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 FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

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	TRIPOLE
FIRST NAME	MARK RYAN
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ROSAL
3. DATE OF BIRTH (mm/dd/yyyy)	03/25/1989
4. PLACE OF BIRTH	Dubai, UAE
5. SEX	☑ Male ☐ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.70
8. WEIGHT (kg)	84.00
9. BLOOD TYPE	A+
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	V02063

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: **United Arab Emirates**
17. RESIDENTIAL ADDRESS	House/Block/Lot No. / Street: ; Subdivision/Village / Barangay: Seguinon; City/Municipality: ALBUERA; Province: LEYTE
ZIP CODE	6542
18. PERMANENT ADDRESS	House/Block/Lot No. / Street: ; Subdivision/Village / Barangay: Seguinon; City/Municipality: ALBUERA; Province: LEYTE
ZIP CODE	6542
19. TELEPHONE NO.	N/A
20. MOBILE NO.	920-119-6784
21. E-MAIL ADDRESS (if any)	mark.tripole@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	Clavejo-Tripole	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Marjorie	N/A	N/A
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Mabale		
OCCUPATION	Junior High School Teacher		
EMPLOYER/BUSINESS NAME	DepEd - Seguinon National High School		
BUSINESS ADDRESS	Seguinon, Albuera, Leyte		
TELEPHONE NO.	09204249271		
24. FATHER\'S SURNAME	Marieto		
FIRST NAME	Tripole		
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Cabintoy		
25. MOTHER\'S MAIDEN NAME	Nympha Sotto Rosal		
SURNAME	Tripole		
FIRST NAME	Nympha		
MIDDLE NAME	Rosal	*(Continue on separate sheet if necessary)*	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	St. Mary's Catholic School	Elementary	1996	2001		2001	N/A
SECONDARY	St. Mary's Catholic High School	High School	2001	2005		2005	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 Chemistry	2019	2022		2022	N/A

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/29/2024

Attachment A

III. EDUCATIONAL BACKGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
GRADUATE STUDIES	Palompon Institute of Technology	Doctor of Philosophy in Education Managament	2022		12		
(Continue on separate sheet if necessary)							
SIGNATURE			***DATE***		02/29/2024		

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Chemist	82.15	10/16/2017	Sampaloc Manila	0013731	03/25/2026
Driver's License		N/A	N/A	H03-16-002996	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
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 Documentations Controller	Haward Technology Middle East	45,000.00	-	Permanent	N

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	02/29/2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Interdisciplinary Approaches to Chemistry Education and Research	08/17/2023	08/19/2023	16	Instruction	Philippine Association of Chemistry Teachers
Drug Forensic Chemist Basic Training Program	08/31/2018	11/30/2018	255	Technical	Philippine Drug Enforcement Agency (PDEA)

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate (MS Word, Excel, PPT presentation)	DOST-SEI ASTHRDP	University of San Carlos Alumni Association
Density Functional Theory (Materials Modelling)	2018 □□□□□□ (JLPT – Japanese Language Proficiency Test) N3 □□ (Intermediate Level)	VSU Alumni Association
Molecular Docking		
Musical Instruments (Guitar and Drums)		
Language Learning		

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	02/29/2024

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☑ YES ☐ NO If YES, give details: **Graduate studies**
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No ☐ YES ☑ NO If YES, please specify ID No

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
REINA JEAN ASDILLO	PDEA ROVII, CEBU CITY	0909-220-6696
CANDELARIO CALIBO	VSU, BAYBAY CITY, LEYTE	0917-634-1486
ELIZABETH S. QUEVEDO	VSU, BAYBAY CITY, LEYTE	0917-890-5658

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 filing of administrative/criminal case/s against me.

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 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: **PRC**
ID/License/Passport No.: **0013731**
Date/Place of Issuance: 10/24/2017 / Sampaloc, Manila

Signature (Sign inside the box)
02/29/2024
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath