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.

Print legibly. Tick appropriate boxes	LLING OUT THE PERSONAL DATA SHEET (PDS) BEI s () and use separate sheet if necessary. Indica			ATE.	1. CS ID No.		(Do not fill up. Fo	or CSC use only)
I. PERSONAL INFORMATIO		ato 1477 il riot applicable. De l	TO I TIBBILETII	1121	1. 00 15 110.		(Bo flot iiii ap. 1	or deed deed drilly)
2. SURNAME	Yunzal							
FIRST NAME	Ananias NAME EXTENSION (JR., SR) Jr.							
MIDDLE NAME	Natividad							
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1990	Filipino Dual Citizenship				li-aki a a		
4. PLACE OF BIRTH		If holder of dual citizenship,		∐ by birth Pls. indicate o			by naturalization country:	
5. SEX	✓ Male Female	please indicate the de	etails.	Philippines				
6. CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS House		Lower Se/Block/Lot No. Street				
	Widowed Separated Other/s:			se/Block/Lot N	0.	Street Buenavista		
7. HEIGHT (m)	1.73		Subdivision/Village BAYBAY				Barangay LEYTE	
. ,	-	710.0005	Cit	ty/Municipality			Province	
8. WEIGHT (kg)	69.00	ZIP CODE 18. PERMANENT ADDRESS				6521	Lower	
9. BLOOD TYPE	0+		Hous	se/Block/Lot N	0.		Lower Street	
10. GSIS ID NO.	N/A		Subdivision/Village				Buenavista Barangay	
11. PAG-IBIG ID NO.	121140538819		Cii	BAYBAY ty/Municipality			LEYTE Province	
12. PHILHEALTH NO.	130001177800	ZIP CODE	2.9,		6521			
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A			
14. TIN NO.	447539457	20. MOBILE NO.	9487336079			87336079		
15. AGENCY EMPLOYEE NO.	V02051	21. E-MAIL ADDRESS (if any)		ananias.yunzal@vsu.edu.ph				
II. FAMILY BACKGROUND								
22. SPOUSE\'S SURNAME	Yunzal	23. NAME of CH		HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	Jennifer	NAME EXTENSION (JR., SR)		Zyrah Jen P. Yunzal				3/2014
MIDDLE NAME	Padalapat			Zviah Ann P. Yunzal			04/01	/2022
OCCUPATION	NA							
EMPLOYER/BUSINESS NAME	NA							
BUSINESS ADDRESS	NA							
TELEPHONE NO.	09121708698							
24. FATHER\'S SURNAME	Yunzal	NAME EXTENSION (JR., SR)						
FIRST NAME	Ananias							
MIDDLE NAME	Managbanag							
25. MOTHER\'S MAIDEN NAME	Herminia Calibud Nativ	vidad						
SURNAME	Noblefranca							
FIRST NAME MIDDLE NAME	Herminia Natividad		(C	ontinue on ser	parate sheet if neces	cand		
III. EDUCATIONAL BACKGI				(0	onande on sep	diate sheet ii neecs	oury)	
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	FE/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	Buenavista Elementary School	Elementary		1997	2003	Graduated	2003	N/A
SECONDARY VOCATIONAL/ TRADE COURSE	Baybay National High School N/A	High School		2005	2009	Graduated	2009	N/A
COLLEGE	Visayas State University	Bachelor of Science in Education (I	Major in Physical	2009	2013	Graduated	2013	Cum Laude
GRADUATE STUDIES	Visayas State University	Science) Master of Education in Chemistry (M		2017	2019	Graduated	2019	N/A
		PLEASE SEE ATTACHMENT A						
SIGNATURE	(C	опшние он зерагате вн ее т и песе	ooai y j	DA	\TE		09/02/2025	

Attachment A

III. EDUCATIONAL BACKGF	ROUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP/ ACADEMIC
			From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED
GRADUATE STUDIES	Cebu Normal University	Doctor of Education (Major in Research and Evaluation)	2020		on going		
	(0	Continue on separate sheet if necessary)					
SIGNATURE			DATE		09/02/2025		

Comparison Com	IV. CIVIL SERVICE ELIGIBILITY									
	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING				LICENSE (if applicable)		
V. WORK EXPERIENCE	SPECIAL LAWS/ CES/ CSEE					PLACE OF EXAMINATION / CONFERMENT			NUMBER	
MOLINOTE EXPERIENCE	Licensed Professional Teacher		82.40	12/12/2013	Taclo	Tacloban City		1280856	08/29/2022	
MOLINOTE EXPERIENCE										
MOLINOTE EXPERIENCE										
MOLINOTE EXPERIENCE										
MOLINOTE EXPERIENCE										
MOLINOTE EXPERIENCE										
MOLINOTE EXPERIENCE										
					(Continue on separate she	eet if necessary)				
Position NTLE (Note in field) or an aboration CEPARTINERY ASPECTY (PFICE) COLUMNY SULANT				t work) Descripti	on of duties should k	oe indicated in the attache	d Work Experi	ience sheet.		
Note	28. INCLU	ISIVE DATES	POSITION TITI	LE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP		SERVICE
101012025			In administration I		Viscos	Otata Hairranita	00.045.00	INCREMENT	Damasasat	
D101/2024 Instructor Visayas State University 30.76.00 12-1 Pernament Y		PKESENI					·			
D101/2024 Instructor Visayer State University 38,7650 12-1 Permenent Y							·			
Instructor Visayas State University 22166.00 12-1 Permanent Y										
Instructor Visayas State University 27,686.00 12-1 Permanent Y										
Confine on separate sheef if necessary) Confine on separate sheef if necessary)	06/03/2022		Instructor I				27,608.00	12-1	Permanent	Y
SIGNATURE DATE 09/02/2025	08/26/2021	07/31/2022	Instructor I				27,608.00	12-1	Temporary	Y
SIGNATURE DATE 09/02/2025										
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SIGNATURE DATE 09/02/2025							-			
					(Continue on separate she					
	SIGNA	ATURE				DATE				

/I. 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 INTER (Write in full)		INCLUSIVE ATTEN	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		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		
	<u> </u>	(Continue on separat	e sheet if necessary)			I		
SIGNATURE	SIGNATURE		DATE			09/02/2025		

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)?	al election held within the last year	☐YES ☐NO If YES, give details:				
	b. Have you resigned from the government service dulast election to promote/actively campaign for a nation		YES If YES, give details:				
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?	☐YES ☐ If YES, please specify: ☐YES ☐ If YES, please specify IC ☐YES ☐	NO				
41	. REFERENCES (Person not related by consanguinity or affinity to a	pplicant /appointee)	If YES, please specify IE	<u> </u>			
	NAME	ADDRESS	TEL. NO.	ID at the state of white			
				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 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	box)					
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	SUBSCRIBED AND SWORN to before me this	, affiant ex	hibiting his/her validly issued	government ID as indicated above.			
		ath					