	The second secon		CONTRACTOR CONTRACTOR		and the second	
Revised 2017			9.7			
	PI	ERSO	NAL DAT	A SI	IEET	
WARNING: Any misrepresent	ation made in the Personal	Data Sheet and th	he Work Experience Sheet	shall cause th	e filing of administrative/crin	ninal case/s against the person
concerned. READ THE ATTACHED GUIDE						
Print legibly. Tick appropriate boxe	s () and use separate sheet i					(Do not fill up. For CSC use on
I. PERSONAL INFORMATION						
2. SURNAME	TUMULAK				NAME	EXTENSION (JR., SR)
FIRST NAME	JEFREY					EATEROON (O.S., Ory
MIDDLE NAME 3. DATE OF BIRTH	MONTELLANO					
(mm/dd/yyyy)	November 3,	1986	16. CITIZENSHIP			al Citizenship
4. PLACE OF BIRTH	Baybay, Le	eyte	If holder of dual citize	enship,	P	by birth s. Indicate country.
5. SEX	✓ Male	Female	please indicate the	details.		
6 CIVIL STATUS	Single	✓ Married	17. RESIDENTIAL ADDRESS		D. L. L.	Purok 3
and the same of th	☐ Widowed ☐ Other/s:	☐ Separated		Ho	ouse/Block/Lot No.	Street Brgy. Guadalupe
100	Odler/s:	estate, nas		S	ubdivision/Village	Barangay
7. HEIGHT (m)	1.75cm				Baybay City/Municipality	Leyte Province
8. WEIGHT (kg)	78 kg		ZIP CODE		652	
9. BLOOD TYPE	"0"		18. PERMANENT ADDRESS	u,	ouse/Block/Lot No.	Purok 3 Street
10. GSIS ID NO.	NA			TR.	NISE/DIOCN LOL NO.	Brgy. Guadalupe
44 DAO IDIO ID NO			-	S	ubdivision/Village Baybay	Barangay Leyte
11. PAG-IBIG ID NO.	121202623144		<u> </u>		City/Municipality	Province
12. PHILHEALTH NO.	13-0251536997		ZIP CODE		6521	
13. SSS NO.	NA		19. TELEPHONE NO.		none	е
14. TIN NO.	460612931		20. MOBILE NO.		0926554	15280
15. AGENCY EMPLOYEE NO.	NA		21. E-MAIL ADDRESS (if any)		na	
II. FAMILYBACKGROUND	D					
22. SPOUSE'S SURNAME	TUMULAK			23. NAME of C	HILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy
FIRST NAME	DAYLYN	-	NAME EXTENSION (JR., SR)	Jeylyn L.T	umulak	01/09/2013
MIDDLE NAME	MENDEZ	dry and the same and the		Zia Sanya	L. Tumulak	01/23/2018
OCCUPATION	Housewife					
EMPLOYER/BUSINESS NAME	NA					4
BUSINESS ADDRESS	NA					
TELEPHONE NO.	NA					
24. FATHER'S SURNAME	TUMULAK SR.					
FIRST NAME	GERONIMO		NAME EXTENSION (JR., SR)			
MIDDLE NAME	TIROL					
25. MOTHER'S MAIDEN NAME						
SURNAME	MONTELLANO					
FIRST NAME	SISINIA					
MIDDLE NAME	AMIHAN				(Continue on separate	sheet if necessary)

FIRST NAME	SISINIA							
MIDDLE NAME	AMIHAN		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACK	(GROUND							
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	To	(if not graduated)		RECEIVED	
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1995	2001	Graduated	2001	NA	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	2001	2005	Graduated	2005	NA	
VOCATIONAL / TRADE COURSE	NA	and the second		150				
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Animal Science	2012	2013	55 UNITS	NA	NA	
GRADUATE STUDIES	NA							
		(Continue on separate sheet if necessary)						
SIGNATURE	TANK		DATE		6-17-2020		7	
			-		THE RESERVE AND PARTY AND PERSONS ASSESSED.	FORM 212 (Revise	THE RESERVE AND PERSONS ASSESSMENT OF THE PE	

27. CARE		1080 (BOARD/BAR) UNDER	RATING	DATEOF				LICENSE (if	applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	I LEARNING FOR / I DEAR OF THE CAR			RMENT	NUMBER	Date of Validity	
	N	A	graffi on select the		x 201 200 hom 3 c c c c c c				
		j:	ETON LANGE					2	
									-
		8		-					
12 11 11							E A J. E		
				-					
V WORKE	XPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		ent. Start from your recent	work) Description	on of duties should l	ne indicated in the attach	ed Work Ex	perience shee	t	
	SIVE DATES	POSITION TI	TIF	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	n/dd/yyyy) To	(Write in full/Do not			I/Do not abbreviate)	SALARY	applicable)& STEP (Format "90-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
2012	2013	Laborer		GSD			# NOTE BENEFIT	JO	Yes
03/01/2014	present	Utility		DBM				JO	Yes
		Admin Aide I						Permanent	Yes
			e" No.						
	A						and a		
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				ntinue on separate sheet	if necessary				
			(60	manue ou soharare sucer	n necessary)				

IV. CIVIL SERVICE ELIGIBILITY

29. NAME & ADDRESS OF C (Write in ful		INCLUSIV (mm/do		NUMBER OF HOURS	# 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POSITION / NATURE OF WORK
	an C	From	2000	g = 1 1 -	lges a sel	secure the polythetrem moved
						supplies and real services and 4 se
1.0						
	(Con	tinue on separate she	pet if necessary)			
VII. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING	PROGRAMS A	TTENDED			
(Start from the most recent L&D/training program and in	clude only the relevant L&D/training take	en for the last five (5)	years for Division (Chief/Executive/Ma		;)
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in ful		INCLUSIVE DATES (mm/dc		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
5-day Fraining as Basic Life Support, Fire	Fighting and Poscue	From	То		Technical/etc)	23. 9 3 5000 5 50
Training Gender Sensitivity Training and Anti-Sex		July 4-5,7-8, 2016	July 11,2016	40		VSU/Safety & Security Services
for CME Faculty and Staff	tual Harassment Orientation	April 27, 2016		8		VSU
HIV in the Workplace Seminar"	the last . C. n.S.	Dec. 9, 2016	regress) seem	8		VSU - Hospital
"Innovation and Entrepreneurship Forum	4	March 6, 2015	5	8		СМЕ
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	No New York	la la	W PSA M			12 75.52 9.0316(F 3.)
	(Con	ntinue on separate sh	eet if necessary)		en e	
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DIST (Wr	INCTIONS / RECOG ite in full)	INITION		33.
Basketball, Volleyball, Driving motorcyle		AND THE STREET	TO SELECTION OF THE			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T
200 1430 150 150 150		ntinue on separate sh	eet if necessary)	Ph	7677 64	
SIGNATURE					TE	6 - 17 - 20 d o CS FORM 212 (Revised 2017), Page 3 of 4
	INGEL	SAN C. GU	ATTY. RY			03 FORM 212 (Revised 2017), Page 3 014

VSULEGAL OFFICER

	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be approinted,		YES NO			
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Card	YES V NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative off	fense?	☐ 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:			
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	any law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:			
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)? b. Have you resigned from the government service during the service during	☐ YES				
	election to promote/actively campaign for a national or local		If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); 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?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)				
	NAME	ADDRESS	TEL. NO.			
	Prof. Argina M. Pomida	DBM, VSU, Visca	563-7764			
	Dr. Nilda T. Amestoso	DBM, VSU, Visca	563-7764			
	Dr. Analita A. Salabao	DBM, VSU, Visca	563-7764			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertining Philippines. I authorize the agency head/authorized representation made in this documents administrative/criminal case/s against me.	If this Personal Data Sheet which is a trend the transfer of the estative to verify/validate the contents.	Republic of the s stated herein.			
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PhilHealth	= TATAM				
ID/License/Passport No.: 13-025153699-7 Signature (\$igh inside the			box)			
D	ate/Place of Issuance: July 19, 2013,Ormoc City	Co-17-2020 Date Accomplished	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	JUN 2020 , affiant exhib	ting his/her validly issued government ID as indicated above.			
		ATTY DVSAN C CHINOCO	ne e			
		ATTY. RYSAN C. GUINOCO VSU LEGAL OFFICER Person Administering Oat				

WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

Sample: If applying to Supervising Administrative Officer

• Duration: March 3, 2014 - present

Position: Admin Aide I

- Name of Office/Unit: Department of Business and Management
- Immediate Supervisor: Dr. Nilda T. Amestoso
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Cleaned the DBM/CME classrooms/offices/sorroundings; processed/delivered communications to other units/offices; mimeographed/risographed documents and done other duties and responsibilities that may be assigned by supervisor.

JEFREY M. TUMULAK

(Signature over Printed Name