

CS Form No. 212  
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation 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.

Print legibly. Tick appropriate boxes ( ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LLANO		
FIRST NAME	ALPIE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	TIEMPO		
3. DATE OF BIRTH (mm/dd/yyyy)	02/02/1982	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Macrohon, Southern Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Purok 5 House/Block/Lot No. Street Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	5'3"	ZIP CODE	
8. WEIGHT (kg)	61		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Purok 5 House/Block/Lot No. Street Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0165-8981		
12. PHILHEALTH NO.	13-000103433-3		
13. SSS NO.	33-9046087-8	19. TELEPHONE NO.	N/A
14. TIN NO.	406-270-949	20. MOBILE NO.	09058835260
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	alpie381982@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LLANO	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIFE	ADRIAN D. LLANO	07/25/2010
MIDDLE NAME	DUMAYACA	VINCE ANDREW D. LLANO	10/21/2013
OCCUPATION	Housewife	ARABELLA D. LLANO	08/20/2022
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	LLANO		
FIRST NAME	FILADELFO	NAME EXTENSION (JR., SR) SR.	
MIDDLE NAME	SARGADO		
25. MOTHER'S MAIDEN NAME			
SURNAME	TIEMPO		
FIRST NAME	AMADA		
MIDDLE NAME	GUARTE	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL	N/A	1991	1996	N/A	1996	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	1996	1999	N/A	1999	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BS in Marine Transportation Major in Nautical Studies	1999	2002	N/A	2002 ?	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	12/28/23

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**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.




[illegible]

SIGNATURE		DATE	12/28/23
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	GUARDIAN BROTHERHOOD	2019	Present	N/A	Member	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Electric Wiring System Repair and Maintenance	04/13/2023	05/24/2023	33	Technical	DME, VSU
	5S Training for Utility and Messenger Personnel	11/23/2022	11/23/2022	8	Technical	OVPAF, VSU
	ISO 9001:2015 Awareness/Re-Awareness Seminar	08/30/2022	08/31/2022	4	Technical	ODQA, VSU
	Training/Seminar Workshop on Introduction and Verification of Common Laboratory Instruments	06/21/2022	06/22/2022	16	Technical	DOST-8
	Alay Linis	11/29/2021	12/02/2021	24	Technical	OHGS, VSU
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	8	Technical	ODHRM, VSU
	Gender Sensitivity Training and Anti-Sexual Harassment Orientation for CME Faculty and Staff	04/27/2016	04/27/2016	8	Technical	ISRDS, VSU
	Basic Safety Training (Personal Survival Techniques)	04/11/2002	04/21/2002	16	Technical	NATIONAL MARITIME POLYTECHNIC TRAINING CENTER
	Basic Safety Training (Fire Prevention and Fire Fighting)	04/11/2002	04/21/2002	16	Technical	NATIONAL MARITIME POLYTECHNIC TRAINING CENTER
	Basic Safety Training (Elementary First Aid)	04/11/2002	04/21/2002	16	Technical	NATIONAL MARITIME POLYTECHNIC TRAINING CENTER
	Basic Safety Training (Personal Safety and Social Responsibilities)	04/11/2002	04/21/2002	16	Technical	NATIONAL MARITIME POLYTECHNIC TRAINING CENTER
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	DRIVING MOTORCYCLE	N/A			N/A	
	CARPENTRY					
	COMPUTER SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE		A		DATE	12/28/23	



34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: N/A Status of Case/s: N/A												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Not renewed due to lack of budget in the Institute												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): N/A												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: N/A												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EUSEBIO R. LINA, JR.</td><td>VSU, BAYBAY CITY, LEYTE</td><td>N/A ✓</td></tr><tr><td>MA. NENA Q. RAMOS</td><td>BRGY. GUADALUPE, BAYBAY CITY, LEYTE</td><td>N/A ✓</td></tr><tr><td>CLIMACO D. ESPINA, JR.</td><td>BOHOL</td><td>N/A ✓</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	EUSEBIO R. LINA, JR.	VSU, BAYBAY CITY, LEYTE	N/A ✓	MA. NENA Q. RAMOS	BRGY. GUADALUPE, BAYBAY CITY, LEYTE	N/A ✓	CLIMACO D. ESPINA, JR.	BOHOL	N/A ✓
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CLIMACO D. ESPINA, JR.	BOHOL	N/A ✓												
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVER'S LICENSE</div> <div>ID/License/Passport No.: H12-18-001136</div> <div>Date/Place of Issuance: BAYBAY CITY, LEYTE</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>Date Accomplished</div>	<div></div> <div>ALPIE T. LLANO</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 29 DEC 2023, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</div> <div>Person Administering Oath</div>														



WORK EXPERIENCE SHEET

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

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 from most recent first.

- Duration: January 2, 2023 – present
- Position: Administrative Aide I
- Name of Office/Unit: Department of Teacher Education
- Immediate Supervisor: Dr. Joel Q. Mabalhin
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Attended trainings relevant to position.
  - Applied learnings from seminars and trainings to the unit assigned.
- Summary of Actual Duties
  - Responsible for messengerial tasks by forwarding and retrieving documents to other offices; photocopies examinations; maintains the cleanliness of the department; acts as alternate dDRC, and performed other tasks assigned by the department head, faculty, and staff.

  
**ALPIE T. LLANO**  
(Signature over Printed Name  
of Employee/Applicant)

Date: JAN 2, 2024