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) BE			ATE	4 00 ID N	· · , · · · · · · · · · · · · · · · · · · ·	/D+ 611 F	· 000 · k.)	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO		ate N/A if not applicable. DO	NOT ABBREVI	ATE.	1. CS ID No.		(Do not fill up. F	or CSC use only)	
2. SURNAME	Casinillo								
FIRST NAME	Leomarich		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	Fortugaliza								
3. DATE OF BIRTH		16. CITIZENSHIP			. –	l n			
(mm/dd/yyyy)	02/01/1990		16. CITIZENSHIP				lization		
4. PLACE OF BIRTH	Hilongos, Leyte	If holder of dual citize	enship,	Pls. indicate country:					
5. SEX	✓ Male Female	please indicate the d	letails.	Philippines	Philippines				
6. CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS							
	Widowed Separated				se/Block/Lot No.			Street	
	Other/s:			to's Compound division/Village			Patag Barangay		
7. HEIGHT (m)	1.52			BAYBAY			LEYTE		
8. WEIGHT (kg)	58.00	ZIP CODE		ty/Municipality 6521			Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS							
10. GSIS ID NO.	N/A			se/Block/Lot N Hilongos			Street Tabunok		
11. PAG-IBIG ID NO.	N/A			odivision/Villag HILONGOS	e		Barangay LEYTE		
12. PHILHEALTH NO.	N/A	ZIP CODE	City/Municipality		Province				
13. SSS NO.		19. TELEPHONE NO.	NULL						
	N/A		N/A						
14. TIN NO.	N/A	20. MOBILE NO.	9092176827						
15. AGENCY EMPLOYEE NO.	V00957	21. E-MAIL ADDRESS (if any)		I(eomaricn.ca	asinillo@vsu.edu	.pn		
II. FAMILY BACKGROUND 22. SPOUSEI'S SURNAME	Casinillo		22 NAME of CH	II DDEN (Mei	to full name on	d list all\	DATE OF BIDT	TH (mm/dd/ssss)	
		23. NAME of CH NAME EXTENSION (JR., SR)		IILDREN (Write full name and list all) Gia Gabrielle L. Casinillo			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Emily			Gia Gabrie	elle L. Casirii	11/11/2020			
MIDDLE NAME	Lagumbay								
OCCUPATION	Teaching	•							
EMPLOYER/BUSINESS NAME	Visayas State Univer	rsity							
BUSINESS ADDRESS TELEPHONE NO.	Amaga								
24. FATHER\'S SURNAME	Casinillo								
FIRST NAME	Leonardo	NAME EXTENSION (JR., SR)	SR)						
MIDDLE NAME	Vasquez								
25. MOTHER\'S MAIDEN NAME	Maita Rola Fortugal	iza							
SURNAME	Casinillo								
FIRST NAME	Maita								
MIDDLE NAME	Fortugaliza			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	-			10		Sarato oncot ii nooco		_	
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGR	EE/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP/ ACADEMIC	
LEVEL	(Write in full)	(Write in full)		From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	Tabunok Elementary School	Elementary		1997	2003		2003	N/A	
SECONDARY	Hilongos National Vocational High School	High School		2003	2007		2007	N/A	
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	Visayas State University	Bachelor of Science in S		2009	2012		2012	N/A	
GRADUATE STUDIES	University of San Carlos	Master of Science in Mate Continue on separate sheet if necessity		2014	2017		2017	N/A	
SIGNATURE				DA	\TE		02/10/2024		

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF			DMENT	LICENSE (if a	pplicable)	
BA			(If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CO CONFERMENT			RMENI	NUMBER	Date of Validity
CAREER	SERVICE PROF	ESSIONAL EXAMINATION	80.22	10/26/2014	SAINT JOSEPH COLLEGE, MAASIN CITY		N/A	N/A	
	EXPERIE			(Continue on separate she					
	vate employm JSIVE DATES	ent. Start from your recen	t work) Descripti	on of duties should b	oe indicated in the attache	d Work Exper	ience sheet.		
	m/dd/yyyy) To	POSITION TITI (Write in full/Do not at		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
01/01/2023	PRESENT	Assistant Profes	sor II	Visayas	State University	39,672.00	16-1	Permanent	Y
09/15/2022		Assistant Profes	sor II	Visayas	State University	38,150.00	16-1	Permanent	Y
01/01/2022		Instructor I		Visayas	State University	28,471.00	12-4	Permanent	Y
01/01/2022		Instructor I		Visayas	State University	28,471.00	12-4	Permanent	Y
01/01/2021		Instructor I			State University	26,915.00	12-4	Permanent	Y
01/24/2020		Instructor I		Visayas State University		25,358.00	12-4	Permanent	Y
01/01/2020		Instructor I		Visayas State University		25,067.00	12-3	Permanent	Y
01/01/2019		Instructor I		Visayas State University		23,510.00	12-3	Permanent	Y
01/01/2019	12/31/2019	Instructor I		Visayas State University		22,938.00	12-1	Permanent	Y
12/01/2018	12/31/2018	Instructor I		Visayas State University		22,149.00	12-1	Permanent	Y
01/01/2018	11/30/2018	Instructor I			Visayas State University Visayas State University		12-1	Temporary Temporary	Y
01/24/2017	12/31/2017	Instructor I			State University State University	22,149.00	12-1	Temporary	Y
01/24/2017	12/31/2017	mst deter i		Visuyus	otate offiversity	21,007.00	12-1	remporary	'
	47115-			(Continue on separate she	l ,			0004	1
SIGNATURE DATE 02/10/200 CS FOR CS FOR				2024 FORM 212 (Revised 20	017), 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)	GANIZATION		VE DATES Id/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L&D,			te sheet if necessary) IS ATTENDE				
(Start from the most recent L&D/training program and include					agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS	ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc) Type of LD CONDUCTED/ SPONSORED BY CONDUCTED/ SPONSORED BY (Write in full)		
Special International Conference on Mathem	natics Education 2016	10/20/2016	10/22/2016	24	Instruction	Philippine Council of Mathematics Teachers Eduators (MATHTED), Inc.	
2016 MTAP - TL International Co	onvention	07/27/2016	07/29/2016	24	Research	MathematicsTeachers Association of the Philippines Tertiary Level (MTAP-TL), Inc.	
2016 Mathematical Society of the	Philippines	05/30/2016	05/30/2016	16	Research	Mathematical Society of the Philippines	
Summer Internship Progran	nme	04/22/2016	04/23/2016	16	Instruction	Office of the Vice-President for Research and Extension, Visaya State University	
		(Continue on separat	te sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NC	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
N/A	N/A					Mathematics Teachers Association of the Philippines- Tertiary Level	
		Mathematical Society of the Philippines					
	((Continue on separat	te sheet if necessary)				
SIGNATURE						02/10/2024	

the chief of bureau or office or to the person who has Office, Bureau or Department where you will be appped a. 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]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 violatio regulation by any court or tribunal?	☐YES ✓ If YES, give details:]NO		
	retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or			
(except Barangay election)?				
	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?			
39. Have you acquired the status of an immigrant or perm	☐YES ✓ If YES, give details (cour	no ntry):		
 40. Pursuant to: (a) Indigenous People\'s Act (RA 8371); (7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group? b. Are you a person with disability? c. 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 a	oplicant /appointee)			
NAME Jorge S. Valenzona	ADDRESS Apt. 19, Kilbourne Drive, Visca Baybay	TEL. NO. 09364121537	ID picture taken within the last 6 months 3.5 cm x 4.5 cm	
	City Leyte		(passport size) With full and handwritten name tag and signature over printed name	
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 reagree that any misrepresentation made in this deadministrative/criminal case/s against me.	rtinent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the stated herein. I	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 ID/License/Passport No.: N/A	Signature (Sign inside the	hay)		
Date/Place of Issuance: N/A	02/10/2024			
SUBSCRIBED AND SWORN to before me this	nibiting his/her validly issued	government ID as indicated above.		
	Person Administering Oa			