CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EE.	г			
concerned.	tion made in the Personal Data Sheet and the					riminal case/s ag	ainst the pers	son
	TO FILLING OUT THE PERSONAL DATA SHE () is use separate sheet if necessary. Indicate			E PDS FOI	1. CS ID No.		(Do not fill up. Fo	or CSC use only)
I. PERSONAL INFORMATIO	N							
2. SURNAME	IMPAS							
FIRST NAME	VIC ANGELO	-				NAME EXTENSION (JR.,	SR) N/A	
MIDDLE NAME	LABIAL							
DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 29, 1993	16. CITIZENSHIP				by naturalization		
4. PLACE OF BIRTH	BRGY. AGUITING, KANANGA, LEYTE	If holder of dual citize						
5. SEX	✓ Male ☐ Female	please indicate the d	etails.	o no the order				
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS		1251				
O OWIESTATIOS	☐ Widowed ☐ Separated		Hous	se/Block/Lot i	No.	G	Street UADALUPE	and a ferrence
	Other/s:	er agaign conservation		division/Villa	ge		Barangay	
7. HEIGHT (m)	1.62 m	Carried Co. A. 1945	1	BAYBAY ty/Municipalit	y		Province	
8. WEIGHT (kg)	70 kg	ZIP CODE	6521		- 1			
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Hous	se/Block/Lot	No		Street	100
10. GSIS ID NO.	2005554747	- Social manual (S) Unit (C)				17. 16.4	AGUITING	
11. PAG-IBIG ID NO.				ANANG	Management	1	Barangay LEYTE	
12. PHILHEALTH NO.	130253818728	ZIP CODE	6531	ty/Municipalit	ty		Province	
		search and the control of the control of						
13. SSS NO.	06-3784239-8	19. TELEPHONE NO.	N/A					
14. TIN NO.	328 142 045	20. MOBILE NO.	09204151491/09773607200					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	vicangelo.	impas@	yvsu.edu.	<u>ori</u>		
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	N/A		23 NAME of CH	II DREN (W	rite full name an	d liet all\	DATE OF BIRT	FH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all) ANAIAH ANGELA V. IMPAS			JUNE 16, 2019		
MIDDLE NAME	N/A	N/A	AMAIAI AM	JELFA V. III			30NL 10, 2015	
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	IMPAS							
FIRST NAME	ELSON	NAME EXTENSION (JR., SR)						
MIDDLE NAME	PERIDA	N/A						
25. MOTHER'S MAIDEN NAME	FERIDA							
SURNAME	LABIAL							
FIRST NAME	MARIVIC							
MIDDLE NAME	TION			24	Cantinua on en	parate sheet if neces	and the second	
III. EDUCATIONAL BACKS					Comunide on Se	parate sneet ii nece:	isary)	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)	REE/COURSE	PERIOD O	F ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
		(marking)		From	То	(if not graduated)		RECEIVED
ELEMENTARY	AGUITING ELEMENTARY SCHOOL	BASIC EDUCATION		2001	2006	N/A	2006	VALEDICTO RIAN FIRST
SECONDARY	KANANGA NATIONAL HIGH SCHOOL	BASIC EDUCATION		2006	2010	N/A	2010	HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BS IN MECHANICAL ENG	BINEERING	2010	2015	N/A	2015	UCPB-CIIF FOUNDATION
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
SIGNATURE	- the Migd Bir	Continue on separate sheet if ne	cessaryj	D	DATE	AUGUST	4,20	20

. CAREE	R SERVICE/ PA	1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if	applicable)
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
OARD EXAI		R MECHANICAL	79.2	SEPTEMBER 29~30, 2015	BRGY. MAMBALING CEBU CITY		0090003	OCTOBE 22, 2022	
									-
								-	-
			(C	ontinue on separate sheet	if necessary)				
	XPERIENCE		at work) Descriptio	on of duties should be	indicated in the attached	l Work Expe	rience sheet		
). INCLU	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)		TITLE	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 SERVICI (Y/ N)
From ANUARY 019	To PRESENT	INSTRUCTOR 1		DEPARTMENT OF MEC VISAYAS STATE UNIVE	24, 495 PHP	SG 12	TEMPORARY REGULAR	Y	
ARCH 2016	NOVEMBER 2018	ENGINEER		MURAMOTO AUDIO-VISUAL PHILIPPINES INC.		19, 000 PHP	S2 65	RESIGNED	N
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29. NAME & ADDRESS O		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(Write in	TUB)	From	To	Table 1 rooms	FOSITION / NATURE OF WORK		
N/A	5	N/A	N/A	N/A	N/A	ty when we were the true of	
		1					
		-					
VII. LEARNING AND DEVELOPMENT (L8		continue on separate PROGRAMS AT	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN				
(Start from the most recent L&D/training program and inc				//Executive/Manage	erial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT	NTERVENTIONS/TRAINING PROGRAMS		DATES OF		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in		(mm/c	kd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
67th PSME NATIONAL CONVENTION		OCT. 16, 2019	OCT. 19, 2019	24 HRS	TECHNICAL	PSME INTEGRATED ASSOCIATION OF	
BYTH PSME NATIONAL CONVENTION		001.16, 2019	001.19, 2019	24 HKS	TECHNICAL	MECHANICAL ENGINEERS	
LECTURE-DEMONSTRATION-WORKSHOP ON PR	ODUCTION OF BIOFUELS	MAY 22, 2019	MAY 22, 2019	4 HRS	TECHNICAL	RENEWABLE ENERGY RESEARCH CENTER COLLEGE OF ENGINEERING VISAYAS STATE UNIVERSITY	
PYROLISIS OF MUNICIPAL SOLID WASTES: CEBI ENVIRONMENTAL PROBLEMS	J'S ENERGY SOLUTION FOR						
HOW TO BECOME A PROFESSIONAL MECHANIC	AL ENGINEER					PHILIPPINE SOCIETY OF MECHANICAL ENGINEE	
PRODUCTIVE AUTOMATION		APRIL 21, 2018	APRIL 21, 2018	4 HRS.	TECHNICAL	- INTEGRATED ASSOCIATION OF MECHANICAL ENGINEERS LAPU-LAPU CHAPTER	
COMPRESSED AIR SYSTEM		- white	P. C.	Arageta or		and the state of t	
ROAD MAP TO ASEAN ENGINEER REGISTRY		and the second	NO THEFT I	100 100 100			
SEPTAGE TREATMENT PLANT				4 HRS.		PHILIPPINE SOCIETY OF MECHANICAL ENGINE	
HOLISTIC APPROACH TO INDUSTRIAL WASTEW	ATER TREATMENT	JULY 27, 2018	JULY 27, 2018	4 HRS.	TECHNICAL	CEBU HOTEL AND BUILDING ENGINEERS CHAPTER	
The second secon		Continue on separate	sheet if necessary)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. N		N-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
DRAWING	N/A		YF13 4136.	104.11		N/A	
SIMPLE VIDEO EDITOR/MAKER	SALE SPRING		9177 B. 10	1387		988 JANG Y 2080 CTAT	
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				AND SOMETHING D			
DICHATUDE	1	Continue on separate	sneet if necessar		ATE	Property of Samuel	
SIGNATURE	promget 81			L	DATE	*MOUST 6,2020	

34. Are you related by consanguinity or affinity to the apportant of bureau or office or to the person who has imm Bureau or Department where you will be apppointed,		,			
a. within the third degree? b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrati	☐ 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 any court or tribunal?	n of any law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminati (abolition) in the public or private sector?	on, end of term, finished contract or phased out	✓ YES	N		
38. a. Have you ever been a candidate in a national or loc Barangay election)?	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service du election to promote/actively campaign for a national or	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perm	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (I 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	8972), please answer the following items:	☐ 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 ap	The second secon	The region of the second of th			
NAME ALBERT AZCARRAGA, PME	ADDRESS TACLOBAN CITY	TEL. NO. 09456047911			
TEODORICO M. URGEL, PME	TACLOBAN CITY	09209070043			
MS. NEURITA A. CHAN	MAKATI CITY	09175278974	1		
42. I declare under oath that I have personally accomposite statement pursuant to the provisions of Philippines. I authorize the agency head/authorized reagree that any misrepresentation made in this administrative/criminal case/s against me.	pertinent laws, rules and regulations of the epresentative to verify/validate the contents state	Republic of the ed herein. I ENGR. VIC AN	O IMPAS		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PROFESSIONAL ID	the Angel BIV		g (2004) brost li		
ID/License/Passport No.: 0090003	Signature (Sign inside the	ox)			
Date/Place of Issuance: 10-15-2015/TACLOBAN CITY	August &, 2021 Date Accomplished		mbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ng his/her validly issued government ID as indicat	ed above.		
	VSULEGAL OFFEISTEADMINISTERING OF	th			