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.

1	LLING OUT THE PERSONAL DATA SHEET (PDS) BE s () and use separate sheet if necessary. Indica			ATE	1 CC ID No		/Da not fill T	CCC		
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION		ate N/A ii not applicable. DO	NOI ABBREVI	AIE.	1. CS ID No.		(Do not till up. F	or CSC use only		
2. SURNAME	Pausanos									
FIRST NAME	Emelita					NAME EXTENSION (J	R., SR) N/A			
MIDDLE NAME	Sagaral									
3. DATE OF BIRTH		16. CITIZENSHIP								
(mm/dd/yyyy)	10/23/1981	Filipino Dual Citizenship by birth by naturalization								
4. PLACE OF BIRTH	Loay, Bohol	enship, Pls. indicate country:								
5. SEX	☐ Male ✓ Female	please indicate the d								
6. CIVIL STATUS	☐ Single ✓ Married	17. RESIDENTIAL ADDRESS	', '							
o. otvie otvitoo	☐ Widowed ☐ Separated		Hou	se/Block/Lot N	lo.		Street			
	Other/s:		Sul	bdivision/Villag	Barangay					
7. HEIGHT (m)	1.56		City/Municipality							
8. WEIGHT (kg)	56.00	ZIP CODE	<u>туттаттогратту</u>		Province					
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Hou	se/Block/Lot No.			Street			
10. GSIS ID NO.	N/A						Barangay			
11. PAG-IBIG ID NO.	N/A		Subdivision/Village City/Municipality			Province				
12. PHILHEALTH NO.	N/A	ZIP CODE		<u>iyimamoipaniy</u>		7 707/1100				
13. SSS NO.	3377808190	19. TELEPHONE NO.				N/A				
14. TIN NO.	N/A	20. MOBILE NO.	N/A							
15. AGENCY EMPLOYEE NO.	5. AGENCY EMPLOYEE NO. V02093 21. E-MAIL ADDRESS (if any) emelita.pausanos@vsu.edu.ph									
II. FAMILY BACKGROUND										
22. SPOUSE\'S SURNAME	Pausanos			HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	Mike	NAME EXTENSION (JR., SR)		1lkaela Verç	gell S. Paus	03/22	2/2006			
MIDDLE NAME	Behasa			Mikael Vian	ey S. Pausa	05/17	7/2014			
OCCUPATION	Driver									
EMPLOYER/BUSINESS NAME	Visayas State Univer	rsity								
BUSINESS ADDRESS	Visca, Baybay City, L	eyte								
TELEPHONE NO.	09351857759									
24. FATHER\'S SURNAME	Sagaral									
FIRST NAME	Francisco	NAME EXTENSION (JR., SR)								
MIDDLE NAME	Avelino									
25. MOTHER\'S MAIDEN NAME	Shirley Ilogon Api	t								
SURNAME	Sagaral									
FIRST NAME	Shirley									
MIDDLE NAME	Apit	(Continue on separate sheet if necessary)								
III. EDUCATIONAL BACKG	ROUND					шенгет		LOGUOLA POLUPI		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	Loay Central Elem. School	Elementary		1988	1994	, , , , , , , , , , , , , , , , , , , ,	1994	N/A		
SECONDARY	HOLY TRINITY ACADEMY	ADEMY High School		1994	1998		1998	N/A		
VOCATIONAL/ TRADE COURSE	N/A									
COLLEGE	Holy Name University	Bachelor of Science in Comme Management)	erce (Major in	1998	2002		2002	N/A		
GRADUATE STUDIES	N/A									
012	(0	Continue on separate sheet if nece	essary)				00/00/00 :			
SIGNATURE	I			D A	ATE	1	03/08/2024			

IV. CIVIL SERVICE ELIGIBILITY										
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if applicab		
SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
CSC Sub-Professional			83.96	08/07/2022	Maa		N/A	N/A		
				(Continue on separate she	eet if necessary)					
	EXPERIEI vate employm	NCE lent. Start from your recent	t work) Descripti	on of duties should k	e indicated in the attached	d Work Exper	ience sheet.			
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TITI (Write in full/Do not ab	LE	DEPARTMENT / AGENCY / OFFICE / COMPAN' (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From	То			.,,		INCREMENT				
04/03/2023	12/13/2023	Administrative Ai			State University	15,586.00	4-1	Permanent Inh Order	Y	
01/01/2023	03/31/2023	Administrative Ai			State University Frading Corp / Ultramart	603.40 17,800.00	-	Job Order Permanent	Y N	
04/23/2010	03/31/2020				s Inc/ ThreeSixty Pharmacy	12,500.00	-	Permanent	N N	
05/29/2003	04/22/2010	PHARMACY ASSISTANT			HARMACY INC	10,500.00	_	Permanent	N	
00/20/2000	CHARGE			TKOSE I	10,000.00		1 omanon			
				(Continue on separate she					l	
SIGNATURE					DATE		03/08/2	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 ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To			POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A			
	(Continue on separat	e sheet if necessary					
	(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) From To		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
Orientation of Guidelines and procedures on Process/Services of	the Offices underAdministrative Services	02/23/2024	03/23/2024	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "		
Attended the ISO 9001:2015 Awareness/Re	-awareness Webinar	08/29/2023	08/29/2023	8	Technical	Office of the Quality Assurance Center		
GPPB Basic Course Training on the RA 9184 and its Revised Im 2016	plementing Rules and Regulations Act of	08/22/2023	08/24/2023	24	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "		
Orientation/Re-Orientation of Duties and Responsibi	lities of dDRCs and AdDRCs	09/07/2022	09/07/2022	4	Instruction	PAMELA P. ORAÑO - University Document and Records Controller ALELI A. VILLOCINO - Quality Management Representative		
HANDS ONLY CARDIOPULMONARY R	ESUSCITATION	07/21/2022	07/22/2022	4	Technical	Department of Heath- Eastern Visayas Center for Health Development		
TYPHOON AWARENESS & CALAMIT	YREADINESS	06/09/2022	06/09/2022	4	Technical	Department of Meteorology		
Virtual Data Privacy Act of 2012 Aware	eness Seminar	04/07/2022	04/07/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "		
WEBINAR ON MENOPAUSE AND OTHER COMMON	GYNECOLOGIC PROBLEMS	03/31/2022	03/31/2022	8	Technical	GENDER RESOURCE CENTER		
WOMEN INSPIRING WOM	EN	03/07/2022	03/07/2022	8	Technical	GENDER RESOURCE CENTER		
ISO 9001:2015 Awareness/Re-aware	ness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University		
	(Continue on separat	e sheet if necessary,	<u> </u>				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES 32.			TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
N/A		A			N/A			
	(1	Continue on separat	e sheet if necessary,					
SIGNATURE			DA	\TE	03/08/2024			
						CS FORM 212 (Revised 2017), Page 3 of 4		

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 Uni		YES	✓ NO					
	ů (If YE	ES, give details:						
35	a. Have you ever been found guilty of any administra	ivo	offense?		YES	✓ NO			
	a. Have you ever been found guilty of any autilinistra	IVE	JIIGIISG !	 If Ye	ES, give details:	<u></u> o			
			· 0						
	b. Have you been criminally charged before any cour	t?		If VE	YES ES, give details:	✓ NO			
					Date Filed:				
		S	tatus of Case/s:						
20				✓ NO					
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	on o	any law, decree, ordinance or	If YE	YES S, give details:	▼ NO			
	regulation by any court of albumar.			" ''	-o, give details.				
37.	riare jeu erei zeen eeparateu nem ale eer itee in al			 If YE	YES S, give details:	NO			
	retirement, dropped from the rolls, dismissal, terminary phased out (abolition) in the public or private sector?	ion,	end of term, finished contract or	Resigned from private company					
38.			vaction hold within the last year		YES	✓ NO			
00.	a. Have you ever been a candidate in a national or lo (except Barangay election)?	uai t	siection neid within the last year	l If	YES, give details				
	h Have you resigned from the government convice do	ırina	the three (2) month period before the		YES	✓ NO			
	b. Have you resigned from the government service do last election to promote/actively campaign for a nation			l If	If YES, give details:				
00									
39.	Have you acquired the status of an immigrant or pern	nane	ent resident of another country?	If VE	YES S, give details (NO V			
				'' ''	-o, give details (ouritiy)	•		
40	Pursuant to: (a) Indigenous People\'s Act (RA 8371);	(d)	Magna Carta for Disabled Persons (RA						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA								
а	a. Are you a member of any indigenous group?				YES	✓ NO			
h	Are you a person with disability?			IIT YE	ES, please specif	y: ✓NO			
	b. Are you a person with disability?				ES, please specif				
C.	c. Are you a solo parent?				YES	✓ NO			
				If Y	ES, please specif	y ID No			
41	. REFERENCES (Person not related by consanguinity or affinity to a	pplic	ant /appointee)						
	NAME		ADDRESS		TEL. NO.				
	Ariel Angus		Cebu CIty				ID picture taken within the last 6 months		
	7 (1017 (11940		oosa ony				3.5 cm x 4.5 cm (passport size)		
	Noelyn Q. Taghoy		Mandaue City				With full and handwritten		
							name tag and signature over printed name		
42	I declare under oath that I have personally accompli-	sher	 this Personal Data Sheet which is a t	TUE (correct and		Computer generated		
	complete statement pursuant to the provisions of po	ertin	ent laws, rules and regulations of the	Rep	ublic of the		or photocopied picture is not acceptable		
	Philippines. I authorize the agency head/authorized ragree that any misrepresentation made in this d				PHOTO				
	administrative/criminal case/s against me.	ocu	ment and its attachments shall cau	30 ti	ic illing of		PHOTO		
[Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License,								
	PLEASE INDICATE ID Number and Date of Issuance								
	Government Issued ID: N/A								
	D/License/Passport No.: N/A		Signature (Sign inside the	JOX)					
	Date/Place of Issuance: N/A Date Accomplished								
[Salon lace of locatines. 14/1				Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	ibitin	g his/her validly iss	ued gove	ernment ID as indicated above.				
Porson Administrator Oct									
Person Administering Oat									