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.

READ THE ATTACHED GUIDE TO FILE Print legibly. Tick appropriate boxes	s () and use separate sheet if necessary. Indica	ate N/A if not applicable DO	NOT ABBREVI	ATF.	1. CS ID No.		(Do not fill up. Fo	or CSC use only)	
Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION									
2. SURNAME	Restor								
FIRST NAME	Christan Mikhael								
MIDDLE NAME	Diaz								
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1992	16. CITIZENSHIP		✓ Filip	oino 🗌	Dual Citizenship)		
			by birth by naturalization						
4. PLACE OF BIRTH	BAYBAY CITY HOSPITAL If holder of dual citizenship,					Pls. indicate country:			
5. SEX	✓ Male Female	please indicate the d	Philippines						
6. CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	Cottage 6 se/Block/Lot No.			SpillWay Street		
	Other/s:		VSU	J Lower campu	ıs	F	Pangasungan		
7. HEIGHT (m)	1.72		Sub		ndivision/Village BAYBAY			Barangay LEYTE	
				ty/Municipality			Province		
8. WEIGHT (kg)	82.00	ZIP CODE 18. PERMANENT ADDRESS		6521					
9. BLOOD TYPE	0		Hou	se/Block/Lot No.			Street		
10. GSIS ID NO.	N/A		Sul	bdivision/Villag	е		Barangay		
11. PAG-IBIG ID NO.	N/A			city/Municipality			Province		
12. PHILHEALTH NO.	N/A	ZIP CODE							
13. SSS NO.	N/A	19. TELEPHONE NO.		563-7415					
14. TIN NO.	N/A	20. MOBILE NO.		N/A					
15. AGENCY EMPLOYEE NO.	V01192 21. E-MAIL ADDRESS (if any) mikhael.restor@vsu.edu.ph								
II. FAMILY BACKGROUND									
				23. NAME of CHILDREN (Write full name and list all) DA					
22. SPOUSE\'S SURNAME	N/A	NAME EXTENSION (ID. CD)	23. NAME of CH	IILDREN (Writ	e full name an	d list all)	DATE OF BIRT	H (mm/dd/yyyy)	
22. SPOUSE\S SURNAME FIRST NAME	N/A N/A	NAME EXTENSION (JR., SR) N/A	23. NAME of CH		e full name and	d list all)		H (mm/dd/yyyy)	
			23. NAME of CH			d list all)			
FIRST NAME	N/A		23. NAME of CH			d list all)			
FIRST NAME MIDDLE NAME	N/A N/A		23. NAME of CH			d list all)			
FIRST NAME MIDDLE NAME OCCUPATION	N/A N/A N/A		23. NAME of CH			d list all)			
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A N/A N/A N/A		23. NAME of CH			d list all)			
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FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER\'S SURNAME	N/A N/A N/A N/A N/A N/A N/A N/A	N/A	23. NAME of CH			d list all)			
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IV. CIVIL SERVICE ELIGIBILITY										
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if ap	oplicable)	
SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	RMENT	NUMBER	Date of Validity		
	N/A		N/A	N/A	N/A			N/A	N/A	
				(Continue on separate she	eet if necessary)					
	EXPERIE									
	vate employm ISIVE DATES	ent. Start from your recen	t work) Descripti	on of duties should t	oe indicated in the attached	d Work Experi	SALARY/ JOB/		22:	
	m/dd/yyyy) To	POSITION TITI Write in full/Do not at			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
07/01/2022	12/31/2022	Administrative A	de III	Visayas	State University	14,125.00	3-1	Casual	Y	
01/03/2022	06/30/2022	Administrative A	de III	Visayas	State University	14,125.00	3-1	Casual	Y	
07/01/2021	12/31/2021	Administrative A	de III	Visayas	State University	13,572.00	3-1	Casual	Y	
01/01/2021	06/30/2021	Administrative A	de III	Visayas	State University	13,019.00	3-1	Casual	Y	
01/01/2021		Administrative A	de III	Visayas	State University	13,572.00	3-1	Casual	Y	
07/01/2020	12/31/2020	Administrative A	de III	Visayas	State University	13,019.00	3-1	Casual	Y	
01/06/2014	05/16/2014	Computer Oper	ator	Simon Gro	oup of COmpanies	12,000.00	-	Temporary	N	
06/10/2013	01/06/2014	Autocadd Oper	ator		Y AND DEVELOPMENT RPORATION	12,000.00	-	Temporary	N	
				(Continue on separate she	eet if necessary)					
SIGNATURE					DATE	11/21/2022				
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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)		
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	
VIII. OTHER INFORMATION		Continue 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/	'A			N/A	
	1	Continue on separat	e sheet if necessary)				
SIGNATURE				DA	TE	11/21/2022	

,	34. Are you related by consanguinity or affinity to the apportunity of bureau or office or to the person who has in Office, Bureau or Department where you will be apportuned.	mmediate supervision over you in the					
	a. within the third degree?	illicu,	YES 🗸	NO			
	b. within the fourth degree (for Local Government Unit	YES					
	5. Within the location degree (for Local Covernment of the	If YES, give details:					
	25 - 11		YES	NO.			
,	35. a. Have you ever been found guilty of any administrati		If YES, give details:	NO			
			in 125, give detaile.				
	b. Have you been criminally charged before any court?	b. Have you been criminally charged before any court?					
		If YES, give details:					
		Date Filed: Status of Case/s:					
30	riare year ever been commence or any crimic or menance	· · · · · · · · · · · · · · · · · · ·	YES V	NO			
	regulation by any court or tribunal?		If YES, give details:				
3	riare year ever been coparated norman control in any			NO			
	retirement, dropped from the rolls, dismissal, termination	on, end of term, finished contract or	If YES, give details:				
	phased out (abolition) in the public or private sector?			Resignation			
3		al election held within the last year	☐YES ✓	NO			
	(except Barangay election)?		If YES, give details:				
	b. Have you resigned from the government service dur		☐YES ✓	NO			
	last election to promote/actively campaign for a nation	al or local candidate?	If YES, give details:				
3	9. Have you acquired the status of an immigrant or perma	anent resident of another country?	☐YES ✓	NO			
	, .		If YES, give details (coun	try):			
4	10. Pursuant to: (a) Indigenous People\'s Act (RA 8371); (
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8	1972), please answer the following items:					
	a. Are you a member of any indigenous group?		☐YES ✓ If YES, please specify:	NO			
	b. Are you a person with disability?		YES Y	NO			
	The you a person with disability:		If YES, please specify ID				
	c. Are you a solo parent?		☐YES ✓				
			If YES, please specify ID	No			
4	11. REFERENCES (Person not related by consanguinity or affinity to ap	pplicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
r				ID picture taken within the last 6 months			
				3.5 cm x 4.5 cm (passport size)			
				With full and handwritten			
t				name tag and signature over printed name			
L				Computer generated			
4	12. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per			or photocopied picture is not acceptable			
	Philippines. I authorize the agency head/authorized re	presentative to verify/validate the contents	stated herein. I				
	agree that any misrepresentation made in this do administrative/criminal case/s against me.	ocument and its attachments shall caus	se the filing of	РНОТО			
	auministrative/criminal case/s against me.						
r							
	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	box)					
	Date/Place of Issuance: N/A		Right Thumbmark				
H		Date Accomplished					
	SUBSCRIBED AND SWORN to before me this	ibiting his/her validly issued (government ID as indicated above.				
	ļ	Person Administering Oa					
1		3					