ES Form No. 212	PERSO	NAL DAT	A SH	EET					
WARNING: Anv misrepresenta	ation made in the Personal Data Sheet and th	ne Work Experience Sheet s	hall cause the	filing of adn	ninistrative	/criminal case/s a	against the p	erson	
concerned.	TO FILLING OUT THE PERSONAL DATA SHE						rgamot tiro p	104	
	s () and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	or CSC use only	
I. PERSONAL INFORMATIO	N								
2. SURNAME	CASTIL	We ye							
FIRST NAME	JHONAVEL NAME EXTENSION (JR., SR)								
MIDDLE NAME	ROMBLON								
DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23. 1995	16. CITIZENSHIP							
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE	If holder of dual citize				Pls. indicate co	by naturalize ountry:	zation	
5. SEX	☐ Male ☑ Female	please indicate the o	details. Philippines					-	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	APARTMENT NO. 1		K	ILBOURNE ST			
40 400 404 40 40 40 40 40 40 40 40 40 40	☐ Widowed ☑ Separated			House/Block/Lot No. VSU, LOWER CAMPUS		PA	PANGASUGAN PANGASUGAN		
	Other/s:	la de la companya de	Subdivision/Village		Barangay LEYTE				
7. HEIGHT (m)	1.55 m			AYBAY CITY City/Municipality			Province		
8. WEIGHT (kg)	65 kg	ZIP CODE	6521						
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Hou	use/Block/Lot No).		Street		
10. GSIS ID NO.	CRN-011-1486-3951-0	2 33			1	LEWING Barangay			
11. PAG-IBIG ID NO.	121143904491	T. GOORGAN A. SA	100	Subdivision/Village ANAHAWAN City/Municipality			SOUTHERN LEYTE Province		
12. PHILHEALTH NO.	03-025772050-7	ZIP CODE	6610					1 1000	
13. SSS NO.	03-45123574-8	19. TELEPHONE NO.	(053) 557-0773			They do	10000		
14. TIN NO.	322-041-301-000	20. MOBILE NO.	0955-420-96	0955-420-9673 / 0928-755-6851					
15. AGENCY EMPLOYEE NO.	V01208	21. E-MAIL ADDRESS (if any)	rjhonavel	rjhonavel@yahoo.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	N/A NAME EXTENSION (JR., SR)		EROS GAVIN CASTIL				FEB. 26, 2019		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A				-				
24. FATHER'S SURNAME	CASTIL								
FIRST NAME	NILO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MATAFLORIDA								
25. MOTHER'S MAIDEN NAME	MATALEONIDA								
	ROMBLON								
SURNAME						1			
FIRST NAME	REFELYN								
MIDDLE NAME III. EDUCATIONAL BACKO	PALCO			(C)	ontinue on se	parate sheet if neces	isary)		
III. EDUCATIONAL BACK	GROUND			1				SCHOLARSHIP	
26. LEVEL	LEVEL NAME OF SCHOOL BASIC EDUCATION/DEG (Write in full) (Write in full)			E/COURSE TENOO OF ATTENDANCE UN		UNITS EARNED (if not graduated)		ACADEMIC HONORS RECEIVED	
ELEMENTARY	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION		2003	2007	GRADUATED	2007	SALUTATORI	
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION		2007	2011	GRADUATED	2011	SALUTATORI	
VOCATIONAL / TRADE GOURSE	N/A	N/A							
COLLEGE	METRO MANILA COLLEGE	BSBA-FINANCIAL MANAGEME		2011	2015	GRADUATED	2015	MAGNA CUI	
GRADUATE STUDIES	N/A	N/A							
	N N	(Continue on separate sheet if no	ucessary)				,		
SIGNATURE	7	umh		DA	ATE	12/	04/2021	1	

IV. CIVIL SI	ERVICE ELIG	IBILITY		* 1	1,			•	7
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			DATE OF EXAMINATION /	PLACE OF EXAM	INATION / CONFER	MENT	LICENSE (if app	Date of	
			CONFERMENT	ese pegional de	CSC REGIONAL OFFICE NATIONAL CAPITAL			Validity	
НО	NOR GRADUA	ATE ELEGIBILITY	N/A	N/A		ION (NCR)	CAPITAL	1001131602017	3/27/2015
							And the	· · · · · · · · · · · · · · · · · · ·	Na trace
				A DESCRIPTION OF THE PROPERTY.	Let . 1879 70.				
				(Continue on separate sh	neet if necessary)				
	EXPERIENCE	ent. Start from your recen	twork) Doscriptio	up of duties should b	a indicated in the attacl	and Work Experi	ance cheet		
28. INCLI	USIVE DATES	POSITION 1			ENCY / OFFICE / COMPANY	Tet Work = XDE	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	nm/dd/yyyy)	(Write in full/Do not			I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
5/13/2015	10/5/2015	CUSTOMER SERVICE A	SSISTANT	MARKET STRATE	MARKET STRATEGIC FIRM		N/A	PROBATIONARY	NO
10/13/2015	12/31/2016	FINANCIAL ANALYST 1		DSWD-NCR		13,338.00 18,549.00	SG-9	MOA	YES
2/1/2017	3/15/2018	ADMINISTRATIVE ASSIS	STANT	MQ MEDIAZONE F	PRODUCTIONS	11,000.00	N/A	CONTRACTUAL	NO
8/16/2018	5/31/2020	ADMINISTRATIVE AIDE	I	VISAYAS STATE U	JNIVERSITY	9,659.36	N/A	J.O	YES
6/1/2020	PRESENT	ADMINISTRATIVE AIDE	III	VISAYAS STATE U	JNIVERSITY	14,125.10	SG-3	CASUAL	YES
				A S					
	1	-							
							De la		
						-			
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		11-9:		1.00000					
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	1	200	ne f	e ma subsequivas					
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				A PLEASE TO THE STATE OF THE ST					
SIGI	NATURE	T	fum	(Continue on separate s	DATE		Rlouk	DA	
0,01			- A				10010	CS FORM 212 (Revised	2017), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT / F	PEOPLE / VOL	UNTARY OR	GANIZATIONS			
29. NAME & ADDRESS OF (Write in f			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
NONE			L and a	3 5 10 2			
					control of the second		
				14.01	VIII.		
	-						
VII. LEARNING AND DEVELOPMENT (L&D,		tinue on separate :	Name and Address of the Owner, where the Owner, which is the Owne	v)			
(Start from the most recent L&D/training program and inc					garial positions)		
pour thom are most recent table talling program and are	ade only the relevant Lab gaining taken sor		DATES OF	nenc xecouve mana			
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in 1		ATTENBANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
,		From	Тө		Technical/etc)	VIII-	
Laws and Rules on Governm	nont Evnanditures	00/42/22022	00/46/9099	044	T. L	COMMISSION ON AUDIT DESIGNATION	
ef Da		09/13/22022	09/16/2022	24 hrs.	Technical	DEPARTMENT OF BUDGET & MANAGEMENT	
In-House Training on Public Fi	nancial Management	08/03/2022	08/05/2022	24 hrs.	Technical	REGION VIII	
AGAP TECHNICAL		06/16/2022	06/16/2022	8 hrs.	Technical	ASSOCIATION OF GOVERNMENT ACCOUNTANTS OF THE PHILIPPINES	
2021 Membership Conference of Government Circle	t Financial Management Innovators	11/18/2021	11/19/2021	8 hrs.	Technical	VISAYAS STATE UNIVERSITY	
ISO 9001:2015 Awareness/Re-	awareness Webinar	11/27/2020	11/27/2020	3 hrs.	Technical	VISAYAS STATE UNIVERSITY	
FMU General Assembly cu	m Teambuilding	12/2/216	12/3/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
Finance Management Unit 1st Semestral Program Implementation Review CY 2016			7/9/2016	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
Roll-Out Training on the Implementation Government Accounting Manual			5/13/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
Orientation on the National Cultural Heritage Act of 2009			4/19/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
Bottom-Up Budgeting Year-End Implementation Review			2/24/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
Training on Project Management for BUB Field Staff			12/3/2015	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPLEMENT-NATIONAL CAPITAL REGION	
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	prince designation of the	y MO wedyu 2	rada0 yerb			e anta dallam	
	Land stranger	A DOMESTIC	G since is:	5/1 8u/4u/u		e a martin of house other real district	
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		er ertradern	rtyh évot s				
VIII. OTUED INCODMATION	(Con	tinue on separate :	sheet if necessary	y)			
VIII. OTHER INFORMATION	NO.	A CA DENIO DICTIO	NOTIONS (PEOO	ONITION			
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	e in full)	GNITION	alana este a ana. A Signa de	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SPORTS (Volleyball, Badminton)		VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE					
COOKING						ADMINISTRATIVE PERSONNEL ASSOCIATION	
DANCING	XX 0,1 0.2 1	The state of					
	PO ALCON	TRAIN TO THE REST	a management of the second	and have	10x57 xs (-		
	The second secon		in the state of th			and the state of t	
P4114		The transfer of the second		Marine Marine			
SIGNATURE	- Geom	tinue on separate :	sheet if necessar		TE	Inter-land	
SIGHAL ONE	- Outline			DA DA	11/2	12/06/302 CS FORM 212 (Revised 2017), Page 3 of	

		1 '1		0				
34.	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,							
	a. within the third degree?b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ NO ☐ YES ☐ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	YES V NO						
	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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, engabolition) in the public or private sector?	✓ YES						
38.	a. Have you ever been a candidate in a national or local election and election and election and election and election and election are also as a second election are a second election are also as a second election are a second election are also as a second election ar	☐ YES ☑ NO If YES, give details:						
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ana Carta for Disabled Persons (RA						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous 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					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)						
	NAME	ADDRESS	TEL. NO.	40				
WIL	MA V. NAPIERE	VSU, Accounting Office	09359633220	3 B				
NO	RIETA B. BUSTILLO	VSU, Accounting Office	09152329310					
AM	ALIA O. ARMADA	Brgy. Gabas, Baybay City, Leyte	09395530982					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО				
	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Luna						
	Government Issued ID: GSIS							
	D/License/Passport No.: CRN-011-1486-3951-0	oox)						
	Date/Place of Issuance: March 2022	Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this 2 5 J/W 2023 , affiant exhibiting his/her validly issued government ID as indicated above.							
		R						
		th						

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

Duration: October 13, 2015 - December 31, 2016

Position: Financial Analyst I (MOA Worker)

Name of Office/Unit: Budget Office

Immediate Supervisor: Alicia K. Pagaduan

Name of Agency/Organization and Location: Department of Welfare & Development - NCR

List of Accomplishments and Contributions (if any):

Summary of Actual Duties

 Monitors and Controls funds under Bottom-Up Budgeting Project. Process and obligates vouchers, purchase request, and purchase orders. Prepares financial reports for BUB Project.

Duration: February 2, 2017 - March 15, 2018

Position: Administrative Assistant

Name of Office/Unit: N/A

Immediate Supervisor: Maria Encarnacion V. Quadra

Name of Agency/Organization and Location: MQ Mediazone Productions

List of Accomplishments and Contributions (if any):

Summary of Actual Duties

Records transactions and prepares financial reports.

Duration: <u>August 16, 2018 – May 31, 2020</u> Position: <u>Administrative Aide I (Job Order)</u> Name of Office/Unit: <u>Accounting Office</u> Immediate Supervisor: <u>Erlinda S. Esguerra</u>

Name of Agency/Organization and Location: Visayas State University

List of Accomplishments and Contributions (if any):

Summary of Actual Duties

 Prepares journal for 101 Trust projects. Controls, obligates & earmarks PR'S, appointments vouchers and payrolls. Prepares Quarterly Financial Report on each project. Prepares subsidiary ledger for the projects under 101 Trust. Prepares Journal Entry Voucher and financial reports under IGP Fund. Does some task as assign by superior from time to time.

Duration: June 1, 2020 - Present

Position: Administrative Aide III (Casual)
Name of Office/Unit: Accounting Office

Immediate Supervisor: Nick Freddy R. Bello

Name of Agency/Organization and Location: Visayas State University

List of Accomplishments and Contributions (if any):

Summary of Actual Duties

- Prepares and consolidates monthly & quarterly disbursement journals, general journals & journal entry vouchers for Trust Receipts and Business Related Funds for Main and External Campuses
- Prepares Income & Expense Statemet for Income Generating Projects (IGP)
- Post journals to General Ledgers and Subsidiary Ledgers
- Prepares monthly & quarterly financial reports & statements for submission to COA.
- Prepares subsidiary ledgers of Property, Plant and Equipment (PPE) for all funds.
- Computes depreciation of PPE under all funds.
- Prepares annual reports of PPE for submission to COA.

JHONAVEL R. CASTIL

(Signature over Printed Name of Employee/Applicant)

Date: December 06, 2022