CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresenta	tion made in the Personal Data Sheet and th	e Work Experience Sheet shall ca	use the filin	g of adminis	strative/crin	ninal case/s again	st the person	n concerned.
	TO FILLING OUT THE PERSONAL DATA SE				1. CS ID No.		(Do not fill up	For CSC use only)
I. PERSONAL INFORMATIO	N							
2. SURNAME	BAGARINAO							
FIRST NAME	EDWIN					NAME EXTENSION (JF	R., SR) N/A	
MIDDLE NAME	VEGA							
3. DATE OF BIRTH (mm/dd/yyyy)	8/2/1964	16. CITIZENSHIP		✓ Filip	ino [_	Of Management (Section 1997)
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizensi	hip,			by birth Pls. indicate of	by natura country:	Mization
5. SEX	✓ Male ☐ Female	please indicate the deta	ils.					-
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	1		627 use/Block/Lot No MARCOS abdivision/Village			Street	
7. HEIGHT (m)	1.65	ilo di eti materi	in the	Baybay City City/Municipality	Misim etavi		Leyte Province	
8. WEIGHT (kg)	80	ZIP CODE				6521		08211
9. BLOOD TYPE	"B"	18. PERMANENT ADDRESS	Ноц	use/Block/Lot N	627	te	619	427/2023
10. GSIS ID NO.	NA	TO PERSONAL PROPERTY.	Su	MARCOS abdivision/Village	9			18/3622
11. PAG-IBIG ID NO.	1212-0382-8752	OUA of Supplies	C	Bayt City/Municipality	pay City	1000	Leyte Province	1505170
12. PHILHEALTH NO.	13-000103045-1	ZIP CODE		I GIÁ VAN		6521	100	FS0C 11 2021
13. SSS NO.	06-3040821-8	19. TELEPHONE NO.				NA		- Port Cold
14. TIN NO.	186-768-215	20. MOBILE NO.		1 (2)7-111	0	916-715-9761		03951 11
15. AGENCY EMPLOYEE NO.	V000-815	21. E-MAIL ADDRESS (if any)		T UP THE		NA	of Example 1	AP HIS
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	BAGARINA	0	3. NAME of CH	HILDREN (Write	e full name and	list all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	DELIA	NAME EXTENSION (JR., SR) N/A	1	MAYBELLE	T. BAGARI	NAO	2/	5/1984
MIDDI F NAME	TARE			MYLA E	B. MANTUA		9/2	6/1992
OCCUPATION	HOUSEKEEP	PER		MERWIN T	. BAGARIN	AO	8/1	9/1995
EMPLOYER/BUSINESS NAME	N/A	The second secon						
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	NA NA			-12				
24. FATHER'S SURNAME	BAGARINA	0						
FIRST NAME	ANTON	lan						
MIDDLE NAME	VEGA			-				1
25. MOTHER'S MAIDEN NAME								
SURNAME	VEGA							The second
FIRST NAME MIDDLE NAME	MAXIMA PALOMA							
III. EDUCATIONAL BACKG				(Ci	ontinue on se	parate sheet if neces	isary)	
III. ESCONTIONAL BACKS	NOUND			Tax various services		La Consent de La		L agual apoliipi
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COLIRSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	LIGAYA ELEMENTARY SCHOOL	Primary Education		1971	1979	Diploma	1979	Diploma
SECONDARY	JOSE L. VALENCIA ACADEMY	High School	n water	1979	1984	Diploma	1976	Diploma
VOCATIONAL / TRADE COURSE	GEN. SANTOS CITY INSTITUTE OF TECH.	INDUSTRIAL ELECTRIC	ETTY	1984	1986	TOR	1986	
COLLEGE	NA	NA						to operation
GRADUATE STUDIES	None	None (Continue on sensets sheet if necess	-					
SIGNATURE		(Continue on separate sheet if necess	naly)	DA	TE	01-12	-24	

	ERVICE ELIGIB			DATE OF				LICENSE (if a	oplicable)
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	DATE OF EXAMINATION /	CONFERMENT	-	LICENSE (if applicab		
RAKA	N.A.	DRIVER'S LICENSE	OF EAR DAILY?	CONFERMENT	100 may print 200 to 100 may 1	THE STATE STATE STATE STATE STATE OF THE STATE S		HOWDER	Validity
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		ne[] makiji		A HGL.					
MORKE	XPERIENCE		(Continu	e on separate sheet i	f necessary)				
clude priva	ate employment.	Start from your rece	ent work) Desc	ription of duties s	should be indicated in the		SA	Experience sh	eet.
(mr	SIVE DATES m/dd/yyyy)	POSITION TIT (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)			RY / JO	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From 3/22/2023	To Present	Machinist II		Visaya	17,553.00	B/	Temporary	Yes	
1/1/2022	3/21/2023	Machinist II		Visaya	17,553.00		Temporary	Yes	
7/1/2021	12/31/2021	ADMIN. AID	1	Visaya	s State University	12,034.00	4	Casual	Yes
1/1/2021	6/30/2021	ADMIN. AID		Visayas State University		12,034.00	4	Casual	Yes
1/1/2020	12/31/2020	ADMIN. AID		Visayas State University Visayas State University		11,551.000 503.09	4	Casual	Yes
1/1/2018	12/31/2018	ADMIN. AID		Visayas State University		477.72	4	Casual	Yes
8/1/2017	12/31/2017	ADMIN. AID	1	Visaya	s State University	453.68		Casual	Yes
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CICNI	ATURE		Conunc	or Jopaine Silvet	DATE	01-13	2 -	24	

NAME & ADDRESS OF ORGANIZATION		INCLUSI	VE DATES	NUMBER OF	mochas e	The por vierte distribute to the p		
(Write in full)		(mm/dd/yyyy) From To		HOURS	POSITION / NATURE OF WORK			
N/A SECTION OF SEXTE								
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	(Continue on s	eparate sheet	if necessary					
I. LEARNING AND DEVELOPMENT (L&D) II	NTERVENTIONS	TRAININ	G PROGR	RAMS AT				
t from the most recent L&D/training program and include only the relevant L&D/		1		ve (5) years f	for Division C	Chief/Executive/Managerial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTERVE		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/			
PROGRAMS (Write i	n Tull)	From	То		Supervisory/ Technical/etc)			
CA HANDICRAFT-MAKING		2/10/2015	2/10/2015	8	Technical	National Abaca Research Center, Visayas State Univeristy		
GRADING SKILLS TRAINING ON ABACA FIBER ROPE	(nomens) lue	10/1/2007	10/4/2007	32		ABC HALL, PALA-O, ILIGAN CITY		
						Control of the particular and the		
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ATBOST SEES With the contraction		, Raybay tib	UV.			VILLEMENTAL		
LANDOSCIA LANDOSCIA	(Continue on	separate shee	t if necessar)	<u>)</u>		PORT OF THE		
III. OTHER INFORMATION						MEMBERS		
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			HIP IN ASSOCIA ION/ORG/ NIZATION				
WELDING (HIGH-GRADE)			1 (b) 60 (c) 1 (c)			AdPA AdPA		
ELECTRICAL AND LAY-OUTING				Description of the state of the		TO THE DELETE 1959		
CARPENTRY WORKS	eyes sail strain rigits.	emangi8				ATT THE REAL PROPERTY OF		
DRIVING								
-ABRICATION (HIGH-GRADE) 020/531	ALLANG	RENE	VETA		27 57	Lated of MHO and GIFA GERBIAGRADA		
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plag & Albuera Lov.c 31, 2024 SAUTANDIS	valid uptil De		SI ON BEA			CS FORM 212 (Revised 2017), Page		

			1 2 3		
Are you related by consanguinity or affinity to the appo	ointing or recommending authority, or to the		., .,		
chief of bureau or office or to the person who has imme Bureau or Department where you will be apppointed,	ediate supervision over you in the Office,				
a. within the third degree?	TAMADO NO.	YES VO			
b. within the fourth degree (for Local Government Unit	- Career Employees)?	YES NO			
p. want the fourth sages for costs or arminer		If YES, give details:			
5. a. Have you ever been found guilty of any administrati	ive offense?	☐ YES ☑ NO If YES, give details:			
		Ti TEO, givo dotalio.			
b. Have you been criminally charged before any court	?	YES NO If YES, give details:			
Name of the second seco	TO SOTAGE STATE OF THE STATE OF	Date Filed: Status of Case/s:			
6. Have you ever been convicted of any crime or violation	on of any law, decree, ordinance or regulation by	☐ YES ☑ NO			
any court or tribunal?	If YES, give details:				
Have you ever been separated from the service in an dropped from the rolls, dismissal, termination, end of	y of the following modes: resignation, retirement, term, finished contract or phased out (abolition)	☐ YES ☑ NO If YES, give details:	ogranium autopopinajas Pikul		
in the public or private sector?					
a. Have you ever been a candidate in a national or log Barangay election)?	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service di	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 of		If YES, give details:			
39. Have you acquired the status of an immigrant or pern	manent resident of allottier country?	☐ YES ☑ N If YES, give details (country			
and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	, please answer the following items:	☐ YES ☐ YES ☐ If YES, please specify: ☐ YES ☐ If YES, please specify ID No: ☐ YES ☐ If YES, please specify ID No:	NO		
41. REFERENCES (Person not related by consanguinity or affinity to	applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
MARLON G. BURLAS	VSU, Baybay City, Leyte				
ROMEL B. ARMECIN	VSU, Baybay City, Leyte	9190973688	9.8		
ELICIANO G. SINON	VSU, Baybay City, Leyte	9199494971	1		
12. I declare under oath that I have personally accommodate statement pursuant to the provisions of Philippines. I authorize the agency head/authorized ragree that any misrepresentation made in this administrative/criminal case/s against mo.	pertinent laws, rules and regulations of the	Republic of the address. I	lwin V. Bagarinac		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID:			NATE OF THE PROPERTY OF THE PR		
ID/License/Passport No.: H03-03-050657	Signature (Sign inside the bo	ox)	**************************************		
	o (g., moide die bi				
Date/Place of Issuance: 8/2/16 Baybay City	Date Accomplished		Right Thumhmark		
Date/Place of Issuance: 8/2/16 Baybay City SUBSCRIBED AND SWORN to before me this	1AN 1 2 2024	ing his/her validly issued governmen	Right Thumbmark nt ID as indicated above.		
	1AN 1 2 2024	Dec. 31, 2024	nt ID as indicated above.		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- 2. Theduration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: August 1, 2017 present
- Position: Machinist II
- Name of Office/Unit: Physical Plant Office
- Immediate Supervisor: Marlon G. Burlas
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
 - Summary of Actual Duties
 - o Operate lathe machine, shaper machine and other machine shop machines
 - o Fabricate abaca processing machines.

EDWIN V. BAGARINAO

(Signature over Printed Name of Employee/Applicant)

Date: 0/-1/ - 29