate s	shest if necessary		ATE	110 6.	
SIGNATURE	Josephila	<u> </u>			716	1/8 2025 CS FORM 212 (Revised 2017), Page 3 of 4	

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?	C) ****					
	b. within the fourth degree (for Local Government Unit - Care		✓ NOS:				
35.	Have you ever been found guilty of any administrative offer	YES If YES, give details	✓ NO S:				
	b. Have you been criminally charged before any court?	YES If YES, give details Date Filed: Status of Case/s:	☑ NO 3:				
36	Have you ever been convicted of any crime or violation of an any court or tribunal?	If YES, give details:					
37.	dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	nished contract or phased out (abolition)	☐ YES ☑ NO If YES, give details:				
38.	Have you ever been a candidate in a national or local electron Barangay election)?	ction held within the last year (except	YES If YES, give deta	☑ NO			
	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	✓ NO			
b.	Are you a person with disability?		If YES, please specify YES	✓ NO			
c.	Are you a solo parent?	If YES, please specify YES If YES, please specify	✓ NO				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant a	appointee)					
	NAME	ADDRESS	TEL NO.				
	BERTA C. RATILLA	VISAYAS STATE UNIVERSITY	9262597123				
	LUZ G. ASIO DIONESIO M. BAŃOC	VISAYAS STATE UNIVERSITY	9257593181				
42		VISAYAS STATE UNIVERSITY This Personal Data Sheet which is a tr	9069797249				
1 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.							
	Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: PHILIPPINE IDENTIFICATION CARD							
D/License/Passport No.: 4982-6973-8942-0843 Signature (Sign inside the b			ox)				
C	ate/Place of Issuance: MARCH 25, 2022		Right Thumbrnark				
	SUBSCRIBED AND SWORN to before me this	ng his/her validly issued	government ID as indicated above.				
		Person Administering Oat		CS FORM 212 (Revised 2017). Page 4 of 4			