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.

	ILLING OUT THE PERSONAL DATA SHEET (PDS) BE es () and use separate sheet if necessary. Indic			ATE.	1. CS ID No.	,	(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATIO	DN								
2. SURNAME	Olana								
FIRST NAME	Rochelle		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	Cagadas								
3. DATE OF BIRTH (mm/dd/yyyy)	06/29/1993	16. CITIZENSHIP	✓ Filipino Dual Citizenship by birth by naturaliz				ılization		
4. PLACE OF BIRTH	Saint Bernard, Southern Leyte	If holder of dual citiz	If holder of dual citizenship,			Pls. indicate country:			
5. SEX	☐ Male	please indicate the o	letails.	Philippines					
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village				Street Gabas		
7. HEIGHT (m)	1.65					Barangay LEYTE			
8. WEIGHT (kg)	54.01	ZIP CODE		ity/Municipality	<u>′</u>	6521	Province		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Ног	uso/Plack/Lat N	lo		Street		
10. GSIS ID NO.	N/A	_		House/Block/Lot No. Subdivision/Village					
11. PAG-IBIG ID NO.	121273884787	-					Barangay		
12. PHILHEALTH NO.	130255595416	ZIP CODE		City/Municipality			Province		
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
14. TIN NO.	465340181	20. MOBILE NO.		353-418-131					
15. AGENCY EMPLOYEE NO.	V01204	21. E-MAIL ADDRESS (if any)	rochelle.olana@vsu.edu.ph						
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	Olana	23. NAME of CH NAME EXTENSION (JR., SR)		CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Kenny Oriel			Kechel Moriah C. Olana			02/12/2022		
MIDDLE NAME	Aranas								
OCCUPATION	Government Employ	yee							
EMPLOYER/BUSINESS NAME	Visayas State Unive	rsity							
BUSINESS ADDRESS	VSU, Pangasugan, Beybay	City, Leyte							
TELEPHONE NO.									
24. FATHER\'S SURNAME	Cagadas								
FIRST NAME	Rodrigo	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Vanzuela								
25. MOTHER\'S MAIDEN NAME	Luzviminda M. Bern	abe							
SURNAME	Cagadas								
FIRST NAME	Luzviminda								
MIDDLE NAME	Bernabe		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	REE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	N/A								
SECONDARY	N/A								
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	Visayas State University	Bachelor of Science in A	griculture	2010	2014		2014	Cum Laude	
GRADUATE STUDIES	University of the Philippines at Los Baños	Master of Science in Plant Continue on separate sheet if nec		2018	2020		2020		
SIGNATURE		Sir Sopardio Gibot ii 1160)1/	DA	ATE		07/01/2022		

SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RAING (If Applicable) Agriculturist Agriculturist Barangay Eligibility Agriculturist NUMBER Date of Validity N/A N/A N/A N/A N/A N/A N/A N/	IV. CIVIL SERVICE ELIGIBILITY									
## A PROVIDED TO TRANSPORT OF THE PROVIDED T	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING					LICENSE (if applicable)	
	SPECIAL LAWS/ CES/ CSEE					PLACE OF EXAMINATION / CONFERMENT			NUMBER	
	Agriculturist			83.67	06/02/2015	Tack	oban City		0021322	06/04/2015
W. WORK EXPERIENCE Controllus privates amplicated in the attached Wirk Experience sheet. Body Name of Control of Contr	Honor Graduate Eligibility			N/A		N/A		N/A	N/A	
W. WORK EXPERIENCE Controllus privates amplicated in the attached Wirk Experience sheet. Body Name of Control of Contr										
W. WORK EXPERIENCE Controllus privates amplicated in the attached Wirk Experience sheet. Body Name of Control of Contr										
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W. WORK EXPERIENCE Controllus privates amplicated in the attached Wirk Experience sheet. Body Name of Control of Contr					(Continue on senarate sh	pet if necessary				
Post				twork) Doscripti			d Work Expor	ionco shoot		
From 1/3 (Note) Total (Note) Note (Note) Personal (Note) Note (Note)<	28. INCLU	ISIVE DATES	POSITION TITI	-E	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP		
010102021 Instructor I Visayas Sate University 26,000,000 12-1 Temporary Y 099772020 Imatuctor I Visayas Sate University 24,495,00 12-1 Temporary Y Image: Sate University Image: Sate University 24,495,00 12-1 Temporary Y Image: Sate University	From	То	(Write in full/Do not ab	breviate)	(Write in fu	I/Do not abbreviate)	SALARY	(Format"00-0")/	APPOINTMENT	
09077200 Instructr1 Visayas Invensity 24,9500 12-1 Temporary Y 09077200 100 Instructr1 Visayas Invensity 24,9500 12-1 Temporary Y 09077200 100 Inchestor Inchestor <td></td> <td>PRESENT</td> <td>Instructor I</td> <td></td> <td></td> <td></td> <td>·</td> <td></td> <td></td> <td></td>		PRESENT	Instructor I				·			
SIGNATURE DATE 07/01/2022	09/07/2020		Instructor I		Visayas	State University	24,495.00	12-1	Temporary	Y
SIGNATURE DATE 07/01/2022										
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					(Continue on separate she					
	SIGNA	ATURE				DATE				017) Page 2 of A

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
		(Continue on separat	te sheet if necessary)				
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include					agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTEF (Write in full)	EVENTIONS/TRAINING PROGRAMS	ATTEN	E DATES OF IDANCE d/yyyy) To	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	
		(Continue on senara	te sheet if necessary				
(Continue on separate sheet if necessary) /III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NC		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A		N	/A			Philippine Association of Agriculturists, Inc.	
A.A.I.		(Continue on separa	te sheet if necessary)			07/01/2022	
SIGNATURE				DA	TE	07/01/2022	

(the chief of bureau or office or to the person who has Office, Bureau or Department where you will be apppra. within the third degree? b. within the fourth degree (for Local Government Uni	☐YES ☐YES If YES, give details:	✓NO ✓NO				
35. ¿	a. Have you ever been found guilty of any administrat	YES If YES, give details:	✓NO				
1	b. Have you been criminally charged before any court	YES If YES, give details: Date Filed: Status of Case/s:	✓NO				
	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	n of any law, decree, ordinance or	YES If YES, give details:	✓NO			
l i	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminat phased out (abolition) in the public or private sector?		YES If YES, give details:	✓NO			
	a. Have you ever been a candidate in a national or loo (except Barangay election)?	cal election held within the last year	YES If YES, give details	✓NO S:			
	b. Have you resigned from the government service du last election to promote/actively campaign for a nation		☐YES If YES, give details	✓NO S:			
39.	Have you acquired the status of an immigrant or perm	YES If YES, give details (o	✓ NO country):				
a. ,	Pursuant to: (a) Indigenous People\'s Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐YES If YES, please specif ☐YES If YES, please specif ☐YES If YES, please specif	✓ NO y ID No ✓ NO				
41. F	REFERENCES (Person not related by consanguinity or affinity to a	pplicant /appointee)					
	NAME	ADDRESS	TEL. NO.		ID picture taken within		
	Veronica J. Berenguer	Tacloban City, Leyte	09159870264		the last 6 months 3.5 cm x 4.5 cm (passport size)		
	Carlos S. de La Cruz	Tacloban City	09185074623		With full and handwritten		
	Erlinda A. Vasquez	09177034791		name tag and signature over printed name			
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.							
Gov	vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Drivert's License, PLEASE INDICATE ID Number and Date of Issuance vernment Issued ID: N/A License/Passport No.: N/A e/Place of Issuance: N/A	Signature (Sign inside the 07/01/2022 Date Accomplished	box)		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	nibiting his/her validly iss	ued gover	rnment ID as indicated above.			
		Person Administering Oa					
1		ath					