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	Pausanos
FIRST NAME	Emelita
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Sagaral
3. DATE OF BIRTH (mm/dd/yyyy)	10/23/1981
4. PLACE OF BIRTH	Loay, Bohol
5. SEX	☐ Male ☑ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.56
8. WEIGHT (kg)	56.00
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.	3377808190
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	VJO01245
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	House/Block/Lot No.: — Street: Pangasungan; Subdivision/Village: — Barangay: BAYBAY; City/Municipality: LEYTE; Province:
ZIP CODE	6521
18. PERMANENT ADDRESS	House/Block/Lot No.: 1113 Andres Abellan Street; Subdivision/Village: Veloso Comp Barangay: Guadalupe; City/Municipality: CEBU CITY (Capital) Province: CEBU
ZIP CODE	6000
19. TELEPHONE NO.	N/A
20. MOBILE NO.	099-741-2330
21. E-MAIL ADDRESS (if any)	emelita.pausanos@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	Pausanos	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Mike	MIkaela Vergell S. Pausanos	03/22/2006
NAME EXTENSION (JR., SR)		Mikael Vianey S. Pausanos	05/17/2014
MIDDLE NAME	Behasa		
OCCUPATION	Driver		
EMPLOYER/BUSINESS NAME	Visayas State University		
BUSINESS ADDRESS	Visca, Baybay City, Leyte		
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 Apit		
SURNAME	Sagaral		
FIRST NAME	Shirley		
MIDDLE NAME	Apit	*(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	Loay Central Elem. School	Elementary	1988	1994		1994	N/A
SECONDARY	HOLY TRINITY ACADEMY	High School	1994	1998		1998	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Holy Name University	Bachelor of Science in Commerce (Major in Management)	1998	2002		2002	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	03/21/2023

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
CSC Sub-Professional	83.96	08/07/2022	Maasin City	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						
06/27/2017	03/31/2020	Purchaser/Buyer	Rell and Renn Trading Corp / Ultramart	17,800.00	-	Permanent	N
04/23/2010	06/26/2017	Purchasing Staff	Blue Ocean Holdings Inc/ ThreeSixty Pharmacy	12,500.00	-	Permanent	N
05/29/2003	04/22/2010	PHARMACY ASSISTANT, BRANCH IN CHARGE	ROSE PHARMACY INC	10,500.00	-	Permanent	N

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	03/21/2023

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			
Orientation/Re-Orientation of Duties and Responsibilities 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 RESUSCITATION	07/21/2022	07/22/2022	4	Technical	Department of Heath- Eastern Visayas Center for Health Development
TYPHOON AWARENESS & CALAMITY READINESS	06/09/2022	06/09/2022	4	Technical	Department of Meteorology
Virtual Data Privacy Act of 2012 Awareness 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 WOMEN	03/07/2022	03/07/2022	8	Technical	GENDER RESOURCE CENTER
ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University

(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)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		**DATE**	03/21/2023

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: **Resigned from private company**
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.
Ariel Angus	Cebu CIty	
Noelyn Q. Taghoy	Mandaue City	

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: **N/A**
ID/License/Passport No.: **N/A**
Date/Place of Issuance: N/A

Signature (Sign inside the box)
03/21/2023
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