CS Form No. 212 Revised 2017

## PERSONAL DATA SHEET

14. TIN NO. DATE OF BIRTH (mm/dd/yyyy) 15. AGENCY EMPLOYEE NO 13, SSS NO. 12. PHILHEALTH NO 11. PAG-IBIG ID NO. 10. GSIS ID NO. 9. BLOOD TYPE 5. SEX 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 FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) □ use separate sheet if necessary. Indicate NIA if not applicable. DO NOT ABBREVIATE. 1.05 ID No | (Do not fill up. For City Ports appropriate boxes) 8. WEIGHT (kg) 7. HEIGHT (m) 2. SURNAME 6 CIVIL STATUS 4. PLACE OF BIRTH VOCATIONAL / TRADE COURSE SURNAME MOTHER'S MAIDEN NAME GRADUATE STUDIES ELEMENTARY MIDDLE NAME MIDDLE NAME TELEPHONE NO. **BUSINESS ADDRESS** EMPLOYER/BUSINESS NAME OCCUPATION SECONDARY FIRST NAME FATHER'S SURNAME SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME SIGNATURE LEVEL SORIA CODOG SABIJON RITO NA NA ¥ 56 7/1/1987 CODOG 433-960-464-000 13-000103146-6 1212-0147-4619 1.49 JANNET LESLIE EVELYN ✓ Single

☐ Widowed

☐ Other/s: ☐ Male BRGY. PANGASUGAN BAYBAY, CITY PANGASUGAN ELEMENTARY SCHOOL BUNGA NATIONAL HIGH SCHOOL VISAYAS STATE UNIVERISTY NAME OF SCHOOL (Write in full) NA ☐ Married☐ Separate √ Female CANETE SABIJON **ADELA** NAME EXTENSION (JR., SR) NAME EXTENSION (JR., SR) 21. E-MAIL ADDRESS (if any) 20. MOBILE NO 18. PERMANENT ADDRESS 19. TELEPHONE NO. 17. RESIDENTIAL ADDRESS 16. CITIZENSHIP BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION BASIC EDUCATION/DEGREE/COURSE
(Write in full) ZIP CODE ZIP CODE If holder of dual citizenship, please indicate the details 23. NAME of CHILDREN (Write full name and list all) N/A jannetleslie.codog@vsu.edu.ph 09300793064 Subdivision/Village BAYBAY House/Block/Lot No House/Block/Lot No. Subdivision/Village City/Municipality 2004 2001 1994 BAYBAY PERIOD OF ATTENDANCE 6521 From ✓ Filipino DATE (Continue on separate sheet if necessary) 2008 2004 2000 7 Graduate Graduate HIGHEST LEVEL/ UNITS EARNED (if not graduated) Graduate Dual Citizenship NAME EXTENSION (JR., SR) ☐ by birth Pls. indicate country: クダイ Street
PANGASUGAN
Barangay
LEYTE Street PANGASUGAN YEAR GRADUATED ☐ by naturalization 2008 2000 2004 Barangay LEYTE DATE OF BIRTH (mm/dd/yyyy) Province with honor NA SCHOLARSHIP/ ACADEMIC HONORS RECEIVED NA

Altached Work Experience sheet  SULPRIVE SULPRIV	ntinue on separate sheet if necessary)  DATE	( water of	SIGNATURE	SIGN
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	ntinue on separate sheet if necessary)	(0		
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IV. CIVIL S	ERVICE ELI	CIBILITY							
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	z	N/A							
NO.	EXPERIENCE			nunue on sep	ssary				
28. INCLI	INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE	TLE		DEPARTMENT / AGENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (If	STATUS OF	GOVT
From	То	(Write in full/Do not	abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format *00-0*) INCREMENT		(N/N)
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01/03/2019	12/31/2020	Admininistrative Aide III		Visayas State University	у	9,172.36/mo n		0.L	Yes
01/02/2015	12/31/2018	Admininistrative Aide III		Visayas State University	у	280/day		J.0	Yes
01/02/2011	12/31/2014	Admininistrative Aide III		Visayas State University	у	260/day		0.F	Yes
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SIGN	SIGNATURE	(median)	ro f		DATE		12/8/22	CEORM 212 (Revised 2)	17) Page 2 of 4
		0	0				S	CS FORM 212 (Revised 2017), Page 2 of	117), Page 2 of 4

	SIGNATURE			Computer literate	Driving	31. SPECIAL SKILLS and HOBBIES	VIII. OTHER INFORMATION		Paralegal-Training for Fishery Law Enforcement Team	Workshop to Review and improve Citizen Charter per CSC MC No. 14, 2016	Reorientation Seminar of Frontliner	Personality Developemnt Seminar for Frontliners	Anti-Red Tape Law	Briefing of Staff Involved in the Conduct of Evaluation of Academic Satff by the Students	Planning-Workshop: On the Preparation and Processing of Docucments Relative to procurement	Gender Sensitivity Trainning and Anti-Sexual Harrassment Orientation for the Faculty, Staff and Students of the College of Nursing	Procurement Act Orientation	Workshop to Review and improve Citizen Charter	Orientation Procurement Law RA. 9184	Gender and Development Reorientation fr frontliners, Directors of VSU	Procurement Planning Workshop	Reorientation of Department/Office Secretaries	HIV Seminar	Basic Life Support (CPR & AED)	Document Tracking System	ISO 9001:2015 Awarenes/Re-awareness Webinar	Reorientation of Employees' Duties and Responsibilities and Good Customer Service	30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	VII. LEARNING AND DEVELOPMENT (L&D) (Startfrom the most recent L&D)(training program and include)				NIA	29. NAME & ADDRESS OF OR OR (Write in full)	VI. VOLUNTARY WORK OR INVOLVEMENT
	Sanghir	Con				32. NON-		Сол		MC No. 14, 2016				ademic Sattf by the Students	Docucments Relative to procurement	sment Orientation for the Faculty,				s, Department Heads and Center							id Good Customer Service	RVENTIONS/TRAINING PROGRAMS	INTERVENTIONS/TRAINING PR	(Con		4		ORGANIZATION	IN CIVIC / NON-GOVERNMENT.
0	Ar .	linue on separate si			NIA	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		finue on separate si	2/6/2008	9/1/2016	7/7/2011	9/20/2012	9/24/2012	1/14/2013	5/27/2015	08/31/2016	9/9/2016	09/01/2016	09/08/2016	09/16/2016	09/13/2016	11/15/2016	12/09/2016	11/29/2017	11/13/2020	11/27/2020	9/23/2021	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To	OGRAMS ATT	linue on separate s				INCLUSIVE DATES (mm/dd/yyyy)	/PEOPLE/VC
		leaf if necessary)				OTIONS / RECOGNI in full)		neet if necessary)	2/7/2008	9/1/2016	7/7/2011	9/20/2012	9/24/2012	1/14/2013	5/27/2015	08/31/2016	9/9/2016	09/01/2016	09/08/2016	09/16/2016	09/13/2016	11/15/2016	12/09/2016	11/29/2017	11/13/2020	11/27/2020	9/23/2021	DATES OF JANCE (Tyyyy)	TENDED  for Division Chieff	heet if necessary)				SIVE DATES  I/dd/yyyy)  To	ILUNTARY OI
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CS FORM 212 (Revised 2017), Page 3 of 4	2/14/2				ASUCC	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			DA, Bureau of Fisheries and Aquatic Resources , Reg.	VSU-Office of the Director of Adminstration and Human Resourse Development	VSU-Office of the Director of Adminstration and Human Resourse Development	VSU-Office of the Director of Adminstration and Human Resourse Development	VSU-Office of the Director of Adminstration and Human Resourse Development	Vice Presideint for Administration and Finance	Vice Presideint for Administration and Finance	ISRDS, Visayas State University	Vice Presideint for Administration and Finance	VSU-Office of the Director of Adminstration and Human Resourse Development	Vice Presideint for Administration and Finance	ISRDS, Visayas State University	VSU-Office of the Director of Adminstration and Human Resourse Development	VSU-Office of the Director of Adminstration and Human Resourse Development	VSU- Hospital, Visca Baybay Leyte	American Safety & Healoth Institute	Human, Resource Information System, VSU	Visayas State University	Office of the Director fro Human Resource Management	CONDUCTED/ SPONSORED BY (Write in full)						POSITION / NATURE OF WORK	

		Person Administering Oath		
afflant exhibiting his/her validly issued government ID as indicated above.	ing his/her validly issue	, afflant exhibit	SUBSCRIBED AND SWORN to before me this	
Rìght Thumbmark	)X)	Signature (Signature the box) Date Accomplished	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: 433-960-464-000  ID/License/Passport No.: TIN-ID  Date/Place of Issuance: Ormoc City	
PH010	ue, correct and Republic of the s stated herein. e the filing of	personally accomplished this Personal Data Sheet which is a true, correct and the provisions of pertinent laws, rules and regulations of the Republic of the cy head/authorized representative to verify/validate the contents stated herein ation made in this document and its attachments shall cause the filing of inst me.	nat I have irsuant to the agen srepresent case/s aga	4
10		Brgy. Carigara, Leyte Asean Apartment Visca Baybay City	Jesusa M. Magno Phoeb Lvnn B. Calungsod	P 등
		Brgy. Maybog, Baybay City	Joel Rey U. Acob	٦
	TEL. NO.	ADDRESS	NAME	
		nt /appointee)	41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	4
Sify ID No:	If YES, please specify ID No:			C.
	☐ YES If YES, please specify:			io in
		agna Carta for Disabled Persons (RA	40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA	4
☑ NO ails (country):	☐ YES ☑ NO If YES, give details (country):	nt resident of another country?	39. Have you acquired the status of an immigrant or permanent resident of another country?	ယ္
ails:	☐ YES If YES, give details:	the three (3)-month period before the rlocal candidate?	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	
ais:	☐ YES If YES, give details:	lection held within the last year (except	38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	ω
ails:	☐ YES [If YES, give details:	the following modes: resignation, end of term, finished contract or phased	37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	ω
ails:	☐ YES If YES, give details:	any law, decree, ordinance or regulation	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	ω
ails:	I YES If YES, give details: Date Filed: Status of Case/s:		b. Have you been criminally charged before any court?	
ails:	☐ YES ☑ If YES, give details:	offense?	35. a. Have you ever been found guilty of any administrative offense?	ω
I NO I NO ails:	☐ YES ☑ ☐ YES ☑ If YES, give details:	areer Employees)?	Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	
		ng or recommending authority, or to the ate supervision over you in the Office,	34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office,	w