CS Form No. 212 Revised 201	PERSO	NAL DAT	A SH	IE	Г			5 %	
	ation made in the Personal Data Sheet and the	e Work Experience Sheet sha	ll cause the fi	ling of admin	nistrative/c	riminal case/s aga	ainst the pers	on	
	TO FILLING OUT THE PERSONAL DATA SH			E PDS FORI	BANKSON CONTRACTOR MAN				
Print legibly. Tick appropriate boxe I. PERSONAL INFORMATION	s (and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No).	(Do not fill up. I	For CSC use or	
2 SURNAME	VILLARUEL								
FIRST NAME	JENZEN JHON		-	***************************************		NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME									
3. DATE OF BIRTH	MANAGBANAG 1/10/1990	II							
(mm/dd/yyyy)	1/10/1990	16. CITIZENSHIP		✓ Filip	pino		Dual Citizenship by pirth by naturalization		
4. PLACE OF BIRTH	MANILA	If holder of dual citize	enship,			by birth Pls. indicate	by natura country:	dization	
5. SEX	✓ Male Female	please indicate the	details.	Philippin	es				
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS	100						
	Widowed Separated Other/s:		Ho	ouse/Block/Lot N	Vo.	PA	Street NGASUG	AN	
7. HEIGHT (cm)				ubdivision/Villag			Barangay LEYTE		
	173 cm			City/Municipality			Province		
8. WEIGHT (kg)	75 kg	ZIP CODE							
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Ho	ouse/Block/Lot N	Vo.		Street		
10. GSIS ID NO.	N/A			ubdivision/Villag		PA	NGASUG. Barangay	AN	
11. PAG-IBIG ID NO.	1211-0056-4035			BAYBAY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	03-050847343-1	ZIP CODE	6521-A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			77071100		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.	317-530-223-0000	20. MOBILE NO.	09655708895 TM/ 09300200300 Smart						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jenzenj	honvilla	ruel@	gmail.com			
I. FAMILY BACKGROUND)								
2. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Wri	te full name a	nd list all)	DATE OF BIR	TH (mm/dd/yy	
FIRST NAME		NAME EXTENSION (JR., SR)	KHIEL K	YRIE T.	VILLAR	UEL	4/2/2013		
MIDDLE NAME									
OCCUPATION				-0					
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS TELEPHONE NO.							-		
24. FATHER'S SURNAME	ULBORA								
FIRST NAME	ANTONIO	NAME EXTENSION (JR, SR)							
MIDDLE NAME	VILBAR						-		
5. MOTHER'S MAIDEN NAME									
SURNAME	VILLARUEL		-						
FIRST NAME	ANNA LIZA								
MIDDLE NAME	MANAGBANAG	(Continue on separate sheet if necessary)							
II. EDUCATIONAL BACKG				100		, and an income			
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	UNITS		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED			
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL			1996	7o 2002	GRADUATED	2002	NONE	
SECONDARY	FRANCISAN COLLEGE OF THE			2002	2006	GRADUATED	2006	NONE	

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	VEAD	SCHOLARSHIF ACADEMIC HONORS
		The second secon	From	То	(ii noi graduated)	ED 2002	RECEIVED
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL		1996	2002	GRADUATED	2002	NONE
SECONDARY	FRANCISAN COLLEGE OF THE IMMACULATE CONCEPTION		2002	2006	GRADUATED	2006	NONE
VOCATIONAL / TRADE COURSE					,		
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2007		1ST SEM		NONE
GRADUATE STUDIES	200						

DATE

2/18/2019

CS FORM 212 (Revised 2017), Page 1 of 4

SIGNATURE

7. CARE	EER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	U	DATE OF				LICENSE (if a	applicable)
	SPECIAL LAWS/ ARANGAY ELIGIBILITY	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN			NUMBER	Date of Validity
	NC II IN DRI	VING	1.0-1	2/13/2019	BAYBAY TECHN TRAININ	ICAL-VOCA IG CENTER	TIONAL		2/13/202
	DRIVER'S LIC	CENSE		7/7/2016	LTO BAYBA	Y CITY, LE	YTE	H12-13-002166	1/10/2019
	EXPERIENCE	Short from Your son		ntinue on separate sheet if					
	USIVE DATES			n of auties should be	indicated in the attac	ieo Work ≡x	SALARY/ JOB/ PAY	? (.	
From (m	m/dd/yyyy) To	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
/1/2017	Present	SECURITY (GUARD		VICES OFFICE, VSU	TY, LEYTE 9,000.00 CES OFFICE,VSU 7,000.00		JOB ORDER	Υ
/1/2015	3/31/2017	UTILITY MES	SENGER	SECURITY SER	VICES OFFICE, VSU CITY, LEYTE			JOB ORDER	Υ
/10/2014	6/30/2015	UTILITY MESSENGER		DCDE, VSU BAYBAY CITY, LYETE		5,980.00		JOB ORDER	Υ
			(50	ntinue on separate sheet if	accepted.				

29.** NAME & ADDRESS (OF ORGANIZATION	INCLUSIV	VE DATES				
(Write		(mm/d	ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		Tion	10			N/A	
III. LEARNING AND DEVELOPMENT (LE		onfinue on separate	Control of the Contro				
itart from the most recent L&D training program and i	nclude only the relevant L&D training taken for		rs for Division Ch.	ief Executive Mana			
30. TITLE OF LEARNING AND DEVELOPMENT (Write)		ATTEN	IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
FIREFIGHTING AND R		11/5/2019	11/9/2019	40 HRS.	TECHNICAL	BUREAU OF FIRE PROTECTION, BAYBAY CIT	
STANDARD FIRST		10/23/2017	10/26/2017	32 HRS.	TECHNICAL	PHILIPPINE RED CROSS, HILONGOS SUB- CHAPTER	
HIV IN THE WORKPI		12/9/2016		5 HRS. 4 HRS.	TECHNICAL	VSU HOSPITAL LAND TRANSPORTATION OFFICE BAYE	
SEMINAR ON DEFE		10/26/2016				CITY	
BASIC LIFE SUPPORT, FIRE FIGHT EMERGENCY RESPONSE		7/4/2016 3/14/2016	7/8/2016 3/18/2016	40 HRS.	TECHNICAL	BUREAU OF FIRE PROTECTION, BAYBAY CIT	
	(Co	ntinue on separate	sheet if necessary	đ			
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	CTIONS / RECOGI in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DRIVING SKILLS	CERTIFICATE OF APPRECIA					KNIGHTS OF COLUMBUS	
COMPUTER SKILLS		FIRE AND EARTHQUAKE DRILL HELD ON NOVEMBER 19, 2016 AT THE DEPT. OF CONSUMER & HOSPITALITY MANAGEMENT (DCHM)					
BASKETBALL SKILLS	CERTIFICATE OF RECOGNITION FIRE STATION PERSONNEL EMERGENCY AT BRGY CERTIFICATE OF RECOGNITION	L IN FIRE SUP 7. SABANG BA	PRESSION O YBAY CITY,	PERATION DU LEYTE APRIL	IRING FIRE 6, 2018		
	FIRE STATION PERSONNEI EMERGENCY AT BRGY. I	MARCOS BAY					
	(Co	ntinue on separate	sheet if necessar	y) 			
SIGNATURE			DATE		2/18/2019	CS FORM 212 (Revised 2017), Page 3 of 4	

-							
34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has implement or Department where you will be apppointed.	mediate supervision over you in the Office,	•	*			
	a. within the third degree? b. within the fourth degree (for Local Government United Section 1).	nit - Career Employees)?	YES V NO YES NO If YES, give details:				
35.	a. Have you ever been found guilty of any administra	itive offense?	☐ YES ☑ NO If YES, give details:				
N Jan	b. Have you been criminally charged before any cour	YES NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in an retirement, dropped from the rolls, dismissal, termina (abolition) in the public or private sector?	. [1] [1] 전 10 [1] 전 10 [1] 전 10 [1] 전 11 [1] 전 12 [1] T	YES NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or lo Barangay election)?	ocal election held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service delection to promote/actively campaign for a national delection to promote actively campaign for a national delection to promote active activ	그리고 본 경기를 가는 것이 되었다면 하는 것이 되었다. 그는 그는 그는 그는 그는 것이 없는 것이 없다.	YES VO If YES, give details:				
39.	Have you acquired the status of an immigrant or perr	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA Are you a member of any indigenous group?	HONGO NECESTA N					
		YES V 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 a	pplicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
HOI	N DEXTER S. MAGAN	PANGASUGAN BAYBAY CITY	NONE				
	TET M. DELA PIZA	PANGASUGAN BAYBAY CITY	NONE				
1	SO GUMAOD	VSU BAYBAY CITY	NONE				
42.	I declare under oath that I have personally accomplis statement pursuant to the provisions of pertinent authorize the agency head / authorized represental misrepresentation made in this against me.	laws, rules and regulations of the Republic of tive to verify/validate the contents stated herein	f the Philippines. I	ıcl			
	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
Go	overnment Issued ID: DRIVER'S LICENSE						
ID	/License/Passport No.: H12-13-002166	Signature (Sign inside the box	x)				
Da	ate/Place of Issuance: 7/7/2016 / BAYBAY CITY LEYTE	2/18/2019 Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	FEB 2 1 ZUIY , affiant exhibit	ting his/her validly issued government ID as indicated above.				
		ATTY. RYSAN C. GUINOCO	DR .				