CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

	es 🔲) a			T (PDS) BEFORE ACCOMPLE N/A if not applicable. DO NOT A			1. CS ID No.		(Do not fill up. F	or CSC use only	
PERSONAL INFORMATI	_										
2. SURNAME	PABE	ROQUEZ		NAME FYTENSYM/ (P CD) MA							
FIRST NAME	VIRG	ILIO		NAME EXTENSION (JR., SR) NA							
MIDDLE NAME	SABA	SABANDO									
DATE OF BIRTH (mm/dd/yyyy)	06/18/1987			16. CITIZENSHIP Filipino			Dual Citizenship ☐ by birth ☐ by naturalization				
4. PLACE OF BIRTH	PASAY CITY			If holder of dual citizenship, please indicate the details.		Pls. indicate o			ountry:		
5. SEX	v	Male	Female	please indicate the deta	alis.					•	
6 CIVIL STATUS		✓ Single		17. RESIDENTIAL ADDRESS		House/Block/Lat No. Subdivision/Village			ZONE 6 Street PATAG Berangay		
7. HEIGHT (m)						BAYBAY			LEYTE		
8. WEIGHT (kg)	70		ZIP CODE		City/Municipality 6521			Province			
			18. PERMANENT ADDRESS				ZONE 6				
9. BLOOD TYPE	_	A				House/Block/Lot No.			Street		
10. GSIS ID NO.	N/A				Sul	Subdivision/Village			PATAG Barangay	-1	
11. PAG-IBIG ID NO.	121208079119			BAYBAY City/Municipality			LEYTE Province				
12. PHILHEALTH NO.	13-025219886-6		ZIP CODE				6521				
13. SSS NO.	N/A			19. TELEPHONE NO.		N/A					
4. TIN NO.	2	482-67	75-717	20. MOBILE NO.		09700877831					
5. AGENCY EMPLOYEE NO.		N	/A	21. E-MAIL ADDRESS (if any)	pabroquezvirgil@gmsil.com/virgilio.pabr			m/virgilio.pabroque:	quez@vsu.edu.ph		
I. FAMILY BACK <mark>G</mark> ROUN	D										
2. SPOUSE'S SURNAME			N/A		23, NAME of CHI			st all)	DATE OF BIRT	TH (mm/dd/yyyy)	
2. SPOUSE'S SURNAME FIRST NAME			N/A	NAME EXTENSION (JR., SR)	23, NAME of CHI		full name and lis	st all)		TH (mm/dd/yyyy)	
			N/A		23, NAME of CHI			st all)			
FIRST NAME			N/A		23, NAME of CHI			st all)			
FIRST NAME MIDDLE NAME			N/A		23. NAME of CHI			st all)			
FIRST NAME MIDDLE NAME OCCUPATION			N/A		23, NAME of CHI			st all)			
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME			N/A		23. NAME of CHI			st all)			
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.			N/A		23. NAME of CHI			st all)			
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27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE N/A			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if a	
			(If Applicable)	CONFERMENT		ATTOM / CONFERMIENT		NUMBER	Date Validi
			N/A	N/A	1	N/A		N/A	N/A
								HER VIOLENT	dur
			<i>3</i>		<u>K</u>				17-7
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S24	EXPERIENCE			ntinue on separate shee					
28. INCL	LUSIVE DATES mm/dd/yyyy)	POSITION T			indicated in the attached	MORK Experis	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV
From	То	(Write in full/Do not	abbreviate)	(Write in fu	IVDo not abbreviate)	SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERV (Y/
01-Jan-25	Present	Plumbe		 	/SU-PPO	568.70/day	N/A	Job Order	Y
01-Jan-24				-	/SU-PPO	561.80/day	N/A	Job Order	Y
01-Jan-23 01-Jan-22	31-Dec-23 31-Dec-22	Plumbe		-	/SU-PPO /SU-PPO	553.40/day	N/A	Job Order	Y
01-Jan-21	31-Dec-21	Plumbe		-	/SU-PPO	553.40/day 553.40/day	N/A N/A	Job Order	Y
01-Jan-20	31-Dec-20	Plumbe			/SU-PPO	553.40/day	N/A	Job Order	Y
01-Jan-19	31-Dec-19	Plumbe	r		GSD/WSSMU	9172.35/mo.	N/A	Job Order	Y
01-Jan-18	31-Dec-18	Plumbe	r	VSU-	GSD/WSSMU	280/day	N/A	Job Order	Y
01-Jan-17	31-Dec-17	Plumbe	r	VSU-	GSD/WSSMU	260/day	N/A	Job Order	Y
01-Jan-16	31-Dec-16	Plumbe	r	VSU-	GSD/WSSMU	260/day	N/A	Job Order	Y
01-Jan-15	31-Dec-15	Plumbe	r	١	/SU-GSD	240/day	N/A	Job Order	Y
09-Jun-14	31-Dec-14	Plumbe	r		/SU-GSD	240/day	N/A	Job Order	Y
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			(Cer	ntinue on separate shee	t if necessary)		14		
SIGN	ATURE		×		DATE		July 1	6, 2025	Fee

29. NA	ME & ADDRESS OF ORGANIZATION (Write in full)	(mm	SIVE DATES /dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A	N/A	N/A	N/A		N/A
Alexandria (Control of Control of						
			-			
			-			
			-	-		
					3.3	
// LEARNING AND DEVEL	OPMENT (L&D) INTERVENTIONS/TRAINING	(Continue on separat		ry)		
		INCLUSE	VE DATES OF		Type of LD	
30. TITLE OF LEARNING AND	DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	
HANDS-ONLY CARDIO-PULMONA	RY RESUCITATION	07/21/2022	07/22/2022	6 hrs	Managerial	Visayas State University
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1 -12 -1			<u> </u>		-	
		(Continue on separ	ate shoot if names	sary)		
VIII. OTHER INFORMATIO	N					
31. SPECIAL SKILLS a		NON-ACADEMIC DI		COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
- 4			Write in full)			N/A
PLUMBING			N/A			NA .
DRIVING		¥				
CARPENTR	Y					
AUTO MECHA	NIC					
OLOUISTIC .	05	(Continue on sepa	rate sheet if neces		DATE	JULY 16, 2025
SIGNATUR	(E)	3				CS FORM 212 (Revised 2017), Page

	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?		YES NO			
	b. within the fourth degree (for Local Government Unit - Ca	YES V NO				
35.	a. Have you ever been found guilty of any administrative of	ffense?	YES V NO			
	b. Have you been criminally charged before any court?	YES INO 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:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
	An Have you ever been a candidate in a national or local ele Barangay election)?	YES	0			
	b. Have you resigned from the government service during telection to promote/actively campaign for a national or loca	☐ YES ☑ N If YES, give details:	ю			
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ No If YES, give details (country	20			
2.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability?	☐ YES ☑ N If YES, please specify: ☐ YES ☑ N				
	Are you a solo parent?		If YES, please specify ID No: YES N If YES, please specify ID No:	10		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	JENNIFER E. ANDO	Visayas State University	9176569577	430		
	Engr. PHLOEM M. GALUPO	Visayas State University	63535637067			
10	LUVILLA G. ALCOBER	Visayas State University	9183825264			
	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 F esentative to verify/validate the contents	Republic of the			
PLE	vernment Issued ID: (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance vernment Issued ID: PhilHealth ID	× +				
ID/L	icense/Passport No.: 13-025219886-6	Signature (Situal inside the box	x)			
Date	e/Place of Issuance:	Date Accomplished	<u>, </u>	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitir	ng his/her validly issued governmen			
		Person Administering Oath		-		