CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

|                           | nade in the Personal Data Sheet and the Work Expeni<br>LLING OUT THE PERSONAL DATA SHEET (PDS) BE<br>s ( ) and use separate sheet if necessary. Indic  | FORE ACCOMPLISHING THE P  | DS FORM.  |                                 | se/s against i                |   |                       | or CSC use only                |
|---------------------------|--|---|---|---------------------------------|-------------------------------|---|-----------------------|--------------------------------|
| I. PERSONAL INFORMATIC    |  | ate N/A ii flot applicable.   | NOT ADDICE!   | IATE.                           | 1. 00 10 110.                 |   | (Do not iiii up. 1    | or Coc use orly)               |
| 2. SURNAME                | Pajares  |   |   |                                 |                               |   |                       |                                |
| FIRST NAME                | Glenn  |   |   |                                 |                               | NAME EXTENSION (J                                 | R., SR)<br>N/A        |                                |
| MIDDLE NAME               | Gubalane   |   |   |                                 |                               |   |                       |                                |
| 3. DATE OF BIRTH          |  | 16. CITIZENSHIP   |   |                                 | . –                           | 1   |                       |                                |
| (mm/dd/yyyy)              | 07/30/1979   | IO. OTTZENOTIII   | Filipino  |                                 |                               | Filipino Dual Citizenship  by birth by naturaliza |                       |                                |
| 4. PLACE OF BIRTH         | Ormoc City, Leyte  | If holder of dual citiz   |   |                                 | Pls. indicate of              | ountry:   |                       |                                |
| 5. SEX                    | ✓ Male Female  | please indicate the details.  |   | Philippines                     |                               |   |                       |                                |
| 6. CIVIL STATUS           | Single  Married  | 17. RESIDENTIAL ADDRESS   | #12   |                                 | Betty street                  |   |                       |                                |
|                           | ☐ Widowed ☐ Separated  |   | House/Block/Lot No. Bliss Project                         |                                 |                               | Street Bagong Buhay                               |                       |                                |
|                           | Other/s:   |   | Subdivision/Village                                       |                                 | 9                             | Barangay<br>LEYTE                                 |                       |                                |
| 7. HEIGHT (m)             | 1.70   |   |   | City/Municipality               | PRMOC CITY<br>ty/Municipality |   | Province              |                                |
| 8. WEIGHT (kg)            | 86.00  | ZIP CODE  |   |                                 |                               | 6541  |                       |                                |
| 9. BLOOD TYPE             | A+   | 18. PERMANENT ADDRESS   | Но  | # 12<br>use/Block/Lot N         | 0.                            |   | Betty street Street   |                                |
| 10. GSIS ID NO.           | N/A  |   | 91  | Bliss Project bdivision/Village |                               | [   | Bagong Buhay Barangay |                                |
| 11. PAG-IBIG ID NO.       | N/A  |   |   | ORMOC CITY                      |                               |   | LEYTE                 |                                |
| 12. PHILHEALTH NO.        | N/A  | ZIP CODE  |   | <i>лку/мипісіранку</i>          | /Municipality<br>6541         |   | Province              |                                |
| 13. SSS NO.               | N/A  | 19. TELEPHONE NO.   |   | N/A                             |                               |   |                       |                                |
| 14. TIN NO.               | N/A  | 20. MOBILE NO.  |   | 920-925-1159                    |                               |   |                       |                                |
| 15. AGENCY EMPLOYEE NO.   | V02055   | 21. E-MAIL ADDRESS (if any)   |   | glenn.pajares@vsu.edu.ph        |                               |   |                       |                                |
| II. FAMILY BACKGROUND     |  |   |   |                                 |                               |   |                       |                                |
| 22. SPOUSE\'S SURNAME     | Pajares  | ,   | 23. NAME of CHILDREN (Write full name and list all)  DATE |                                 | DATE OF BIRT                  | H (mm/dd/yyyy)                                    |                       |                                |
| FIRST NAME                | Riza   | NAME EXTENSION (JR., SR)  |   | ı                               | N/A                           |   | N                     | /A                             |
| MIDDLE NAME               | Yap  |   |   |                                 |                               |   |                       |                                |
| OCCUPATION                | Medical Technolog  | ist   |   |                                 |                               |   |                       |                                |
| EMPLOYER/BUSINESS NAME    | N/A  |   |   |                                 |                               |   |                       |                                |
| BUSINESS ADDRESS          | N/A  |   |   |                                 |                               |   |                       |                                |
| TELEPHONE NO.             | 09176221159  |   |   |                                 |                               |   |                       |                                |
| 24. FATHER\'S SURNAME     | Pajares  |   |   |                                 |                               |   |                       |                                |
| FIRST NAME                | Edgardo  | NAME EXTENSION (JR., SR)  |   |                                 |                               |   |                       |                                |
| MIDDLE NAME               | Villa  |   |   |                                 |                               |   |                       |                                |
| 25. MOTHER\'S MAIDEN NAME | Gubalane   |   |   |                                 |                               |   |                       |                                |
| SURNAME                   | Pajares  |   |   |                                 |                               |   |                       |                                |
| FIRST NAME                | Flordeliza   |   |   |                                 |                               |   |                       |                                |
| MIDDLE NAME               | Gubalane   |   | (Continue on separate sheet if necessary)                 |                                 |                               |   |                       |                                |
| III. EDUCATIONAL BACKG    | ROUND  |   |   | _                               |                               | HIGHEST   |                       | SCHOLARSHIP/                   |
| 26.<br>LEVEL              | NAME OF SCHOOL<br>(Write in full)  | BASIC EDUCATION/DEGR<br>(Write in full)   |   | PERIOD OF A                     | To                            | LEVEL/UNITS<br>EARNED<br>(if not graduated)       | YEAR<br>GRADUATED     | ACADEMIC<br>HONORS<br>RECEIVED |
| ELEMENTARY                | N/A  |   |   |                                 |                               |   |                       |                                |
| SECONDARY                 | N/A  |   |   |                                 |                               |   |                       |                                |
| VOCATIONAL/ TRADE COURSE  | N/A  |   |   |                                 |                               |   |                       |                                |
| COLLEGE                   | Sacred Heart Seminary, Palo, Leyte   | Bachelor of Arts in Phil  | osophy  | 1996                            | 2000                          |   | 2000                  | N/A                            |
|                           | and the second s |   |   |                                 |                               |   |                       | . NI/A                         |
| GRADUATE STUDIES          | University of San Carlos, Cebu City  | Master of Arts in Philo PLEASE SEE ATTACHMENT Continue on separate sheet if nec | A   | 2000                            | 2022                          |   | 2022                  | N/A                            |

## Attachment A

| III. EDUCATIONAL BACKGROUND               |  |  |                      |      |                              |            |                          |  |
|---|--|--|----------------------|------|------------------------------|------------|--------------------------|--|
| 26.<br>LEVEL                              | NAME OF SCHOOL                                   | BASIC EDUCATION/DEGREE/COURSE                  | PERIOD OF ATTENDANCE |      | HIGHEST<br>LEVEL/UNITS       | YEAR       | SCHOLARSHIP/<br>ACADEMIC |  |
|   | (Write in full)                                  | (Write in full)                                | From                 | То   | EARNED<br>(if not graduated) | GRADUATED  | HONORS<br>RECEIVED       |  |
| GRADUATE STUDIES                          | University of San Carlos, Cebu City, Philippines | Doctor Philosophy in Philosophy                | 2002                 | 2006 |                              | 2006       |                          |  |
| GIVIDONIE GIODIEG                         | Cebu Normal University                           | Doctor of Arts in Literature and Communication | 2012                 | 2017 |                              | 2017       |                          |  |
|   |  |  |                      |      |                              |            |                          |  |
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| SIGNATURE                                 |  |  | DA                   | TE   |                              | 03/21/2023 |                          |  |

| IV. CIVIL   | SERVICE E                | ELIGIBILITY   |                 |                             |   |                                    |   |                       |                     |  |
|---|--------------------------|---|-----------------|-----------------------------|---|------------------------------------|---|-----------------------|---------------------|--|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER PATING |                          |   | DATE OF         |                             |   | LICENSE (if applicable)            |   |                       |                     |  |
| ВА  |                          | AWS/ CES/ CSEE<br>ILITY / DRIVER'S LICENSE                          | (If Applicable) | EXAMINATION /<br>CONFERMENT | ON / PLACE OF EXAMINATION / CONFERMENT                                  |                                    |   | NUMBER                | Date of<br>Validity |  |
|   | PD 907: H                | Honor Elig.   |                 | N/A                         | N/A   |                                    | N/A   | N/A                   |                     |  |
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|   | EXPERIEN                 |   | (work) Dec      |                             |   | ol 10/o ulo E                      | ionocolorot   |                       |                     |  |
| 28. INCLU   | SIVE DATES<br>m/dd/yyyy) | ent. Start from your recent  POSITION TITI (Write in full/Do not ab | .E              | DEPARTMENT / AG             | e Indicated in the attache ENCY / OFFICE / COMPANY I/Do not abbreviate) | MONTHLY<br>SALARY                  | SALARY/ JOB/<br>PAY GRADE (if<br>applicable)& STEP<br>(Format"00-0")/ | STATUS OF APPOINTMENT | GOV'T<br>SERVICE    |  |
| From  | То                       |   |                 |                             |   |                                    | INCREMENT   |                       | (Y/ N)              |  |
| 01/01/2023  | PRESENT                  | Associate Profess   |                 |                             | State University  | 71,511.00                          | 22-1  | Temporary             | Y                   |  |
| 09/01/2022  | 07/31/2023               | Associate Profess   | sor IV          | Visayas                     | State University  | 69,963.00                          | 22-1  | Temporary             | Y                   |  |
|   |                          |   |                 |                             |   |                                    |   |                       |                     |  |
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| SIGNA   | ATURE                    |   |                 | (Continue on separate she   | eet if necessary)  DATE   |                                    | 03/21/2   | 2023                  |                     |  |
| 0.011   |                          |   |                 |                             |   | CS FORM 212 (Revised 2017), Page 2 |   |                       |                     |  |

| /I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S |                          |                      |                                |  |   |  |  |
|---|--------------------------|----------------------|--------------------------------|--|---|--|--|
| 29. NAME & ADDRESS OF OR (Write in full)  |                          | INCLUSIN             | /E DATES<br>ld/yyyy)           | NUMBER OF<br>HOURS   | POSITION / NATURE OF WORK                                     |  |  |
| Bantay Kita<br>Quezon City  |                          |                      | PRESENT                        | 1  | Visayas CSO representative                                    |  |  |
| Philippine Extractive Industries Transpare<br>Department of Finance, N                          | ncy Initiative( PH-EITI) | 06/08/2018           |                                | 1  | CSO -MSG Representative                                       |  |  |
| Sectoral Transparency Alliance on Natural Resource C  |                          | 06/08/2018           |                                | 1  |   | Chair                                      |  |
| Sibonga, Cebu   |                          |                      |                                |  |   |  |  |
|   |                          |                      |                                |  |   |  |  |
|   |                          |                      |                                |  |   |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D  |                          |                      | te sheet if necessary)         |  | _   |  |  |
| (Start from the most recent L&D/training program and include                                    |                          |                      |                                |  | agerial positions)  |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)                                     |                          | INCLUSIVE<br>ATTEN   | DATES OF<br>IDANCE<br>Id/yyyy) | NUMBER OF<br>HOURS   | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full) |  |
| N/A   |                          | N/A                  | N/A                            | N/A  | N/A   | N/A  |  |
|   |                          |                      |                                |  |   |  |  |
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|   |                          | Continue on separat  | te sheet if necessary)         |  |   |  |  |
| VIII. OTHER INFORMATION   |                          |                      |                                |  |   |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32. NO                   |                      | TINCTIONS / RECO               | S / RECOGNITION  33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full) |   |  |  |
| N/A   |                          | N/A                  |                                |  |   |  |  |
|   |                          |                      |                                |  |   |  |  |
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|   |                          | (O. II               |                                |  |   |  |  |
| SIGNATURE   |                          | (Continue on separat | te sheet if necessary)         |  | ITE   | 03/21/2023                                 |  |
|   |                          |                      |                                |  |   | CS FORM 212 (Revised 2017) Page 3 of       |  |

| 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 appposed. Within the third degree?  b. within the fourth degree (for Local Government Unit |  | ]no<br>]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 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.<br>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 ☐               |                                  |  |  |  |
| 41                                | REFERENCES (Person not related by consanguinity or affinity to a  | policant /appointee)   | If YES, please specify ID        | ) NO   |  |  |
|                                   | 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 stated herein. I | printed name  Computer generated or photocopied picture is not acceptable  PHOTO   |  |  |
| (                                 | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Drivert's License, tc.) 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  |  |                                  | government ID as indicated above.  |  |  |
|                                   |   | Person Administering O   | ath                              |  |  |  |