| 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 | | | | | | | | |
| 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. | | | | | | | | 2011 |
| 1 | () and use separate sheet if necessary. Indicate N | | | | 1. CS ID No. | | (Do not fill up. I | For CSC use only) |
| I. PERSONAL INFORMATIO | | | | | | | | |
| 2. SURNAME | VERGIS | | | | | | / | |
| FIRST NAME | ALBERT | | × | | | NAME EXTENSION (JR | L, SR) | |
| MIDDLE NAME | MUAÑA | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 1 117//11447 | | | ✓ Filipino Dual Citizenship ✓ by birth by naturaliza | | | alization | |
| 4. PLACE OF BIRTH | BAYBAY, LEYTE | If holder of dual citizer | | | | | | |
| 5. SEX | ✓ Male Female | please indicate the de | stails. | | | | | - |
| 6 CIVIL STATUS | Single | 17. RESIDENTIAL ADDRESS | | | ************* | R. MA | GSAYSAY AVE | NUE |
| | Widowed Separated | | | se/Block/Lot N | | BRGY. 0 | Street GODOFREDO M | ODINA |
| | Other/s: | | Sub | odivision/Villag | е | | Barangay | |
| 7. HEIGHT (m) | 1.65 | | Cri | BAYBAY ty/Municipality | | | Province Province | |
| 8. WEIGHT (kg) | 73.5 | ZIP CODE | | | | 6521 | | |
| 9. BLOOD TYPE | B+ | 18. PERMANENT ADDRESS | House | se/Block/Lot N | 0. | R. MA | GSAYSAY AVE | NUE |
| 10. GSIS ID NO. | NONE | | POBL | ACION ZONE | 16 | BRGY. G | ODOFREDO M | ODINA |
| 11. PAG-IBIG ID NO. | MID:1211-3298-2013 | | Sub | Darie Baybay | e | | Barangay LEYTE | |
| | | | Ci | ty/Municipality | | Province | | |
| 12. PHILHEALTH NO. | 13-025154491-4 NONE | ZIP CODE | | | | 6521 | | |
| 13. SSS NO. 14. TIN NO. | 466-464-980 | 19. TELEPHONE NO. | | NONE | | | | |
| | | 20. MOBILE NO. | (+63) 996-711-4987 | | | | | |
| 15. AGENCY EMPLOYEE NO. | NONE | 21. E-MAIL ADDRESS (if any) | albe | rt.vergis@ | vsu.edu.p | oh or albert_ver | rgis@yahoo | o.com |
| II. FAMILY BACKGROUND | | | | | | | 型 电 | |
| 22. SPOUSE'S SURNAME | VERGIS | NAME EXTENSION (JR., SR) | 23. NAME of CHILDREN (Write full name and list all) | | DATE OF BIRTH (mm/dd/yyyy) | | | |
| FIRST NAME | VALERIE | THE EXTENSION (SIC, OLY | NONE | | | | | |
| MIDDLE NAME | YAMON OFFICE STAFF | | | | | | | |
| OCCUPATION | | | | | | | | |
| EMPLOYER/BUSINESS NAME | VISAYAS STATE UNIVERSITY | | | | | | | |
| BUSINESS ADDRESS | BRGY. PANGASUGAN, VISCA, BAY | BAY, LEYTE | | | | | | |
| MOBILE NO. (+63) 995-698-6060 | | | | | | | | |
| 24. FATHER'S SURNAME VERGIS | | NAME EXTENSION (JR., SR) | | | | | | |
| FIRST NAME | ALBERTO ALBERTO | | | | | | | |
| MIDDLE NAME | MIDDLE NAME CALONIA | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | 5. MOTHER'S MAIDEN NAME MUAÑA | | | | | | | |
| SURNAME | SURNAME VERGIS | | | | | | | |
| FIRST NAME | ANTONIA | | | | | | | |
| MIDDLE NAME TORCINO (Continue on separate sheet if necessary) | | | | | | | | |
| III. EDUCATIONAL BACKG | ROUND | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | EE/COURSE | PERIOD OF A | ATTENDANCE To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| ELEMENTARY | C.P. GARCIA ELEMENTARY SCHOOL | ELEMENTARY | | 1997 | 2003 | | 2003 | N/A |
| SECONDARY | NDARY FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | | | 2003 | 2008 | | 2008 | N/A |
| VOCATIONAL / TRADE COURSE | | | | | | | | |
| COLLEGE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BACHELOR OF SCIENCE IN BU MAJOR IN FINANCIAL | | 2008 | 2013 | | 2013 | N/A |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | MASTER OF MANAGEMENT IN AGRIBUSINESS MANAGEMENT | | 2013 | | 33 UNITS | | N/A |
| | | Continue on separate sheet if nece | | | | | | |
| SIGNATURE | 1 A MW | | | DA | TE | July . | | |
| | | | | | | CS | FORM 212 (Revise | d 2017), Page 1 of 4 |

| IV. CIVIL S | ERVICE ELIG | IBILIT | | | | | | | |
|---|------------------------------|--|---------------------------|------------------------------|--|---------------|--|----------------------------------|------------------|
| | SPECIAL LA | 1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE | RATING (If Applicable) | DATE OF EXAMINATION / | PLACE OF EXAMINAT | TION / CONFER | MENT | LICENSE (if ap | Date of |
| S TOURS DELIGIBLE FOR SERVICE | | | CONFERMENT | ORMOC CITY | | | | Validity | |
| CIVILS | SERVICE PROP | -ESSIONAL LEVEL | 80.04% | 03/18/2018 | ORMO | CCITY | | N/A | N/A |
| | | 2 | | | | | | | |
| | and the second second second | · | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | EXPERIENCE | ent. Start from your recei | | ontinue on separate sheet if | | ad Wark Fo | | | |
| 28. INCLU | JSIVE DATES m/dd/yyyy) | POSITION T | | | ICY / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if | STATUS OF | GOV'T |
| From | То | (Write in full/Do not | abbreviate) | | o not abbreviate) | SALARY | applicable)& STEP (Format "00-0")/ INCREMENT | APPOINTMENT | SERVICE (Y/N) |
| 08/01/2013 | 01/31/2019 | PROPERTY CU | | STATEU | IAN KINETICS-VISYAS INIVERSITY COLLEGE OF THE | 7,040.00 | N/A | JOB ORDER | N |
| 06/01/2015 | 03/31/2018 | EVENING COLLEGE | INSTRUCTOR | | E CONCEPTION | 4,050.00 | N/A | PART-TIME | N |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | , | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 81811 | ATURE | |), / (C | ontinue on separate sheet if | THE RESERVE OF THE PARTY OF THE | | + / | | |
| SIGN | ATURE | | A 1/1/- | | DATE | | July 3 | 51, 2019 FORM 212 (Revised 20 | 17) Page 2 of |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT | NT / PEOPLE / \ | OLUNTARY | ORGANIZATIO | ON/S | |
|---|-----------------------------------|----------------------------------|--------------------|---|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | | VE DATES dd/yyyy) To | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| KABALIKAT CIVICOM BAYBAY CHAPTER - 938 STATION | 11/15/2017 | PRESENT | N/A | OPERATIVE/ME | EMBER (REGULAR) |
| KNIGHTS OF COLUMBUS (KOF C) MT. PANGASUGAN CHAPTER 7507 | 12/1/2017 | PRESENT | N/A | MEMBER/MUSI | C MINISTRY |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (C VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING | ontinue on separate PROGRAMS A | | y) | | |
| (Start from the most recent L&D/training program and include only the relevant L&D/training taken | | | Chief/Executive/Ma | anagerial positions) | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | ATTE! | E DATES OF NDANCE dd/yyyy) | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| SOCCER FOR SOCIAL IMPACT | From 5/4/2015 | To 5/8/2015 | 40 | COACHING | COACHES ACROSS CONTINENT AND INSTITUTE OF HUMAN KINETICS-VSU |
| PROCUREMENT ACT ORIENTATION | 9/9/2016 | 9/9/2016 | 8 | TECHNICAL | VISAYAS STATE UNIVERSITY |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| " | Continue on separate | sheet if nesses | 20 | | |
| VIII. OTHER INFORMATION | ontinue on separate | sheet ii necessar | " | | |
| 31. SPECIAL SKILLS and HOBBIES 32. No. | ON-ACADEMIC DISTI | NCTIONS / RECO | GNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| PLAYING TABLE TENNIS | N/. | A | | | KABALIKAT CIVICOM |
| DRIVING | | | | | KNIGHTS OF COLUMBUS |
| INTERNET SURFING | | | | | |
| COMPUTER LITERATE | | | | | |
| | ontinue on separate | sheet if necessar | y) | | |
| SIGNATURE | Jun | | | ATE | July 31, 2019 CS FORM 212 (Revised 2017), Page 3 of |

| 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? | | | | | | |
| | • | YES NO | | | | | |
| | b. within the fourth degree (for Local Government Unit - Car | YES V NO | | | | | |
| | | If YES, give details: | | | | | |
| 35 | a. Have you ever been found guilty of any administrative off | | | | | | |
| 55. | a. Have you over been found guilty of any authinistialise of | clise: | YES NO | | | | |
| | | | If YES, give details: | | | | |
| | | | | | | | |
| | b. Have you been criminally charged before any court? | | YES V NO | | | | |
| | | | If YES, give details: | | | | |
| | | | Date Filed: | | | | |
| | How you was horse assisted of a six in the first | | Status of Case/s: | | | | |
| 36. | Have you ever been convicted of any crime or violation of an by any court or tribunal? | ny law, decree, ordinance or regulation | YES NO | | | | |
| | , -, -, | | If YES, give details: | | | | |
| | | | | | | | |
| 37. | Have you ever been separated from the service in any of the | e following modes: resignation, | YES V NO | | | | |
| | retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector? | id of term, finished contract or phased | If YES, give details: | | | | |
| 38 | a. Have you ever been a candidate in a national or local elec- | ction held within the last year (except | | | | | |
| 50. | Barangay election)? | such more mann the last year lexcept | ☐ YES ☑ NO If YES, give details: | | | | |
| | b. Have you resigned from the government service during th | on thron (2) month named before the total | | | | | |
| | election to promote/actively campaign for a national or local | candidate? | ☐ YES ☐ NO If YES, give details: | | | | |
| 30 | Have you acquired the status of an immigrant or permanent | | ii 120, give details. | | | | |
| 00. | The second and states of all miningram of permanent | resident of another country? | YES NO | | | | |
| | | | If YES, give details (country): | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag | nna Carta for Disabled Persons (PA | | | | | |
| | 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 V NO | | | | |
| C. | Are you a solo parent? | | If YES, please specify ID No: | | | | |
| | All you a solo parent: | | If YES VIOLENTIAL VIOL | | | | |
| 41 | REFERENCES (Person not related by consanguinity or affinity to applican | et (manaintea) | | | | | |
| | NAME | ADDRESS | TEL, NO. | | | | |
| | PROF. ARGINA M. POMIDA | VISCA, BAYBAY, LEYTE | (+63)977-771- | | | | |
| | MR. RICARIDO C. NANGGAN | DUMAGUITE, NEGROS OCIDENTAL | 3855 (+63)935-751- | | | | |
| | CD M FMILIE ICANO OCE | A DONIELOIO DAVDAY LEVE | 0033 | | | | |
| 10 | SR. M. EMILIE IGANO, OSF | A. BONIFACIO, BAYBAY, LEYTE | 7270 | | | | |
| 42. | 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 doc | | | | | | |
| | administrative/criminal case/s against me. | | - Andrews | | | | |
| C | Overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | Morana de Maria de Caración de | | | | |
| | LEASE INDICATE ID Number and Date of Issuance | | MALL STATES | | | | |
| G | overnment Issued ID: VOTER'S ID | CAH MAT | | | | | |
| IE | D/License/Passport No.: 3708-0041A-A2792AMV10000 | Signature (Sign inside the | box) | | | | |
| July 31, 20 | | | 19 | | | | |
| L | Date Accomplished Right Thumbmark | | | | | | |
| | SUBSCRIBED AND SWORN to before me this | | | | | | |
| | Γ | /11/ | | | | | |
| | | | | | | | |
| | | P. | | | | | |
| | | ATTM: RYSAN O. GUINOCO VSLUEGAL PERSON ACTUALIST OF ACTUAL PRINCIPLES OF | ath | | | | |
| | L | | CS FORM 212 (Revised 2017), Page 4 0 | | | | |