| Revised 2017  |                        | PERSO                      | NAL DAT                                  | A SI                          | HEE                         | Т                |  |   |  |  |
|---|------------------------|----------------------------|--|-------------------------------|-----------------------------|------------------|--|---|--|--|
| WARNING: Any misrepresenta concerned.                         | tion made in the Perso | onal Data Sheet and t      | he Work Experience Sheet                 | shall cause ti                | he filing of a              | dministrati      | ve/criminal case/                                    | s against the                           | person   |  |
| READ THE ATTACHED GUIDE                                       | TO FILLING OUT THE     | PERSONAL DATA SH           | IEET (PDS) BEFORE ACCO                   | MPLISHING 1                   | THE PDS FO                  |                  |  |   |  |  |
| Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIO |                        | eet if necessary. Indicate | N/A if not applicable. DO NOT            | ABBREVIATE                    |                             | 1. CS ID No      |  | (Do not fill up                         | . For CSC use only                             |  |
| 2. SURNAME  | ESPINOSA               |                            |  |                               |                             |                  |  |   |  |  |
| FIRST NAME  | JOY                    |                            |  |                               |                             |                  | NAME EXTENSION (                                     | JR., SR)                                |  |  |
| MIDDLE NAME   | SOLANO                 |                            |  |                               |                             |                  |  |   |  |  |
| 3. DATE OF BIRTH  |                        | 7/4004                     |  |                               |                             |                  |  |   |  |  |
| (mm/dd/yyyy)  | 10/2/                  | 7/1991                     | 16. CITIZENSHIP                          |                               | ☑ Allip                     | oino E           | Dual Citizenship                                     |   |  |  |
| 4. PLACE OF BIRTH   | BAYBAY C               | CITY, LEYTE                | If holder of dual citizenship,           |                               | □ by birth Pls. indicate    |                  |  | by naturalization                       |  |  |
| 5. SEX  | ☐ Male                 | ☑ Female                   | please indicate the                      | details.                      |                             |                  | 1 to. marocito                                       | oodiid y.                               | _  |  |
| 6 CIVIL STATUS  | ☑ Single               | ☐ Married                  | 17. RESIDENTIAL ADDRESS                  | ī                             |                             |                  |  | *************************************** | Y  |  |
|   | ☐ Widowed              | ☐ Separated                |  | Н                             | louse/Block/Lot             | No.              |  | Street                                  |  |  |
|   | Other/s:               |                            |  |                               |                             | ge               |  | BUNGA<br>Barangay                       |  |  |
| 7. HEIGHT (m)   | 0.1                    | 129                        |  | Autocommon vigo consequencias | BAYBAY<br>City/Municipality |                  |  | LEYTE<br>Province                       |  |  |
| 8. WEIGHT (kg)  | 5                      | 55                         | ZIP CODE                                 |                               |                             |                  |  |   |  |  |
| 9. BLOOD TYPE   | Al                     | B+                         | 18. PERMANENT ADDRESS                    |                               | auso/Blode/Lat              | No               |  |   |  |  |
| 10. GSIS ID NO.   | N                      | IA                         |  |                               | ouse/Block/Lot              |                  |  | Street<br>BUNGA                         |  |  |
| 11. PAG-IBIG ID NO.   | 121080                 | )492433                    |  |                               | BAYBAY                      | -                |  | Barangay<br>LEYTE                       |  |  |
| 12. PHILHEALTH NO.  | 130501                 | 452964                     | ZIP CODE                                 |                               | City/Municipalit<br>6521-A  | у                |  | Province                                |  |  |
| 13. SSS NO.   | 06318                  | 394229                     | 19. TELEPHONE NO.                        |                               |                             |                  | NA   |   |  |  |
| 14. TIN NO.   | 4764                   | 80605                      | 20. MOBILE NO.                           |                               | +639502811823               |                  |  |   |  |  |
| 15. AGENCY EMPLOYEE NO.                                       | N                      | IA                         | 21. E-MAIL ADDRESS (if any)              |                               |                             | joy.espin        | osa@vsu.edu  | ı.ph                                    |  |  |
| II. FAMILY BACKGROUND   |                        |                            |  |                               |                             |                  |  |   |  |  |
| 22. SPOUSE'S SURNAME  |                        |                            |  | 23. NAME of C                 | CHILDREN (WIT               | ite full name an | d list all)  | DATE OF BIR                             | RTH (mm/dd/yyyy)                               |  |
| FIRST NAME  |                        |                            | NAME EXTENSION (JR., SR)                 |                               |                             |                  |  |   |  |  |
| MIDDLE NAME   |                        |                            |  |                               |                             |                  |  |   |  |  |
| OCCUPATION  |                        |                            |  |                               |                             |                  |  |   |  |  |
| EMPLOYER/BUSINESS NAME  |                        |                            |  |                               |                             |                  |  |   |  |  |
| BUSINESS ADDRESS  |                        |                            |  |                               |                             |                  |  |   |  |  |
| TELEPHONE NO.   |                        |                            |  |                               |                             |                  | 15   |   |  |  |
| 24. FATHER'S SURNAME  |                        | ESPINOSA                   |  |                               |                             |                  |  |   |  |  |
| FIRST NAME  | TIR                    | SO                         | NAME EXTENSION (JR., SR)                 |                               | 10/8                        |                  |  | 4/1961                                  |  |  |
| MIDDLE NAME   |                        | ORNOPIA                    |  |                               |                             |                  |  |   |  |  |
| 25. MOTHER'S MAIDEN NAME                                      |                        |                            |  |                               |                             |                  |  |   |  |  |
| SURNAME   |                        | SOLANO                     |  |                               |                             |                  |  | 11/2                                    | 9/1961   |  |
| FIRST NAME  |                        | CAROLINA                   |  |                               |                             |                  |  |   |  |  |
| MIDDLE NAME   |                        | SALUBRE                    |  |                               | (0                          | ontinue on se    | parate sheet if neces                                | isary)                                  |  |  |
| III. EDUCATIONAL BACKGR                                       | POUND                  |                            |  |                               |                             |                  |  |   | - 45   |  |
| 26. LEVEL   | NAME OF (Write i       |                            | BASIC EDUCATION/DEGRE<br>(Write in full) | E/COURSE                      | PERIOD OF                   | ATTENDANCE To    | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED                       | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY  | BUNGA ELEMEN           | TARY SCHOOL                | ELEMENTARY EDUCA                         | ATION                         | 06/01/1998                  | 3/30/2004        | NA   | 2004                                    | WITH   |  |
| SECONDARY   | BUNGA NATIONAL         | L HIGH SCHOOL              | SECONDARY EDUCA                          | TION                          | 06/01/2005                  | 3/30/2008        | NA   | 2008                                    | WITH   |  |
| VOCATIONAL /<br>TRADE COURSE                                  | NA                     | 1                          | NA                                       |                               | NA                          | NA               | NA NA  | NA                                      | HONORS<br>NA                                   |  |
| COLLEGE   | VISAYAS STATE          | UNIVERSITY                 | COLLEGE                                  |                               | 08/01/2016                  | 6//22/2020       | NA   | 2020                                    | NA.  |  |
| GRADUATE STUDIES  | NA                     | 1                          | NA                                       |                               | NA                          | NA               | NA   | NA                                      | NA NA  |  |
|   |                        | (Co                        | ontinue on separate sheet if nece        | ssary)                        |                             |                  |  |   |  |  |
| SIGNATURE   |                        |                            |  |                               | DA                          | TE               |  | 11/16/2021                              | d 2017), Page 1 of 4                           |  |

|                 | SERVICE ENGI                 |  |                           |  |   |                         |   |                       |                           |
|-----------------|------------------------------|--|---------------------------|--|---|-------------------------|---|-----------------------|---------------------------|
|                 | SPECIAL LAW                  | 080 (BOARD/BAR) UNIDER<br>OS/CES/CSEE<br>OY/DRIVER'S LICENSE | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINA                          | ATION / CONFE           | RMENT   | LICENSE (if a         | Date of<br>Validity       |
| NA NA           |                              | NA   | NA NA                     |  | NA  |                         | NA  | NA                    |                           |
|                 |                              |  |                           |  |   |                         |   | NA.                   | NA .                      |
|                 |                              |  |                           |  |   |                         |   |                       |                           |
| V WARY          | EVERNIENAE                   |  | (Co)                      | ntinue on separate sheet ii            | f necessary)                              |                         |   |                       |                           |
|                 | EXPERIENCE<br>vate employmen | t. Start from your recen                                     | t work) Descriptio        | an of duties should h                  | e indicated in the affac                  | had Wark Fr             |   |                       |                           |
| 28. INCL<br>(r  | USIVE DATES                  | POSITION TI<br>(Write in full/Do not a                       | TLE                       | DEPARTMENT / AGEI                      | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY<br>SALARY       | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable)& STEP<br>(Format *06-0*y | STATUS OF APPOINTMENT | GOV'T<br>SERVICE<br>(Y/N) |
| From 08/01/2020 | PRESENT To                   | INSTRUCT   | OR                        | VISAYAS STA                            | ATE UNIVERSITY                            | 17,000.00-<br>20,000.00 | INCREMENT   | PART-TIME             | Y                         |
|                 |                              |  |                           |  |   |                         |   |                       |                           |
|                 |                              |  |                           |  |   |                         |   |                       |                           |
|                 |                              |  | (Cont                     | linue on separate sheet if r           |   |                         |   |                       |                           |
| SIGNA           | ATURE                        | ***************************************                      | 8                         |  | DATE                                      |                         | 11/16/2021  | FORM 212 (Revised 20  | 17). Page 2 of 4          |

|   | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)               |                              | INCLUSIVE DATES (mm/dd/yyyy)  From To |                                      | POSITION / NATURE OF WORK                                    |   |
|---|---|------------------------------|---------------------------------------|--------------------------------------|--|---|
| NA NA   |   | NA                           | NA                                    | NA                                   |  | NA  |
|   |   |                              |                                       |                                      |  |   |
| LEARNING AND DEVELOPMENT (L&  | (C  | ntinue on separate s         | heet if necessary                     |                                      |  |   |
| t from the most recent LSD training program and incl<br>TITLE OF LEARNING AND DEVELOPMENT IN<br>(Write in I | TERVENTIONS/TRAINING PROGRAMS                                   | INCLUSIVE<br>ATTEN<br>(mm/de | DATES OF<br>DANCE                     | Executive Hanageria  NUMBER OF HOURS | Type of LD<br>(Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPON SORED BY (Write in full)                  |
| LARAVEL 7 & VI  | JE JS   | From 8/26/2020               | To<br>8/28/2020                       | 24.0                                 |  | DEPARTMENT OF COMPUTER SCIENCE AND                        |
| VSU E-LEARNING ENVIRONMENT TRA  |   | 12/04/2020                   | 12/14/2020                            | 24.0                                 |  | TECHNOLOGY  DEPARTMENT OF COMPUTER SCIENCE AND TECHNOLOGY |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   | (Cor  | ntinue on separate si        | neet if necessary)                    |                                      |  |   |
| OTHER INFORMATION   | . NON   | -ACADEMIC DISTING            | TIONS / RECOGN                        | IITION                               |  | MEMBERSHIR IN ASSOCIATION ORGANIZATION                    |
| SPECIAL SKILLS and HOBBIES  IMAGE PROCESSING  | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NA |                              |                                       |                                      | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)      |   |
| WEB APPLICATION DEVELOPMENT   |   | NA NA                        |                                       |                                      |  | NA<br>NA  |
|   |   |                              |                                       |                                      |  |   |
|   |   |                              |                                       |                                      |  |   |
|   | (Con  | tinue on separate sh         | eet if necessary)                     |                                      |  |   |

| 34.         | Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediately bureau or Department where you will be apppointed,  | ng or recommending authority, or to the<br>ite supervision over you in the Office,            |   |                                 |  |  |  |
|-------------|---|---|---|---------------------------------|--|--|--|
|             | a. within the third degree?     b. within the fourth degree (for Local Government Unit - C  |   | ☑ NO<br>☑ NO  |                                 |  |  |  |
| 35,         | a. Have you ever been found guilty of any administrative o  | ffense?   | ☐ 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 any court or tribunal?  | ☐ YES ☑ NO If YES, give details:  |   |                                 |  |  |  |
|             | Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of term in the public or private sector?  | ☐ YES ☑ NO If YES, give details:  |   |                                 |  |  |  |
|             | a. Have you ever been a candidate in a national or local el Barangay election)?      b. Have you resigned from the government service during election to promote/actively campaign for a national or local.   | ☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:                             |   |                                 |  |  |  |
| 39.         | Have you acquired the status of an immigrant or permaner  | ☐ YES ☑ NO If YES, give details (country):  |   |                                 |  |  |  |
| b.<br>c.    | Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?  |   | ☐ YES If YES, please specify: ☐ YES If YES, please specify I ☐ YES If YES, please specify I | ✓ NO                            |  |  |  |
| 41.         | REFERENCES (Person not related by consanguinity or affinity to applic   | ant /appointee)   |   |                                 |  |  |  |
|             | NAME  | ADDRESS   | TEL. NO.  |                                 |  |  |  |
|             | ROLDAN PIEDRAVERDE  | BRGY. BUNGA, BAYBAY CITY, LEYTE   | NA  |                                 |  |  |  |
|             | JIMMY ESPINA  | PCC, NUEVA ECIJA  | 63945559102   |                                 |  |  |  |
| 1           | IVY VILLAR  I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized repagree that any misrepresentation made in this docadministrative/criminal case/s against me. | inent laws, rules and regulations of the learning resentative to verify/validate the contents | Republic of the stated herein. I  | JOY S. ESPINON                  |  |  |  |
| Gov<br>ID/L | //ernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  ###################################   | Signature (Sign inside the bound in 11/16/2021  Date Accomplished                             | ox)   | Right Thumbmark                 |  |  |  |
|             | SUBSCRIBED AND SWORN to before me this  | affiant exhibiting ATTY, BY AN C. GUMOCOR VSD Chief Legal Officer  Person Administering Oath  |   | rernment ID as indicated above. |  |  |  |