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	1 CC ID No.		/De set fill up F	'an 000 was anled	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION		ate N/A if not applicable. DO	NOT ABBREVI	AIE.	1. CS ID No.		(Do not fill up. F	or CSC use only)	
2. SURNAME	TRIPOLE								
FIRST NAME	MARK RYAN					NAME EXTENSION (JI	EXTENSION (JR., SR) N/A		
MIDDLE NAME	ROSAL								
3. DATE OF BIRTH		16. CITIZENSHIP				l n . 1 m . 1 .			
(mm/dd/yyyy)	03/25/1989	io. omzenom		✓ Filip	oino	Dual Citizenship by birth	o Dby natura	lization	
4. PLACE OF BIRTH		If holder of dual citize	If holder of dual citizenship,			Pls. indicate of	country:		
5. SEX	✓ Male Female	please indicate the c	United Arab Emirates						
6. CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS							
	Widowed Separated		Hou	ise/Block/Lot N		Street			
	Other/s:		Sui	bdivision/Villag	e		Seguinon Barangay		
7. HEIGHT (m)	1.70			ALBUERA ity/Municipality	,	LEYTE Province			
8. WEIGHT (kg)	77.00	ZIP CODE		пулишпогранц	6542	Province			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hou	ıse/Block/Lot N	lo		Street		
10. GSIS ID NO.	N/A			bdivision/Villag			Seguinon		
11. PAG-IBIG ID NO.	N/A			ALBUERA			Barangay LEYTE Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		City/Municipality			6542		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A			N/A	N/A		
14. TIN NO.	N/A	20. MOBILE NO.	920-119-6784			-119-6784			
15. AGENCY EMPLOYEE NO.	V02063	21. E-MAIL ADDRESS (if any)		mark.tripole@vsu.edu.ph					
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	Clavejo-Tripole	23. NAME		IE of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Marjorie	NAME EXTENSION (JR., SR)		N/A			N/A		
MIDDLE NAME	Mabale								
OCCUPATION	Teacher								
EMPLOYER/BUSINESS NAME	Seguinon National High	School							
BUSINESS ADDRESS	Seguinon, Albuera, L	eyte							
TELEPHONE NO.									
24. FATHER\'S SURNAME	Marieto								
FIRST NAME	Tripole	NAME EXTENSION (JR., SR)	√ (JR., SR)						
MIDDLE NAME	Cabintoy								
25. MOTHER\'S MAIDEN NAME	Nympha Sotto Ros	eal							
SURNAME	Tripole								
FIRST NAME	Nympha								
MIDDLE NAME	Rosal		(Continue on separate sheet if nec				sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	N/A					(if not graduated)		RECEIVED	
SECONDARY	N/A								
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science in Chemistry		2013	2017		2017	N/A	
GRADUATE STUDIES	University of San Carlos	Master of Science in Ch		2019	2022		2022	N/A	
SIGNATURE		Somma on Superato Sheet ii Heb	.com;/	DA	\TE		01/30/2024		

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF			LICENSE (if applicable)		
SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Chemist		82.15	10/16/2017	Sampa		0013731	03/25/2026		
Driver's License			N/A	N/A			H03-16-002996	N/A	
				(Cantinua an agravata ala					
	EXPERIE		4auk) Danavinsi	(Continue on separate she		d 18/2 vlr Francis	iones abast		
28. INCLU	Vate employm USIVE DATES m/dd/yyyy)	ent. Start from your recen	LE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	. (Write in full/Do not ab	bbreviate)	(Write in ful	II/Do not abbreviate)	SALARY	(Format"00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
06/05/2023	PRESENT	Instructor I	,	Visayas	State University	29,165.00	12-1	Permanent	Y
01/01/2023		Instructor I		Visayas	State University	29,165.00	12-1	Temporary	Y
09/22/2022	07/31/2023	Instructor I		Visayas	State University	27,608.00	12-1	Temporary	Y
02/20/2010	06/14/2013	Senior Documentation	s Controller	Haward Tec	45,000.00	-	Permanent	N	
				(Continue on separate she					
SIGN	ATURE				DATE		01/30/ cs	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 ORC (Write in full)		INCLUSIV	/E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A			N/A	N/A		N/A		
VII. LEARNING AND DEVELOPMENT (L&D)			e sheet if necessary)		_			
(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	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
N/A		From N/A	To N/A	N/A	N/A	N/A		
VIII OTHER INFORMATION		Continue on separa	e sheet if necessary)					
VIII. OTHER INFORMATION NON-ACADEMIC DISTINCTIONS / RECOGNITION MEMBERSHIP IN ASSOCIATION/ORGANIZATION								
31. SPECIAL SKILLS and HOBBIES	32. NC	(W	rite in full)	JGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
N/A		N.	Ά			N/A		
	(Continue on separate sheet if necessary)							
SIGNATURE				DA	TE	01/30/2024		

34	Are you related by consanguinity or affinity to the app the chief of bureau or office or to the person who has Office, Bureau or Department where you will be appp	imn	nediate supervision over you in the					
	a. within the third degree?		YES	✓ NO				
	b. within the fourth degree (for Local Government Un		YES	✓ NO				
	5. Wallin ale learning degree (let Leaan Gevenillen en	lf YE	ES, give details:					
25					YES	✓ NO		
30	a. Have you ever been found guilty of any administra	ive	offense?	 If YF	S, give details:	V NU		
					zo, givo dotano.			
				_				
	b. Have you been criminally charged before any cour	?			YES	✓ NO		
				It YE	ES, give details:			
					Date Filed: tatus of Case/s:			
				3	latus of Case/s:	_		
36.	riare jeu ever zeen een neteu er unj en neteur	n o	any law, decree, ordinance or		YES	✓ NO		
	regulation by any court or tribunal?			If YE	ES, give details:			
37.	Have you ever been separated from the service in an	y of	the following modes: resignation,		✓ YES	NO		
	retirement, dropped from the rolls, dismissal, termina			If YE	ES, give details:	C	duata atualiaa	
	phased out (abolition) in the public or private sector?					Gra	duate studies	
38.		cal e	election held within the last year		YES	✓ NO		
	(except Barangay election)?			If	YES, give details	:		
	b. Have you resigned from the government service di	ıring	the three (3)-month period before the		YES	✓ NO		
	last election to promote/actively campaign for a nation	nal c	r local candidate?	lf	If YES, give details:			
39.	Have you acquired the status of an immigrant or pern	nane	ent resident of another country?		YES	✓ NO		
	That's you adquired and status of all miningrant of poin		introduction another country.	If YE	S, give details (c		:	
40	Pursuant to: (a) Indigenous People\'s Act (RA 8371);	(b) I	Magna Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA	897	2), please answer the following items:					
a.	Are you a member of any indigenous group?			12.7/1	YES	✓ NO		
h	Are you a person with disability?			וו יון	ES, please specif	/: ✓NO		
	b. Are you a person with disability?				ES, please specif			
C.	Are you a solo parent?				YES	✓ NO		
				If YE	ES, please specif	/ ID No		
41	. REFERENCES (Person not related by consanguinity or affinity to a	pplic	ant /appointee)					
	NAME		ADDRESS		TEL. NO.			
	TV WIL		ABBREOG		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 printed name	
							Computer generated	
42	I declare under oath that I have personally accomplicomplete statement pursuant to the provisions of p						or photocopied picture is not acceptable	
	Philippines. I authorize the agency head/authorized r						io not acceptable	
	agree that any misrepresentation made in this document and its attachments shall cau				ne filing of		PHOTO	
	administrative/criminal case/s against me.					_		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance							
Ιt	Government Issued ID: N/A							
	·							
	D/License/Passport No.: N/A	Signature (Sign Inside the						
	Date/Place of Issuance: N/A 01/30/2024 Date Accomplished						Right Thumbmark	
Ľ					ragat manipinart			
	SUBSCRIBED AND SWORN to before me this		, affiant ext	ibitin	g his/her validly iss	ued gove	ernment ID as indicated above.	
	Person Administering Oat							
1		u I						