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	Luza
FIRST NAME	Heherson
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Alpuerto
3. DATE OF BIRTH (mm/dd/yyyy)	06/23/1991
4. PLACE OF BIRTH	Poblacion, Gutalac, Zaboanga del Norte
5. SEX	☑ Male ☐ Female
6. CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.70
8. WEIGHT (kg)	90.00
9. BLOOD TYPE	AB+
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	130255432398
13. SSS NO.	1015789577
14. TIN NO.	772613666
15. AGENCY EMPLOYEE NO.	VJO00504
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: **Philippines**
17. RESIDENTIAL ADDRESS	Caintic Compound (House/Block/Lot No.) Santa Cruz Street (Street); Santa Cruz (Subdivision/Village) Barangay; BAYBAY (City/Municipality) LEYTE (Province)
ZIP CODE	6521
18. PERMANENT ADDRESS	Luza Residence (House/Block/Lot No.) Street; Poblacion (Gutalac) (Subdivision/Village) Barangay; GUTALAC (City/Municipality) ZAMBOANGA DEL NORTE (Province)
ZIP CODE	NULL
19. TELEPHONE NO.	(1
20. MOBILE NO.	939-447-4049
21. E-MAIL ADDRESS (if any)	heherson.luza@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER\'S SURNAME	Luza			
FIRST NAME	Herminio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Virtudazo			
25. MOTHER\'S MAIDEN NAME	Pasculado			
SURNAME	Luza			
FIRST NAME	Cecilia			
MIDDLE NAME	Alpuerto		*(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	To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	2008	2017		2017	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	01/30/2025

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
N/A	N/A	N/A	N/A	N/A	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						
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	01/30/2025

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			
Online Training on the use of CASA Sperm Class Analyzer-SCA	10/01/2021	10/08/2021	8	Research	Microptic (Automatic Diagnostic System)
Lecture on Veterinary Ophthalmology	03/16/2016	03/16/2016	6	Instruction	Dr. Roel Leezer from the Netherlands
Lecture on Veterinary Oncology	09/23/2015	09/23/2015	6	Instruction	Dr. Roel Leezer from the Netherlands
Lecture on Veterinary Cardiology	07/15/2015	07/15/2015	6	Instruction	Dr. Roel Leezer from the Netherlands
Seminar - Workshop on Advanced Concepts in Animal Welfare	02/15/2014	02/15/2014	4	Instruction	World Animal Protection

(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)
Sperm Vitality Test (Philippine Native Boar)	N/A	VSU Varsity Coach - Volleyball Men

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/30/2025

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: **Finished Contract**
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.

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

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **PHILHEALTH**
ID/License/Passport No.: **130255432398**
Date/Place of Issuance: 11/30/-0001 / Baybay City

Signature (Sign inside the box)
01/30/2025
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