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.

	LLING OUT THE PERSONAL DATA SHEET (PDS) BEI			ATE	1. CS ID No.	·	/D+ 611 F	000
I. PERSONAL INFORMATIO	s ( ) and use separate sheet if necessary. Indica N	ate N/A ii not applicable. DO I	NOT ABBREVIA	AIE.	1. CS ID No.		(Do not till up. F	or CSC use only)
2. SURNAME	NAME Quiñones							
FIRST NAME	Cecille Marie							
MIDDLE NAME	Oquias							
3. DATE OF BIRTH (mm/dd/yyyy)	02/12/1987	16. CITIZENSHIP	Į.		Filipino Dual Citizenship  by birth by naturaliz			lization
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizenship, Pls. indicate coul please indicate the details.				country:		
5. SEX	☐ Male ✓ Female	piodoo maiodo ano d	J.	Philippines				
6. CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Co	House/Block/Lot No. Coconut Village Subdivision/Village			Visca Street Pangasungan Barangay	
7. HEIGHT (m)	1.50		Ci	BAYBAY ity/Municipality			LEYTE  Province	
8. WEIGHT (kg)	45.00	ZIP CODE		тул матногрант у	<u>'</u>	6521	T TOVINCE	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	lo.		Street	
10. GSIS ID NO.	N/A		Sub	odivision/Villag	ре	Barangay		
11. PAG-IBIG ID NO.	N/A		Ci	ty/Municipality			Province	
12. PHILHEALTH NO.	N/A	ZIP CODE		, ,				
13. SSS NO.	N/A 19. TELEPHO			N/A				
14. TIN NO.	NO. N/A			1				
5. AGENCY EMPLOYEE NO. V00866		21. E-MAIL ADDRESS (if any)		cecillemarie.quinones@vsu.edu.ph				
II. FAMILY BACKGROUND								
22. SPOUSE\'S SURNAME	NA	NAME EXTENSION (ID. CD)	23. NAME of CH	· · · · · · · · · · · · · · · · · · ·		DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	NA	NAME EXTENSION (JR., SR)		N/A		N	N/A	
MIDDLE NAME	NA							
OCCUPATION	NA							
EMPLOYER/BUSINESS NAME	NA							
BUSINESS ADDRESS	NA							
TELEPHONE NO.	NA							
24. FATHER\'S SURNAME	Quiñones							
FIRST NAME	Cesar	NAME EXTENSION (JR., SR)						
MIDDLE NAME	Pulido							
25. MOTHER\'S MAIDEN NAME	Bastasa							
SURNAME	Quiñones							
FIRST NAME	Lilia							
MIDDLE NAME	- quite			(0	Continue on se <sub>l</sub>	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGI	ROUND	T.				HIGHEST		SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	To	LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	Visca Foundation Elementary School	Elementary		1993	2000		2000	N/A
SECONDARY  VOCATIONAL/ TRADE COURSE	Visayas State University Laboratory High School N/A	High School		2000	2004		2004	N/A
COLLEGE	LEYTE STATE UNIVERSITY	Bachelor of Science in Agriculture (M	ajor in Soil Science)	2004	2008		2008	Cum Laude
GRADUATE STUDIES	University of Goettingen	Master of Science in Soil PLEASE SEE ATTACHMENT		2009	2011		2011	N/A
	(0	Continue on separate sheet if nece						
SIGNATURE				DA	ATE		07/17/2023	

## Attachment A

III. EDUCATIONAL BACKGROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP/ ACADEMIC
	(Write in full)	(Write in full)	From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED
GRADUATE STUDIES	Visayas State University	Master of Science in Soil Science	2012	2014		2014	
GRADUATE STUDIES	University of Goettingen, Germany	Doctor of Philosophy in Agriculture (Major in Tropical and Subtropical Soil Science)	2017	2023		2023	
(Continue on separate sheet if necessary)							
SIGNATURE		<b>DATE</b> 07/17/2023					

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		RMENT	NUMBER	Date of Validity	
	Agric	Agriculturist N/A Tacloban City			N/A	N/A			
				(Continue on separate she	eet if necessary)				
	EXPERIE		(	an af duties about d		d Mark Franci	iamaa ahaat		
28. INCLU	/ate employm ISIVE DATES m/dd/yyyy)	ent. Start from your recent POSITION TITI (Write in full/Do not ab	LE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(write in full/50 not at	ioreviale)	(vviite iii iui	indo not appreviate)	SALARI	(Format"00-0")/ INCREMENT	AFFOINTIVILINI	(Y/ N)
02/01/2023	12/31/2023	Assistant Profes	sor II	Visayas	State University	39,672.00	16-1	Permanent	Y
01/01/2023		Assistant Profes	sor I	Visayas	State University	36,619.00	15-1	Permanent	Y
01/01/2022	12/31/2022	Assistant Profes	sor I	Visayas	State University	35,097.00	15-1	Permanent	Y
01/01/2021	12/31/2021	Assistant Profes	sor I	Visayas State University		33,575.00	15-1	Permanent	Y
01/01/2020		Assistant Profes	ssor I	,	Visayas State University		15-1	Permanent	Y
07/01/2019		Assistant Profes	ssor I		State University	30,531.00	15-1	Permanent	Y
01/01/2019	12/31/2019	Instructor III		Visayas State University		28,447.00	14-3	Temporary	Y
01/01/2018	12/31/2018	Instructor III		Visayas State University		27,122.00	14-3	Temporary	Y
01/01/2017		Instructor I		-	State University	25,290.00	14-1	Temporary	Y
01/01/2017	12/31/2017	Instructor III		Visayas State University		25,290.00	14-1	Temporary	Y
01/01/2017		Instructor III			State University	25,859.00	14-3	Temporary	Y
11/01/2016	12/31/2016	Instructor I			State University	20,651.00	12-1	Temporary	Y
01/01/2016	10/31/2016	Instructor I		-	State University	20,651.00	12-1	Temporary	Y
11/01/2015	12/31/2015	Instructor I			State University	19,940.00	-	Temporary	Y
12/01/2014	10/31/2015	Instructor I		Visayas	State University	19,940.00	-	Temporary	Y
				(Continue on separate she	eet if necessary)				
SIGNA	ATURE				DATE		07/17/2	2023	
_							CS	FORM 212 (Revised 20	)17), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIN	/E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
		Continue on separat	e sheet if necessary)				
VII. LEARNING AND DEVELOPMENT (L&D, (Start from the most recent L&D/training program and include	INTERVENTIONS/TRAINING	G PROGRAM	IS ATTENDE	)	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
N/A		N/A	N/A	N/A	N/A	N/A	
VIII. OTHER INFORMATION		Conunue on separat	e sheet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NO		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A		N/	Ά			N/A	
		Continue on separat	e sheet if necessary)				
SIGNATURE				DA	07/17/2023		

34	Are you related by consanguinity or affinity to the apportune the chief of bureau or office or to the person who has in Office, Bureau or Department where you will be appporal, within the third degree?  b. within the fourth degree (for Local Government Unit	☐YES ☐ ☐YES ☐ If YES, give details:	NO NO			
35	a. Have you ever been found guilty of any administrati	YES [	NO			
	b. Have you been criminally charged before any court	YES If YES, give details: Date Filed: Status of Case/s:	NO			
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			
38.	a. Have you ever been a candidate in a national or loc (except Barangay election)?	YES [	NO			
	b. Have you resigned from the government service dulast election to promote/actively campaign for a nation	YES [				
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?	If YES, please specify:  YES, please specify IE  YES, please specify IE  YES  If YES, please specify IE				
41	. REFERENCES (Person not related by consanguinity or affinity to a	oplicant /appointee)	II 1 LS, please specify it			
	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 name tag and signature over		
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 content	Republic of the s stated herein. I	printed name  Computer generated or photocopied picture is not acceptable  PHOTO		
(	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A					
lŀ	D/License/Passport No.: N/A	Signature (Sign inside the 07/17/2023	box)			
	Date/Place of Issuance: N/A	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant ex	hibiting his/her validly issued	government ID as indicated above.		
		ath				