CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

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 INFORMATIC	I								
2. SURNAME	Sy  NAME EXTENSION (JR., SR)								
FIRST NAME	Joana Lin								
MIDDLE NAME	Caintic			1					
3. DATE OF BIRTH (mm/dd/yyyy)	01/09/1989	01/09/1989 16. CITIZENSHIP			Filipino Dual Citizenship by birth by naturalization				
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citize	Pls. indicate country:						
5. SEX	☐ Male ✓ Female	please indicate the d	etails.	Philippines					
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:			se/Block/Lot N		zone 2 Street uadalupe (Utod) Barangay			
7. HEIGHT (m)	1.50					LEYTE  Province			
8. WEIGHT (kg)	72.00	ZIP CODE		ty/Municipality Province 6521					
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS Hou		se/Block/Lot No.			Street		
10. GSIS ID NO.	N/A		Sub	odivision/Villag	le		Barangay		
11. PAG-IBIG ID NO.	121187876791		Ci	ity/Municipality			Province		
12. PHILHEALTH NO.	130253582929	ZIP CODE							
13. SSS NO.	3421914934	3421914934 19. TELEPHONE NO.				N/A			
14. TIN NO.	712469169000	20. MOBILE NO.		939-343-9199					
15. AGENCY EMPLOYEE NO.	VJO02124	21. E-MAIL ADDRESS (if any)			joana.s	y@vsu.edu.ph			
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	SY		23. NAME of CH	HILDREN (Write full name and list all)  DATE OF BIRTH (			H (mm/dd/yyyy)		
FIRST NAME	ROEL	NAME EXTENSION (JR., SR)	Н	HELAENA KATHLEEN C. SY 08/26/			6/2013		
MIDDLE NAME	PEDERICOS			KYZE KAEDE C. SY				9/2022	
OCCUPATION	LABORER								
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVE	ERSITY							
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER\'S SURNAME	HERI'S SURNAME CAINTIC								
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR) Jr.							
MIDDLE NAME	ALBA								
25. MOTHER\'S MAIDEN NAME	ELENITA TARIPE VALI	ENCIA							
SURNAME	CAINTIC	CAINTIC							
FIRST NAME	ELENITA								
MIDDLE NAME	VALENCIA			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF F	To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Guadalupe Elementary School	Elementary		1995	2001		2001	N/A	
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	High School		2001	2005		2005	N/A	
VOCATIONAL/ TRADE COURSE	N/A	Rachelor of Science in Hotel Dester	Irant and Tourism						
COLLEGE	LEYTE STATE UNIVERSITY	Bachelor of Science in Hotel Restaurant and Tour Management		2005	2009		2009	N/A	
GRADUATE STUDIES	N/A								
SIGNATURE	(0	Continue on separate sheet if nece	essary)	DA	ATE		01/19/2024		

IV. CIVIL	SERVICE I	ELIGIBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)			DATE OF				LICENSE (if applicable)			
			EXAMINATION / CONFERMENT	ATION / CONFER	RMENT	NUMBER	Date of Validity			
Civil Service Professional Passer 81.36		08/04/2019	MAASIN CITY,	MAASIN CITY, SOUTHERN LEY		N/A	N/A			
	(Continue on separate sheet if necessary)									
	EXPERIE						. , ,			
28. INCLU	ISIVE DATES	ent. Start from your recent					SALARY/ JOB/		GOV'T	
From	m/dd/yyyy) To	POSITION TITI Write in full/Do not ab			/ AGENCY / OFFICE / COMPANY MONTHL' in full/Do not abbreviate) SALARY		PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)	
07/05/2023	PRESENT	ESENT Job Order Visayas State University		State University	603.40	-	Job Order	Y		
11/10/2016	11/10/2016 08/18/2021 Customer Service Representat		resentative	С	oncentrix	16,000.00	-	Permanent	N	
				(Continue on separate she	eet if necessary)					
SIGNATURE					DATE	01/19/2024				
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORC (Write in full)		INCLUSIN	/E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A		N/A	N/A	N/A		N/A		
	(	(Continue on separat	e sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include					agerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
HRIS Software Onboardin	ng	12/06/2023	12/06/2023	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "		
Unlocking Excellence: The 5S Revolution for Clerks and I	Heads at Visayas State University	11/29/2023	11/29/2023	4	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	"Visayas State University (VSU), Visca, Baybay City, Leyte "		
(Continue on separate sheet if necessary)  VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NC		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
Computer Literate (MS word, excel, ppt presentation)       Good in communication Skills		N/	Ά			N/A		
Driving Motorcycle								
	(	(Continue on separat	e sheet if necessary)					
SIGNATURE				DA	TE	01/19/2024		

34.	Are you related by consanguinity or affinity to the appoint the chief of bureau or office or to the person who has in Office, Bureau or Department where you will be apppoint a. within the third degree?  b. within the fourth degree (for Local Government Unit of the young the property of the person who has in Office, Bureau or Department where you will be apppoint a. within the fourth degree?	☐YES ☐YES If YES, give details:	✓NO ✓NO			
35	a. Have you ever been found guilty of any administrativ	YES If YES, give details:	✓NO			
	b. Have you been criminally charged before any court?	TYES  If YES, give details:  Date Filed:  Status of Case/s:	✓ NO			
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	TYES  If YES, give details:	✓NO			
37.	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector?	YES If YES, give details:	NO			
38.	A. Have you ever been a candidate in a national or local (except Barangay election)?	YES If YES, give details	✓ NO 5:			
	b. Have you resigned from the government service duri last election to promote/actively campaign for a national	YES If YES, give details	✓NO ::			
39.	Have you acquired the status of an immigrant or perma	☐YES ☑NO If YES, give details (country):				
a.	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group?  Are you a person with disability?	☐YES  If YES, please specify ☐YES  If YES, please specify	✓ NO y ID No			
C.	Are you a solo parent?		If YES, please specify	✓ NO y ID No		
41.	REFERENCES (Person not related by consanguinity or affinity to ap	plicant /appointee)		,		
	NAME	ADDRESS	TEL. NO.		ID picture taken within the last 6 months	
	Vivian Balbarino				3.5 cm x 4.5 cm (passport size)	
	Alicia Flores				With full and handwritten name tag and signature over	
40	Loreta Malabanan				printed name  Computer generated	
42	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repagree that any misrepresentation made in this do administrative/criminal case/s against me.	tinent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the stated herein. I		or photocopied picture is not acceptable  PHOTO	
е	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Drivert's License, Itc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A					
	D/License/Passport No.: N/A	box)				
	Date/Place of Issuance: N/A			Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant ext	nibiting his/her validly iss	ued gover	nment ID as indicated above.	
		Person Administering Oa	.41.			
	L	ath				