

| WARNING: Any misinterpretat concerned. | tion made in the Personal Data Sheet and th | he Work Experience Sheet s | hall cause the | e filing of ac | dministrativ | e/criminal case/s | s against the | person |
|---|--|--|-----------------------------------|-----------------------------------|-----------------------|--------------------------------|---------------------|--------------------------|
| READ THE ATTACHED GUIDE | TO FILLING OUT THE PERSONAL DATA S. | | | THE PDS FO | RM. 1. CS ID No. | | (Do not fill up. F | For CSC use only |
| I. PERSONAL INFORMATIO | The same of the sa | TOTAL TO OPPINGUITE. BUTTER | | | | | | |
| 2. SURNAME | CAPULLA | | er nor 180 per men i tra montre i | | | | | |
| FIRST NAME | ROSE | | | | | N/A | | |
| MIDDLE NAME | PASCUAL | | | | | 1 | | NAME OF TAXABLE PARTY. |
| 3. DATE OF BIRTH | MAY 9,1969 | 16. CITIZENSHIP | | ☐ Filipir | | Dual Citizenship | | |
| (mm/dd/yyyy) | | | | a ruipii | ЮП | | by naturaliza | ation |
| 4. PLACE OF BIRTH | GUADALUPE BAYBAY CITY, LEYTE | GUADALUPE BAYBAY CITY, LEYTE If holder of dual citizen | | | | | country: | |
| 5. SEX | ☐ Male | please indicate the di | etails. | | | | | - |
| 6 CIVIL STATUS | STATUS Single Married 17. RESIDENTIAL ADDRESS | | N/A | | | | N/A | |
| | □ Widowed □ Separated | | House/Block/Lot No. N/A | | | Street GUADALUPE | | |
| □ Other/s: | | | | abdivision/Village BAYBAY CITY | | | Barangay LEYTE | |
| 7. HEIGHT (m) | 5'2 | | EAYBAY CITY City/Municipality | | | Province | | |
| 8. WEIGHT (kg) | 60 | ZIP CODE | | | | 6521-A | | |
| 9. BLOOD TYPE | Type 'O' | 18. PERMANENT ADDRESS | N/A House/Block/Lot / | | io | | N/A | |
| 10. GSIS ID NO. | B69K9RCPO15 | | 710 | N/A | 10. | | Street GUADALUPE | |
| 44. DAG (DIQ ID 410 | | | St | BAYBA | | | Barangay LEYTE | |
| 11. PAG-IBIG ID NO. | 1700-0026-9309 | | | City/Municipality | | | Province | |
| 12. PHILHEALTH NO. | 130000155641 | ZIP CODE | | 6521-A | | | | |
| 13. SSS NO. | 06-1448980-0 | 19. TELEPHONE NO. | | N/A | | | | |
| 14. TIN NO. | 919-695-994 | 20. MOBILE NO. | | 09369274295 | | | | |
| 15. AGENCY EMPLOYEE NO. | V1009 | 21. E-MAIL ADDRESS (if any) | | ros | secapulla | 2018@gmail | .com | |
| II. FAMILY BACKGROUND | | | | | | | | |
| 22. SPOUSE'S SURNAME | CAPULLA | | 23. NAME of CI | HILDREN (Wri | te full name and | d list all) | DATE OF BIR | TH (mm/dd/yyyy) |
| FIRST NAME | DANILO | N/A | N/A | | N/A | | N/A | |
| MIDDLE NAME | REMION | | | | | | | |
| OCCUPATION | FARMER-BUSINES | SSMAN | | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | 7 | | | | | | |
| BUSINESS ADDRESS | CAHAGNAAN, MATALO | OM LEYTE | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | |
| 24. FATHER'S SURNAME | PASCUAL | | | | | | | |
| FIRST NAME | JAIME | NA | | | | | | |
| MIDDLE NAME | BANES | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | VALENZONA | 1 | | | | | | |
| SURNAME | | • | | | | | | |
| | PASCUAL | | | | | | | |
| FIRST NAME | FE | | | | | | | |
| MIDDLE NAME III. EDUCATIONAL BACKS | CERNA | | | (C | ontinue on se | parate sheet if nece | ssary) | |
| III. EDUCATIONAL BACKG | ROUND | | | | | T T | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRI | EE/COURSE | PERIOD OF | ATTENDANCE | HIGHEST LEVEL/ UNITS EARNED | YEAR | SCHOLARSHIP/ ACADEMIC |
| | fasing as imit | (Write in full) | | From | То | (if not graduated) | GRADUATED | HONORS RECEIVED |
| ELEMENTARY | VISCA FOUNDATION ELEMENTARY SCHOOL (VFES) | NA | | 6/5/1976 | 3/20/1981 | NA | 03/20/1981 | SALUTA- TORIAN |
| SECONDARY | EXPIREMENTAL RURAL HIGH SCHOOL (ERHS) | NIA | | 6/5/1981 | 3/20/1985 | NA | 3/20/1985 | SCHOLAR |
| VOCATIONAL / TRADE COURSE | NIA | NA | N/A N/A | | N/A | N/A | N/A | N/A |
| COLLEGE | UNIVERSITY OF SAN CARLOS (USC) | Bachelor Arts in Politica | 1 Science 6/8/1991 3/25/19 | | 3/25/1993 | N/A | 3/25/1993 | None |
| GRADUATE STUDIES | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION (FCIC) AND DE LA SALLE UNIVERSITY (DLSU) | Master of Arts in Education Doctor in Philosophy in Philip Culture, Language and | opine Studies - | 6/1/1998 9/8/2018 | 3/25/2005 On Going | N/A | 3/25/2005 | None |
| | | (Continue on separate sheet if nec | | | | | | |
| SIGNATURE | en | DATE | 0. | -1-21 | 10 | CS FORM 21 | 2 (Revised 2017 | Page 1 of 4 |

| IV. CIVIL S | SERVICE ELI | GIBILITY | | | | | | | |
|---|---|---------------------------------|-----------------------------|-----------------------------------|---|-------------------|---|----------------------|-------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER | | RATING | DATE OF | | | | LICENSE (if applicable) | | |
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINA | PLACE OF EXAMINATION / CONFERMEN | | NUMBER | Date of Validity | |
| PROFE | PROFESSIONAL CAREER CIVIL SERVICE ELIGIBILTY | | 85.6 | | CEBL | CITY | | | |
| LICENS | URE EXAMINA | ATION FOR TEACHERS | 81.0 | | TACLOE | BAN CITY | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V WORK | EXPERIENC | - | (Con | tinue on separate sheet | if necessary) | | | | |
| | | E ent. Start from your recen | t work) Description | of duties should be | indicated in the attached | Work Exper | ience sheet. | | |
| 28. INCL | USIVE DATES mm/dd/yyyy) | POSITION | | | ARTMENT / AGENCY / OFFICE / COMPANY | | SALARY/ JOB/ PAY GRADE (# | STATUS OF | GOVT |
| From | То | (Write in full/Do not | abbreviate) | (Write in full/Do not abbreviate) | | MONTHLY SALARY | applicable) & STEP (Format *00-0")/ INCREMENT | APPOINTMENT | SERVICE (Y/ N) |
| 11/1/1996 | To the Present | From Instructor I to Ass | istant Professor III | | eral Arts and Behavioral syas State University | P 34,000.00 | | Permanent | Yes |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | 4. | | | | |
| | | | (Cont | inue on separate sheet | if necessary) | | | | |
| SIGN | ATURE | Reapul | | DATE | 9-6-20 | 19 | CS FORM 2 | 12 (Revised 2017), F | Page 2 of 4 |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIV | IC/N GOVERNMENT | /PEOPLE/V | OLUNTARY (| ORGANIZATIO | N/S | | | | |
|---|--|---------------------------------|--------------------------|-----------------|--|---|---------------------------|--|--|
| 29. NAME & ADDRESS OF ORGANIZ. (Write in full) | ATION | INCLUSIVE DATES (mm/dd/yyyy) | | (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
| WA | | N/A | N/A | N/A | N/A | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| III. LEARNING AND DEVELOPMENT (L&D) INTE | RVENTIONS/TRAINING PR | ROGRAMS A | | | ieńal positions) | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT | | INCLUSION | VE DATES OF | | Type of LD | CONDUCTED/ SPONSORED BY | | | |
| (Write in full) | TO SERVICE STATES | | /dd/yyyy) | NUMBER OF HOURS | Supervisory/ Technical/etc) | (Write in full) | | | |
| Rainforestation Training for Developing a Learining Site for Restoration | | 8/30/2018 | 9/1/2018 | 24 hrs. | Technical | Environmental Leadership and Training Innitiat (ELTI) and Visayas State University | | | |
| Feaching of New General Education (GE) Core Courses: To GE Core Course | aining of GE Trainors for the | 10/102016 | 10/28/2016 | | Managerial | Commission on Higher Education and | | | |
| Regional Senior High School (SHS) Teacher's Training for | SUCs and LUCs, Region 8 | 7/11/2016 | 7/14/2016 | 24 hrs. | Managerial | Commission on Higher Education | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| part of | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (Cont | inue on separate | sheet if necessar | v) | | | | | |
| VIII. OTHER INFORMATION | | | | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES 32. | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | | | | | | | | |
| Driving, Playing the Guitar, Computer Literate | (VSUFA) | | | | | | | | |
| king, Reading, Travelling, Healing Sessions | | | | | Pambansang Samahan ng mga Tagapagtaguyod ng Salin (PATAS) | | | | |
| | | | | | | Pambansang Samahan sa Linggwistika a Literaturang Filipino (SANGFIL) Philippine Political Science Association | | | |
| | | | | | | (PPSA) | | | |
| | | | | | | | | | |
| | 15 | | short 2 | 41 | | | | | |
| SIGNATURE | Rlepelle | mae on separate | sheet if necessary DATE | T | 6-2019 | CS FORM 212 (Revised 2017), Page 3 of | | | |

| Total Control | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| 34. | Are you related by consanguinity or affinity to the pointing | | | | | | |
| | 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? | ☐ YES ☑ NO | | | | | |
| | b. within the fourth degree (for Local Government Unit - Care | □ YES ☑ NO | | | | | |
| | | If YES, give details: | | | | | |
| | | | II TES, give details. | | | | |
| | | | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offe | ense? | ☐ 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 ar | ny law, decree, ordinance or regulation | E VEC E NO | | | | |
| | by any court or tribunal? | | ☐ YES ☐ NO | | | | |
| | | | If YES, give details: | | | | |
| | | | | | | | |
| 37. | Have you ever been separated from the service in any of the | | □ YES ☑ NO | | | | |
| | retirement, dropped from the rolls, dismissal, termination, en | nd of term, finished contract or phased | If YES, give details: | | | | |
| | out (abolition) in the public or private sector? | | | | | | |
| 38. | a. Have you ever been a candidate in a national or local elec- | ction held within the last year (except | ☐ YES ☑ NO | | | | |
| | Barangay election)? | | If YES, give details: | | | | |
| | | | | | | | |
| | b. Have you resigned from the government service during the | | ☐ YES ☑ NO | | | | |
| | election to promote/actively campaign for a national or local | candidate? | 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): | | | | |
| | | | ii 120, give details (coultby). | | | | |
| 40. | P | | | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag | | | | | | |
| | 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? | | ☐ YES ☑ NO | | | | |
| | | | If YES, please specify: | | | | |
| b. | Are you a person with disability? | | ☐ YES ☑ NO | | | | |
| | | | If YES, please specify ID No: | | | | |
| C. | Are you a solo parent? | ☐ YES ☑ NO | | | | | |
| | | | If YES, please specify ID No: | | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant | /appointee) | | | | | |
| | | парронносу | | | | | |
| | NAME | ADDRESS | TEL. NO. | | | | |
| | DR. GUIRALDO C. FERNANDEZ, JR. | VSU VISCA BAYBAY CITY, LEYTE | | | | | |
| | | | (3) | | | | |
| | DR. SEREGINA RUTH L. MARTINEZ | VSU VISCA BAYBAY CITY, LEYTE | (-2) | | | | |
| | DR CANDEL ADIO CALIDO | | | | | | |
| | DR. CANDELARIO CALIBO | VSU VISCA BAYBAY CITY, LEYTE | | | | | |
| 42. | I declare under oath that I have personally accomplished | d this Personal Data Sheet which is a | true, correct and | | | | |
| | complete statement pursuant to the provisions of pertin | ent laws, rules and regulations of th | e Republic of the | | | | |
| | Philippines. I authorize the agency head / authorized repr | resentative to verify/validate the content | ts stated herein. I | | | | |
| | agree that any misrepresentation made in this docu | iment and its attachments shall ca | use the filing of ROSE P. CAPULLY | | | | |
| | administrative/criminal case/s against me. | | | | | | |
| E | | | | | | | |
| G | overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance | | and the same of th | | | | |
| | | | | | | | |
| G | vernment Issued ID: UNIFIED MULTI-PURPOSE ID | Respulla- | | | | | |
| ID | License/Passport No.: | | | | | | |
| - | | x) | | | | | |
| Da | te/Place of Issuance: | Right Thumbmark | | | | | |
| | | 052 2010 | | | | | |
| | SUBSCRIBED AND SWORN to before me this 0 6 | SEP 2019 , affiant exhibit | ing his/her validly issued government ID as indicated above. | | | | |
| garantini ib do individa diboro. | | | | | | | |
| | | MI | | | | | |
| | 11/2 | | | | | | |
| | A1 | | | | | | |
| | V | | | | | | |
| | | SULEGAL Person Administering Oath | | | | | |