CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

	ion made in the Personal Data Sheet and th O FILLING OUT THE PERSONAL DATA SHE				inistrative/d	criminal case/s ag	painst the person	concerned.		
) a use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill	up. For CSC use only)		
I. PERSONAL INFORMATION										
2. SURNAME	ESTRERA									
FIRST NAME	AIDA NAME EXTENSION (JR., SR) N/A									
MIDDLE NAME	LUBAY									
DATE OF BIRTH (mm/dd/yyyy) PLACE OF BIRTH	5/9/1994 POMPONAN, BAYBAY CITY, LEYTE	16. CITIZENSHIP If holder of dual citizenship,			no [✓ by birth by naturalization				
		please indicate the								
5. SEX	☐ Male ☐ Female ☐ Married	47 DECIDENTIAL ADDRESS	T				0'4' 0 1	•		
6 CIVIL STATUS	✓ Single Married ✓ Widowed Separated	17. RESIDENTIAL ADDRESS	Hou	House/Block/Lot No. Subdivision/Village			Sitio Caatoy Street			
	Other/s:		Sut				Pomponan Barangay			
7. HEIGHT (m)	1.049 m			Baybay City/Municipality			Leyte Province			
8. WEIGHT (kg)	51 kg	ZIP CODE	O	тупишпоранту		6521	FIONING			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	se/Block/Lot No			Sitio Caatoy			
10. GSIS ID NO.	N/A						Street Pomponan			
11. PAG-IBIG ID NO.	121237135823			Subdivision/Village Baybay Cit/Municipality		Barangay Leyte				
12. PHILHEALTH NO.	13-202405284-6	ZIP CODE	Ci	ity/Municipality		6521	Province 21			
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A				
14. TIN NO.	727-603-015	20. MOBILE NO.		09638165675						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		aida.estrera@vsu.ed			du.ph			
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	full name and	l list all)	DATE OF BIRT	TH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A			N/A				
MIDDLE NAME	N/A									
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A									
TELEPHONE NO.	N/A									
24. FATHER'S SURNAME	ESTRERA									
FIRST NAME	DANILO	NAME EXTENSION (JR., SR)								
MIDDLE NAME	CLAROS									
25. MOTHER'S MAIDEN NAME	ERLINDA ESPANTO	LUBAY								
SURNAME	ESTRERA			-	and the second second					
FIRST NAME	ERLINDA									
MIDDLE NAME	LUBAY		ar government		(Continue o	on separate sheet if ne	ecessary)			
III. EDUCATIONAL BACKGR	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	POMPONAN ELEMENTARY SCHOOL	PRIMARY EDUC	ATION	2000	2006	N/A	2006	N/A		
SECONDARY	POMPONAN NATIONAL HIGH SCHOOL	HIGH SCHOOL		2006	2010	N/A	2010	N/A		
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ELEMENTARY EDUCATION		2013	2017	N/A	2017	LGU SCHOLARSHIP		
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
SIGNATURE	Shafrift	(Continue on separate sheet	f necessary)	DA	TE	c	01/05/2022			

V. CIVIL S	ERVICE ELIC	BILITY							
7. CARE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	TION / CONFER	MENT	LICENSE (if	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			CONFERMENT	I DOL OF EXAMINA		70411	NUMBER	Date of Validity	
LICENSU	LICENSURE EXAMINATION FOR TEACHERS 77.8			9/24/2017	TACLOB	AN CITY		1593883	12/20/2017
						-			
				(C-+ti					
. WORK	EXPERIENCE			(Continue on separate s	sheet if necessary)				
		ant. Start from your recei	nt work) Descriptio	n of duties should	be indicated in the attach	ed Work Exp		et.	
	USIVE DATES nm/dd/yyyy)	POSITION 1			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (#	STATUS OF	GOV'T SERVIC
From	То	(Write in full/Do not	abbreviate)	(Write in fu	I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
/25/2018	9/15/2021	ENCODER/0	CLERK		THE VICE PRESIDENT	9, 961.20	N/A	CONTRACTUAL	Y
16/2021	PRESENT	EDUCATION RESEAR	CH ASSISTANT I	VSU- OFFICE O	DEMIC AFFAIRS F THE DIRECTOR FOR		9	CASUAL	Υ
				INSTRUCTION	AND EVALUATION	19,593.00	9	OAGOAL	
	-								
	-								
	1								
	-								
	-								
	-								
				(Canting as a second					
				(Continue on separate s	DATE	T		5/2022	

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29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From To					
N/A		N/A	N/A	N/A		N/A	
					/.		
		ntinue on separate :		у)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVEN				Chief/Executive/Mar	agrerial nosibonsi		
(Start from the most recent L&D/training program and include only the relevant L&D/training to		INCLUSIVE	DATES OF	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY (Write in full)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/ (Write in full)		ATTENDANCE (mm/dd/yyyy)			(Managarial)		
Orientation on Basic Customer Service & Work Values		From 9/5/2017	To 9/5/2017	9 Ue		Office of the Director for Administration & Human	
Basic Operation of Microsoft Office 2010 (Word, Excel, Powerpoin	rf)		12/21/2018	8 Hours	TECHNICAL	Resource Development (ODAHRD)	
Basic Operation of Microsoft Office 2010 (Word, Excel, Powerpoil Orientation Workshop Among JO Clerks & Laboratory Technician		1/15/2019	1/15/2019	8 Hours	TECHNICAL	Engr. Jose A. Amora Jr. Visayas State University	
ISO 9001:2015 Awareness/Re-awareness Webinar		11/27/2020	11/27/2020	8 Hours	TECHNICAL	Visayas State University Visayas State University	
"Rebuilding the Economy from the COVID-19 Pandemic: The Role	of SUCs and HEIs" -	3/5/2021	3/5/2021	2 1/2 Hours	TECHNICAL	College of Management and Economics (CME)	
CME Convocation Program				nouts	UNITOAL		
	-						
VIII. OTHER INFORMATION	(Con	dinue on separate :	sheet if necessar	(v			
31. SPECIAL SKILLS and HOBBIES 32.	NON-	-ACADEMIC DISTIN	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
COMPUTER LITERATE		N/A				(Write in full)	
COOKING		14/7	-			IVA	
READING BOOKS							
LISTENING MUSIC							
		- 1					
	(Con	tinue on separate s	sheet if necessar	n)			
SIGNATURE	A fit			DA	ATE	01/05/2022	
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634.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate subureau or Department where you will be apppointed,	[20] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2							
	a. within the third degree?	YES 2	NO NO						
	b. within the fourth degree (for Local Government Unit - Caree	YES [NO						
		If YES, give details:							
35.	a. Have you ever been found guilty of any administrative offens	YES INO							
		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 any	law, decree, ordinance or regulation by	YES	☑ NO					
	any court or tribunal?		If YES, give details:						
37.	Have you ever been separated from the service in any of the f dropped from the rolls, dismissal, termination, end of term, fini		YES give details:	✓ NO					
	the public or private sector?		If YES, give details:						
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO 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 ca		If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	☐ YES ☑ NO						
			If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn								
a.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group?	inswer the following items:							
	, 10 you a monitor of any margenous 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)							
	NAME	ADDRESS	TEL. NO.						
	IZEL ANN A. LEONA	BAYBAY CITY, LEYTE	0926-547-4652						
L	BEATRIZ S. BELONIAS	VISCA, BAYBAY CITY, LEYTE	0917-311-3309						
	CONNEL D. ANTIPASO	VISCA, BAYBAY CITY, LEYTE	0917-310-1458						
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, rule authorize the agency head/authorized representative to verify, misrepresentation made in this document and its attachment against me.	es and regulations of the Republic of the Avalidate the contents stated herein.	ne Philippines. I I agree that any	AIDA LIESTRERA					
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	, ,							
H	overnment Issued ID: PRC	In furth							
H	//License/Passport No.: 1593883								
lŀ		ox)							
			Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this								
	ATTY. RYSAN C. GUINOCOR								
		OR r							
		n							
-				CS FORM 212 (Pavisad 2017) Page 4 of					