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CS Form No. 212						
Revised 2017	PERSO	NAL DAT	A SH	IEET		
WARNING: Any misrepresenta	ntion made in the Personal Data Sheet and the	e Work Experience Sheet shall	l cause the fili	ng of administrative/criminal case	s against the person concerned.	
	TO FILLING OUT THE PERSONAL DATA SHI	and the state of t			and the second second second second	
	s () a use separate sheet if necessary. Indicate			1. CS ID No.	(Do not fill up. For CSC use only	
I. PERSONAL INFORMATION	ON					
2. SURNAME	CALUNGSOD			17.5	teat landuation of bearing	
FIRST NAME	MICHAEL			NAME EXTE	NSION (JR., SR) N/A	
MIDDLE NAME	ROBLES					
3. DATE OF BIRTH (mm/dd/yyyy)	10/29/1998	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizens ☐ by birth			
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citize	enship,		Pls. indicate country:	
5. SEX	☑ Male ☐ Female	please indicate the o	details.		-	
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS			R. Magsaysay Avenue	
	☐ Widowed ☐ Separated ☐ Other/s:		Banana V	ouse/Block/Lot No.	Street Zone 21	
Harris Samer Samer Samer Samer Samer		240 (C. S.) (C. S.) (C. S.) (C. S.) (C. S.) (C. S.)	S	ubdivision/Village Baybay City	Barangay Leyte	
7. HEIGHT (m)	1.68			City/Municipality	Province	
8. WEIGHT (kg)	89 kg	ZIP CODE		6521		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS			R. Magsaysay Avenue Street	
10. GSIS ID NO.	200-581-0050		Banana Village		Zone 21	
11. PAG-IBIG ID NO.	121270100759		Subdivision/village Baranga Baybay City Leyte		Barangay Leyte	
TI. PAGIBIG ID NO.			City/Municipality Province		Province	
12. PHILHEALTH NO.	13-250338773-9	ZIP CODE	6521			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A			
14. TIN NO.	376-230-008-0000	20. MOBÍLE NO.	09072180080			
15. AGENCY EMPLOYEE NO.	on process	21. E-MAIL ADDRESS (if any)	mcalungsod15@gmail.com			
II. FAMILY BACKGROUNE						
22. SPOUSE'S SURNAME	Balares		23. NAME of CI	HILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	Andrea Nicole	NAME EXTENSION (JR., SR)		nla	N/A	
MIDDLE NAME	Prima			n/a	N/A	
OCCUPATION	Student		W-120	n/a	N/A	
EMPLOYER/BUSINESS NAME	N/A			n/a	N/A	
BUSINESS ADDRESS	N/A	× 9		n/a	N/A	
TELEPHONE NO.	N/A		n/a N/A		N/A	
24. FATHER'S SURNAME	Calungsod			n/a	N/A	
FIRST NAME	Carlos	NAME EXTENSION (JR., SR) NIA				
MIDDLE NAME	Merano			n/a	N/A	
25 Mother's Maiden Name	Maria Nilma B. R	obles		n/a	N/A	
SURNAME	Calungsod			n/a	N/A	

SURNAME	Calungsod		Market and the second s				N/A	
FIRST NAME	Maria Nilma		nla				N/A	
MIDDLE NAME	Robles	(Continue on separate sheet if necessary)						
III. EDUCATIONAL BAC	KGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS	
			From	То	(if not graduated)	CIGIDONIES	RECEIVED	
ELEMENTARY	Pres. Carlos P. Garcia Elementary School	Basic Education	06/01/2005	04/01/2011		2011	Class Valectorian	
SECONDARY	Visayas State University - Laboratory High School	Secondary Education	06/01/2011	04/01/2015		2015	N/A	
VOCATIONAL I TRADE COURSE	Visayas State University	Certificate in Agricultural Science	04/01/2015	06/01/2017		2017	ATI-DA YES	
COLLEGE	Visayas State University	Bachelor of Science in Agriculture major in Agricultural Economics	04/01/2015	09/01/2019		2019	DOST-JLSS	
Callege	Franciscan College of the Immaculate Conception	Professional Education Units	08/01/2021	01/01/2023		2023	N/A	
GRADUATE STUDIES	Leyte Normal University	Master of Arts in Education	08/01/2024	12/20/2024	The section was the sections	N/A	N/A	
	(C	ontinue on separate sheet if necessary)	Salah Marah Marah					
SIGNATURE	YOU MOVED!		DATE		February 5, 2025			

CAREER		0 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	plicable)
BARA	SPECIAL LAWS	S/ CES/ CSEE / / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date o	
	Board of Agric	culturist	82.7	Nov. 22, 23, 24, 2022	Tacloban City		0041929		
Board of	Licensed Profe	essional Teachers	83.0	19/03/2023	Tacloban City N/A		2101343		
	N/A		N/A	N/A			10	N/A	
	XPERIENCE	Start from your recei		Continue on separate sheet if		ched Work Ex	perience sh	eet.	
INCLU	ACLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate) DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)			
01/03/2020	30/06/2020	Science Research	Assistant		for Research and as State University	PHP 11,588		Job Order	Y
11/06/2021	10/06/2022	Special Science	Teacher I		Department of Education		13-1	Provisional	Υ
12/06/2022	12/06/2023	Special Science	Teacher I	Department	Department of Education F		13-1	Provisional	Υ
11/06/2023	03/02/2025	Special Science	Teacher I	Department	Department of Education		13-1	Provisional	Υ
04/02/2025	present	Instructor I		Visayas State University		PHP 32,245.00	12-1	Provisional	Y
	18 TO 18								
								9 3 7	

1					
//. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNI	MENT/PEOPLE/V	OLUNTARY ORGAN	IZATION/S	
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION	INCLUSIVE DATES (mm/dd/yyyy) From T	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		1 1 1			HOLLIGHOR BUTTO WITH BE
	Carrent Constitution				
II. LEARNING AND DEVELOPMENT (LE		Continue on separate shee			
II. LEARNING AND DEVELOPINENT (Lo tart from the most recent L&D/training program and In				e/Managerial positio	
		INCLUSIVE DATES O		Type of LD (Managerial/ Supervisory/ Technical/etc)	
 TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full) 		(mm/dd/yyyy)	NUMBER OF HOURS		CONDUCTED/ SPONSORED BY (Write in full)
N/A		From T	ō		
IVA			•		
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
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	j red vegico			or or places	
STREET, STREET	(0	Continue on separate shee	t if necessary)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTINCTI (Write in f			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Teamworks					The second secon
Communication				es man vincia de 8º	
N/A				a water	
		E. 7 1/2	V 1990 1 1		
					The second second
	NE HAIR	& DADONA SIZARIA			
	3654/37 33	Continue on separate shee	et if necessary)		
SIGNATURE		Morrog/	Di	ATE	Feb. 5, 2025 CS FORM 212 (Revised 2017), Page 3 of the control of

				\$ 1 h b		
34.	Are you related by consanguinity or affinity to the appoir chief of bureau or office or to the person who has immed Bureau or Department where you will be appointed,					
a. within the third degree?			☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit -	Career Employees)?	☐ YES ☑ NO			
		If YES, give details:				
35.	a. Have you ever been found guilty of any administrative	e offense?	☐ YES ☑ NO			
		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:			
26	Have you ever been convicted of any crime or violation	of any law decree ordinance or		_		
30.	regulation by any court or tribunal?	or any law, decree, ordinance or	☐ YES ☑ NO			
			If YES, give details:			
37.	Have you ever been separated from the service in any of	of the following modes: resignation,	☐ YES ☑ NO	0		
	retirement, dropped from the rolls, dismissal, termination	n, end of term, finished contract or	If YES, give details:			
38.	a. Have you ever been a candidate in a national or local (except Barangay election)?	election held within the last year	☐ YES ☑ NO			
	b. Have you resigned from the government service during	ng the three (3)-month period before	It YES. give details:			
	the last election to promote/actively campaign for a nation	onal or local candidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or perman	nent resident of another country?	☐ YES ☑ NO			
			If YES, give details (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) (RA 7277); and (c) Solo Parents Welfare Act of 2000 (R	에게 하면 가는 그들이 살아 하나 있는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하				
a.	Are you a member of any indigenous group?		☐ YES ☑	NO		
	, no , ou ao		If YES, please specify:			
b.	Are you a person with disability?			NO		
			If YES, please specify ID No			
C.	Are you a solo parent?		☐ YES ☑ If YES, please specify ID No	NO		
41.	REFERENCES (Person not related by consanguinity or affinity to appli	icant /appointee)				
	NAME	ADDRESS	TEL. NO.			
	Maria Leonila B. Pancito	VSU Lower Campus, Visayas State University	None	(F)		
Roger O. Lingatong		Brgy. Hipusngo, Baybay City, Leyte	None			
Moises Neil V. Seriño		VSU Lower Campus, Visayas State University	1024			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertire Philippines. I authorize the agency head/authorized herein. I agree that any misrepresentation made filing of administrative/criminal case/s against me.	nent laws, rules and regulations of the representative to verify/validate the	Republic of the contents stated	MICHAEL E. CHUNGSOE PHOTO		
1000	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			AND WILL.		
	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Driver/s License	Alb and				
⊢	/License/Passport No.: H12-17-002910	an walled				
		Signature (Sign inside the February 5, 2025		WHILD IN		
D	ate/Place of Issuance: 10/28/2021	Date Accomplished		Right Thumbmark		
S	UBSCRIBED AND SWORN to before me this	1 4 MAR 2025 , affiant exhibitin	g his/her validly issued governm	nent ID as indicated above.		
		tethentum)				
		ATTY, KAREN ABEGAILS, MONTE	RON			
		VSU Director, Legal Affairs and Service Person Administering	Oath			
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WORK EXPERIENCE SHEET

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

- 2. The duration 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: Jan. 3 June 30, 2020
- Position: Science Research Assistant
- Name of Office/Unit: Office of the Vice President for Research and Extension
- Immediate Supervisor: Dr. Moises Neil V. Serino
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
 - Summary of Actual Duties
 - a. Data encoding
 - b. Data analysis
 - c. Administrative works
- Duration: June 11, 2021-June 10, 2022
- Position: Special Science Teacher I
- Name of Office/Unit: Department of Education
- Immediate Supervisor: Roger O. Lingatong
- Name of Agency/Organization and Location: DepEd, Brgy. Gaas, Baybay City
 - Summary of Actual Duties
 - a. Classroom teaching
 - b. Recording of scores and grades
 - c. Preparation of instructional materials

MICHAEL R. CALUNGSOD

(Signature over Printed Name of Employee/Applicant)

Date: 02/09/05