PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1, CS ID No. Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 2 SURNAME CASTAÑAS NAME EXTENSION (JR., SR) FIRST NAME LEVI NA MIDDLE NAME GONZAGA 3. DATE OF BIRTH 16. CITIZENSHIP 8/23/1954 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH Bunga, Baybay Leyte If holder of dual citizenship, Pls. indicate country: please indicate the details ✓ Male Female 5 SEX -Single ✓ Married 17. RESIDENTIAL ADDRESS Brgy Bunga 6 CIVIL STATUS House/Block/Lot No ■ Widowed Separated Other/s: Subdivision/Village Barangay Baybay City, Leyte 7. HEIGHT (m) 5'5" City/Municipality 8. WEIGHT (kg) 69 kg ZIP CODE 6521 18. PERMANENT ADDRESS Brgy Bunga 9. BLOOD TYPE "A" House/Block/Lot No 10. GSIS ID NO CM Subdivision/Village Barangay Baybay City Levte 11 PAG-IBIG ID NO 1700-0024-5344 City/Municipality Province 12. PHILHEALTH NO. 13-000015133-6 ZIP CODE 06-0441091-5 13 SSS NO 19 TELEPHONE NO 563-7652 14. TIN NO 104-031-337 O. MOBILE NO. 09183052301 15. AGENCY EMPLOYEE NO. 21 F-MAIL ADDRESS (if any) N/A V000149 PIANAR SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) MILDRED PIANAR CASTAÑAS FIRST NAME **NEZIRINA** 2/7/1974 LEONILITO PIANAR CASTAÑAS MIDDLE NAME RIVERA 12/29/1975 HOUSEWIFE OCCUPATION EMPLOYER/BUSINESS NAME N/A N/A **BUSINESS ADDRESS** TELEPHONE NO. N/A 24. FATHER'S SURNAME CASTAÑAS IAME EXTENSION (JR., SR) **JESUS** FIRST NAME MIDDLE NAME BALLESTEROS 25. MOTHER'S MAIDEN NAME SURNAME GONZAGA FIRST NAME FRANCISA AÑURA (Continue on separate sheet if necessary) SCHOLARSHIP/ ACADEMIC HONORS HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) (Write in full) GRADUATED (if not graduated) RECEIVED From To BUNGA ELEMENTARY SCHOOL ELEMENTARY 6/14/1905 5/21/1905 N/A 1968 N/A SECONDARY DAMULAAN NATIONAL HIGH SCHOOL NIA 6/1/1998 3/31/2002 2002 N/A VOCATIONAL / NIA TRADE COURSE COLLEGE N/A **GRADUATE STUDIES** NIA (Continue on separate sheet if necessary) 4-25-2017 CS FORM 212 (Revised 2017), Page 1 of 4 DATE SIGNATURE mas

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CAREE	R SERVICE/ RA 1080 SPECIAL LAWS	(BOARD/BAR) UNDER	RATING	DATE OF EXAMINATION	DI ACE OF EVALUATION	CONFEDNICIT	LICEN	SE (if applicable)
BARA		/ DRIVER'S LICENSE	(If Applicable)	/ CONFERMENT	PLACE OF EXAMINATION /	CONFERMENT	NUMBER	Date of Validity
	N/A							
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	SIVE DATES	POSITION TIT	I.E.	DEPARTMENT / ACE	NOV LOTEIOT LOOMBANIA	1		
	n/dd/yyyy)	(Write in full/Do not at			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From /1/2017	То	Adm Aide II		Department of Call Calance VCII		D 44 400 00		V
1/2016	12/31/2016	Adm Aide II		Department of Soil Science, VSU Department of Soil Science, VSU		P 11,488.00	Permanent Permanent	Yes
1/2016	6/30/2016	Adm Aide II		Department of	f Soil Science, VSU	10883.00	Permanent	Yes
1/2013	12/31/2015	Adm Aide II			f Soil Science, VSU	10401.00	Permanent	Yes
1/2012	6/30/2013	Adm Aide I		Department of Agron Department of Agron	9090.00	Permanent Permanent	Yes Yes	
1/2011	6/30/2011	Adm Aide I		Department of Agron	8287.00	Permanent	Yes	
24/2010 1/2009	5/31/2011 6/23/2010	Adm Aide I			omy & Soil Science, VSU	7575.00	Permanent	Yes
1/2009	6/23/2010	Adm Aide I			nomy & Soil Science, VSU	6862.00 6149.00	Permanent Permanent	Yes Yes
1/2007	6/30/2008	Adm Aide I			omy & Soil Science, VSU	5588.00	Casual	Yes
1/2005	6/30/2007	Adm Aide I		-	omy & Soil Science, VSU	5082.00	Casual	Yes
1/2004	12/31/2004	Laborer I		Department of Agron	omy & Soil Science, VSU	5082.00	Casual	Yes
1/2003	12/31/2003	Laborer I			omy & Soil Science, VSU	5082.00	Casual	Yes
1/2002	12/31/2002	Laborer I			nomy & Soil Science, VSU	5082.00	Casual	Yes
1/2001	6/30/2001	Laborer 1		Department of Agron	omy & Soil Science, VSU	5082.00 4840.00	Casual Casual	Yes Yes
1/2000	12/31/2000	Laborer I		Department of Agron	omy & Soil Science, VSU	4840.00	Casual	Yes
1/1999	12/31/1999	Laborer I			omy & Soil Science, VSU	4400.00	Casual	Yes
1/1998	12/31/1998	Laborer I			nomy & Soil Science, VSU	4400.00	Casual	Yes
1/1996	12/31/1996	Laborer I			omy & Soil Science, VSU	4400.00	Casual	Yes
1/1995	12/31/1995	Laborer I	1		omy & Soil Science, VSU	3800.00	Casual	Yes
1/1994	12/31/1994	Laborer I			omy & Soil Science, VSU	2799.72	Casual	Yes
/1/1993 /1/1992	12/31/1993	Laborer I			omy & Soil Science, VSU	1999.80	Casual	Yes
1/1992	12/31/1992	Laborer I Laborer I			omy & Soil Science, VSU	1999.80 1999.80	Casual Casual	Yes
1/1989	12/31/1990	Laborer I		Department of Agron	omy & Soil Science, VSU	1999.80	Casual	Yes
2/14/1987	6/30/1989	Laborer			omy & Soil Science, VSU	722.70	Casual	Yes
1/1987	12/31/1987	Laborer			nomy & Soil Science, VSU	503.80	Casual	Yes
101/1985	6/30/1986	Laborer			omy & Soil Science, VSU	398.20	Casual	Yes
/1/1984	12/31/1984	Laborer			omy & Soil Science, VSU	361.90	Casual	Yes
1/1981	4/30/1984	Laborer			omy & Soil Science, VSU	328.90	Casual	Yes
14/1980	2/28/1981	Laborer			omy & Soil Science, VSU	286.00	Casual	Yes
14/1980	8/6/1980 5/6/1980	Laborer			omy & Soil Science, VSU	286.00	Casual	Yes
16/1979	01/06/0980	Laborer			omy & Soil Science, VSU	286.00	Casual	Yes Yes
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	VATURE	(200/0	mas	DATE	4-25-201	ユ	CS FORM 212 (F	Revised 2017), Page 2

<u>.</u> 9.	NAME & ADDRESS OF ORGA	NIZATION	INCLUSIVE (mm/dd/h		AT REST		DARTION WATER AT WATER	
	(Write in full)		(mm/dd/y	yyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
	N/A							
					172			
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		(Continu	e on separate sheet	if necessary)				
	ING AND DEVELOPMENT (L&D) I							
	mot record LED training program and includ	e only the relevant LKD training rate			and the life court		re Long)	
TITLE	OF LEARNING AND DEVELOPMENT INTERVE (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY		
	(rente at tun)		From	To		Technical/etc)	(Write in full)	
	N/A				1 11	4		
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		(Continu	e on separate sheet	if necessary)				
OTHE	RINFORMATION							
l.	SPECIAL SKILLS and HOBBIES	32. NON	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
	FARMING		VSU-ADPA					
P	LANTING VEGETABLES		517	10 =0				
	LISTENING TO MUSIC		-				Figure	
		- A 1-1 1-2 1-3			Harling I was			
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		(Continu	re on separate sheet	if necessary)				
	SIGNATURE			DATE			CS FORM 212 (Revised 2017), F	

34.	Are you related by consanguinity or affinity to the apportance of bureau or office or to the person who has immediate or Department where you will be appointed, a. within the third degree?	☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit	YES NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative	☐ 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 regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination phased 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 (except Barangay election)?	☐ YES ☑ NO If YES, give details:			
	 b. Have you resigned from the government service dur last election to promote/actively campaign for a national 	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or perma	YES NO If YES, give details (country):			
a. b. c.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	If YES, please specify: YES If YES, please specify IE	✓ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to app	olicant /appointee)			
	NAME	ADDRESS	TEL. NO.		
	DR. VICTOR B. ASIO	CAFS, VSU	563-7435	66	
	DR. SUZETTE B. LINA	DSS, VSU	563-7652		
	DR. ANGELA A. FERRAREN	DSS,VSU	563-7652		
42.	I declare under oath that I have personally accomplise complete statement pursuant to the provisions of per Philippines. I authorize the agency head / authorized reagree that any misrepresentation made in this deadministrative/criminal case/s against me.	ertinent laws, rules and regulations of the epresentative to verify/validate the content	e Republic of the	(Johnes Levi q. Castañas	
Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance			All Phone	
	overnment Issued ID: VSU ID	Hodanes			
ID	/License/Passport No.: V000149	pox)			
Da	ate/Place of Issuance: VSU,Visca Baybay City Leyte	APril 35 2017 Date Accomplished		Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	ATTY, RYS N.C. GUINO NOTAL PUBLIC PTR 200 Person Administering Oal	OCOR	overnment ID as indicated above.	
		MCLE COMP. NO. V-COM- Tan	07/00/10	CS FORM 212 (Revised 2017), Page 4 of 4	
		ROLL OF ATTURNEYS NO. 57	467	, 1 ago 4 of	