

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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.

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 INFORMATION

2. SURNAME	LINA		
FIRST NAME	SUZETTE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BINONGO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/6/1977	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MAASIN SO. LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PCARRD Housing-1
7. HEIGHT (m)	1.56		House/Block/Lot No. Street
8. WEIGHT (kg)	72.8		Subdivision/Village Barangay
9. BLOOD TYPE	"O"		BAYBAY LEYTE
10. GSIS ID NO.	B77T6SBB015		City/Municipality Province
11. PAG-IBIG ID NO.	913162074832		6600
12. PHILHEALTH NO.	13-000047135-7	18. PERMANENT ADDRESS	PCARRD Housing-1
13. SSS NO.	NA		House/Block/Lot No. Street
14. TIN NO.	919-695-951		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V000295		BAYBAY LEYTE
		19. TELEPHONE NO.	053-563-7652
		20. MOBILE NO.	09199613922
		21. E-MAIL ADDRESS (if any)	sblina@vsu.edu.ph

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	LINA	CHILDREN	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	THOMAS GLENN		3/24/1970
MIDDLE NAME	ERLNADES	MIKAELA B. LINA	09/29/2004
OCCUPATION	SELF-EMPLOYED	MEGAN B. LINA	04/03/2011
EMPLOYER/BUSINESS NAME	NA		
BUSINESS ADDRESS	NA		
TELEPHONE NO.	9164224531/0535639940		
24. FATHER'S SURNAME	BINONGO		7/27/1947
FIRST NAME	ALFREDO		
MIDDLE NAME	DUARTE		
25. MOTHER'S MAIDEN NAME			
SURNAME	BRAGAS		8/14/1946
FIRST NAME	MA. ASUNCION		
MIDDLE NAME	GALO		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	TAWID ELEM. SCHOOL	PRIMARY EDUCATION	6/1/1984	3/30/1990		1990	VALEDICTORIAN
SECONDARY	SAINT JOSEPH COLLEGE	HIGH SCHOOL	6/1/1990	3/30/1994		1994	
VOCATIONAL / TRADE COURSE	NA	NA					
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE (Now VISAYAS STATE UNIVERSITY)	BACHELOR OF SCIENCE IN AGRICULTURE (SOIL SCIENCE)	6/1/1994	3/30/1998		1998	CUM LAUDE
	VISAYAS STATE COLLEGE OF AGRICULTURE (Now VISAYAS STATE UNIVERSITY)	MASTER IN SOIL SCIENCE	11/1/1998	5/30/2005		2005	
	TOKYO UNIVERSITY OF AGRICULTURE AND TECHNOLOGY, TOKYO, JAPAN	PhD IN AGRICULTURE (SOIL SCIENCE)	10/3/2005	3/25/2009		2009	WITH HIGH DISTINCTION
	UNIVERSITY OF GOETTINGEN, GOETTINGEN, GERMANY	POSTDOCTORATE	12/29/2011	10/25/2012		NA	NA

(Continue on separate sheet if necessary)

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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
CIVIL SERVICE ELIGIBLE	NA	PD 907	NA		
AGRICULTURIST	79.8	JUNE 1-3, 2015	TACLOBAN CITY	22692	6/30/2018

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	To					
1/1/2017	PRESENT	ASSOC.PROFESSOR III	DSS, VISAYAS STATE UNIVERSITY	47779.00	P	YES
1/1/2017		ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	40227.00	P	YES
8/1/2016	12/31/2016	ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	37312.00	P	YES
1/1/2016	7/31/2016	ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	36409.00	T	YES
1/1/2016	7/31/2016	ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	37312.00	T	YES
11/1/2015	12/31/2015	ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	33859.00	T	YES
1/1/2015	10/31/2015	ASSOCIATE PROFESSOR I	DSS, VISAYAS STATE UNIVERSITY	33859.00	T	YES
6/1/2012	12/31/2014	INSTRUCTOR III	DASS, VISAYAS STATE UNIVERSITY	23044.00	T	YES
10/28/2011	5/31/2012	INSTRUCTOR III	DASS, VISAYAS STATE UNIVERSITY	21078.00	T	YES
6/1/2011	10/27/2011	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	18333.00	T	YES
6/24/2010	5/31/2010	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	16726.00	T	YES
7/15/2009	6/23/2010	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	15119.00	T	YES
7/1/2009	7/14/2009	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	15119.00	Co	YES
6/5/2009	6/30/2009	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	13512.00	Co	YES
7/1/2008	10/31/2008	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	13512.00	Co	YES
7/1/2007	6/30/2008	INSTRUCTOR I	DASS, VISAYAS STATE UNIVERSITY	12284.00	Co	YES
11/1/2005	6/30/2007	INSTRUCTOR I	DASS, LEYTE STATE UNIVERSITY	11167.00	Co	YES
11/1/2002	10/31/2005	INSTRUCTOR I	DASS, LEYTE STATE UNIVERSITY	11167.00	T	YES
11/1/2001	10/31/2002	INSTRUCTOR I	DASS, LEYTE STATE UNIVERSITY	11167.00	T	YES
7/1/2001	10/31/2001	INSTRUCTOR I	DASS, VISAYAS STATE COLLEGE OF AGRICULTURE	11167.00	T	YES
1/1/2000	6/30/2001	INSTRUCTOR I	DASS, VISAYAS STATE COLLEGE OF AGRICULTURE	10635.00	T	YES
12/1/1999	12/31/1999	INSTRUCTOR I	DASS, VISAYAS STATE COLLEGE OF AGRICULTURE	9668.00	T	YES

(Continue on separate sheet if necessary)

SIGNATURE



DATE

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	VISCA EDUCATIONAL FOUNDATION INCORPORATED	6/24/2010	12/31/2011	8 HRS.MO	SECRETARY
	GALILEAN UNITED METHODIST CHURCH PRE-SCHOOL INC	6/1/2016	PRESENT	4 HRS/MO	GPTA-PRESIDENT
	HOLY SPIRIT PARISH	1/1/2013	PRESENT	6HRS/MO	CAMPUS SERVICE GROUP LEADER

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

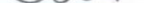
[illegible]

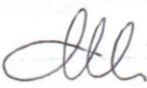

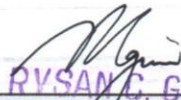
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
NCT-III in Agricultural Crop Production		PhiDelta Honor Society
Soil and Plant Analysis		Philippine Society of Lactic Acid Bacteria
Computer Literate		Philippine Society of Soil Science and Technology
		VSU Alumni Association
		Society of Agricultural Educator in Region 8
(Continue on separate sheet if necessary)		

(Continue on separate sheet if necessary)

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<p>34. 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 appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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 or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Victor B. Asio</td><td>DSS, Visca, Baybay City, Leyte</td><td>535637652</td></tr><tr><td>Dr. Anabelle B. Tulin</td><td>Visca, Baybay City, Leyte</td><td>9173064988</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Victor B. Asio	DSS, Visca, Baybay City, Leyte	535637652	Dr. Anabelle B. Tulin	Visca, Baybay City, Leyte	9173064988			
NAME	ADDRESS	TEL. NO.											
Dr. Victor B. Asio	DSS, Visca, Baybay City, Leyte	535637652											
Dr. Anabelle B. Tulin	Visca, Baybay City, Leyte	9173064988											
<p>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 document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC LICENCE-AGRICULTURIST</p> <p>ID/License/Passport No.: 22692</p> <p>Date/Place of Issuance: JULY 1, 2015/PRC,TACLOBAN CITY</p>	<div style="display: flex; justify-content: space-between;"><div style="width: 45%; text-align: center;"><p></p><p>Signature (Sign inside the box)</p><p>04/26/2017</p><p>Date Accomplished</p></div><div style="width: 45%; text-align: center;"><p></p><p>Right Thumbmark</p></div></div>												
<p>SUBSCRIBED AND SWORN to before me this APR 27 2017, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"><p></p><p>ATTY. RYSANE C. GUINOCOR</p><p>NOTARY PUBLIC</p><p>Person Administering Oath</p><p>UNTIL DECEMBER 31, 2017</p><p>PTR 0193889 BAYBAY/LEYTE-11/12/17</p><p>IBD 1020924 TACLOBAN CITY-12/19/16</p><p>MCLE COMPL. NO. V-000382-07/2015</p><p>ROLL OF ATTORNEYS NO. 57467</p></div>													



SUZETTE B. LINA

