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 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) SONAL INFORMATIC 2. SURNAME POSAS NAME EXTENSION (JR SR) FIRST NAME MARICAR MIDDLE NAME BAGARINAO 3. DATE OF BIRTH **NOVEMBER 07.1977** 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY, LEYTE Pls. indicate country: If holder of dual citizenship. please indicate the details. Male ✓ Female 5. SEX ✓ Single Married 17. RESIDENTIAL ADDRESS 792 **ILANG ILANG** 6 CIVIL STATUS House/Block/Lot No Widowed Separated Street MARCOS Other/s: Subdivision/Village Barangay 6521 BAYBAY LEYTE 7. HEIGHT (m) 1.5 City/Municipality 79 8 WEIGHT (kg) ZIP CODE 6521 **ILANG ILANG** 18 PERMANENT ADDRESS 792 9. BLOOD TYPE "0" House/Block/Lot No MARCOS N/A 10 GSIS ID NO Subdivision/Village Barangay 6521 BAYBAY LEYTE 11. PAG-IBIG ID NO. 121045720662 City/Municipality Province 12. PHILHEALTH NO. 030500706763 ZIP CODE 6521 33-6943383-6 13 SSS NO. 19. TELEPHONE NO NONE 14 TIN NO 920851455000 20. MOBILE NO. 09155992609 V01255 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) maricar.posas@vsu.edu.ph **FAMILY BACKGROUND** N/A 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRHEY P. CAYUNDA FIRST NAME N/A 6/19/2007 MIDDLE NAME N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24 FATHER'S SLIRNAME POSAS NAME EXTENSION (JR., SR) FIRST NAME **OSCAR** MIDDLE NAME **BAGARINAO** MARTINA GODINES BAGARINAO 25. MOTHER'S MAIDEN NAME SURNAME **BAGARINAO** FIRST NAME MARTINA GODINEZ MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL YEAR ACADEMIC UNITS EARNED HONORS RECEIVED (Write in full) (Write in full) GRADUATED (if not gradu From **VISCA FOUNDATION** FIEMENTARY **ELEMENTARY EDUCATION** 6/1/1984 3/1/1990 GRADUATED 1990 N/A **ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH** SECONDARY SECONDARY EDUCATION 6/1/1990 3/1/1994 GRADUATED 1994 N/A SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE **BACHELOR OF ANIMAL** VISAYAS STATE COLLEGE OF COLLEGE SCIENCE MAJOR IN ANIMAL 6/1/1994 10/1/1998 GRADUATED 1998 N/A AGRICULTURE HEALTH **GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A N/A SIGNATURE DATE May 25, 2023

		ARD/ BAR) UNDER SPECIAL	PATING	DATE OF				LICENSE (if ap	oplicable)
LAWS/ CES	LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMI	NATION / CONFERMENT		NUMBER \	Date of Validity
DRIVERS LICENSE N/A			NOV.7,1998 ORMOC		CITY, LEYTE		N0398029834	11/7/20	
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	PERIENCE	14		ontinue on separate sheet					
E STAR		art from your recent wor	k) Description o	f duties should be in	dicated in the attached V	Vork Experience	sheet.		
From	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)			DEPARTMENT / AGE (Write in full/	MONTHLY SALARY	GRADE (if applicable) & STEP (Formal *00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'SERVIC	
1-1-2023	12-31-2023	EDUCATION RE ASSISTAI	TV	Office of the	Graduate School	21211.08	# 1 m	CASUAL	YES
1-1-2022	12-31-2022	EDUCATION RE ASSISTAI	TV	Office of the	Graduate School	20401.92		CASUAL	YES
5/3/2021	12/31/2021	EDUCATION RE ASSISTAI	T	Office of the	Graduate School	18, 784.04	AM	CASUAL	YES
3/1/2021	4/30/2021	EDUCATION RE ASSISTAI	TV	Office of the	Graduate School	12,174.80	021500121	JOB ORDER	YES
1/1/2021	2/28/2021	EDUCATION RE ASSISTAI	TV	Office of the	Graduate School	18, 784.04	0.0000000	CASUAL	YES
10/1/2020	12/31/2020	EDUCATION RE ASSISTAI		Office of the Graduate School		18, 784.04	RCE1+0-62	CASUAL	YES
1/1/2020	09/31/2020	CLERK	N N N N N N N N N N N N N N N N N N N	Office of the	Graduate School	9960.00	2021 MAV	JOB ORDER	NO
1/1/2019	12/31/2019	Data Enco	der	Office of the	Graduate School	9600.00	Section 1 M V	JOB ORDER	NO
1/1/2018	12/31/2018	Data Enco	der	Office of the	Graduate School	5200.00	6/34	JOB ORDER	NO
1/1/2017	12/31/2017	Data Enco	der	Office of the	Graduate School	5200.00	N/A	JOB ORDER	NO
10/1/2016	12/31/2016	Data Encoder		Office of the Graduate School		5200.00	<u>en</u>	JOB ORDER	NO
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SIGNA	ATURE	Julye	con		DATE		5/25/2	2023	Vitari

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	N/S		
			INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
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VII. LEARNING AND DEVELOPMENT (L&I							
(Start from the most recent L&D/training program and incl	ude only the relevant L&D/training taken for t		s for Division Chil	et/Executive/Manag		AND	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN	NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
TRAINING WORKSHOP ON ROOT CAUSE ANA	ALYSIS	11/17/2022	11/17/2022	8HRS	TECHNICAL	to moin designations of visus even unit every every every	
ORIENTATION/RE-ORIENTATION OF DUTIES /	almost a Dilly to have	gac herten	BADSINI IN	uda ens no	ediminal lezau	ele al or adi most bago, con pensutes.	
and AdDRCs AND CASCADING OF DOCUMEN PROCEDURE MANUALS AND GUIDELINES	TS AND RECORDS CONTROL	9/7/2022	9/7/2022	8HRS	TECHNICAL	black of strong or providing and in (notwords) or vsu	
RE-ORIENTATION OF EMPLOYEE'S DUTIES A	ND RESPONSBILITIES AND GOOD	9/23/2021	9/23/2021	8HRS	TECHNICAL	THE SECTION OF THE PROPERTY OF	
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0/ 5	257 128 55	6/13/2021	6/13/2021	8HRS	TECHNICAL	msvot en mon te vsu	
Basic Occupational Safety and Health Tra CORONAVIRUS VACCINE: ARE YOU WILLING		6/7/2021	6/11/2021	40HRS	TECHNICAL	Clared Meyerser VSU	
D. Posas	33Y	2/23/2021	2/23/2021	4hrs	TECHNICAL	eg. Have you accuracy the status of an in-	
1 (37000)	F YES, give datails						
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OM 13	29 [1] VES				1,01101	Are you a man ber of any indigenous	
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VIII. OTHER INFORMATION	(Co	ntinue on separate	sheet if necessar	y)	0.50 () 1.69 ()		
	NON	N-ACADEMIC DIST	INCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 2022 BEST EDUCATION RESEARCH ASSISTANT					(Write in full)	
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SIGNATURE	- Onora	e man		D	ATE	5/25/2023	
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34. Are you related by consanguinity or affinity to the appoint	ting or recommending authority or to the		7		
chief of bureau or office or to the person who has immed					
Bureau or Department where you will be apppointed,	and the second second second	QF 1 44 ft	1 (2) or (1)		
a. within the third degree?	YES [✓ NO			
b. within the fourth degree (for Local Government Unit - 0	YES [✓ NO			
		If YES, give details	The state of the s		
		-			
35. a. Have you ever been found guilty of any administrative	offense?				
35. a. Have you ever been found guilty of any autilinistrative	Ullerise :	☐ YES If YES, give details	✓ NO		
		ii 123, give details			
b. Have you been criminally charged before any court?	YES If YES, give details	✓ NO			
	Date Filed:				
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation o	f any law, decree, ordinance or regulation by	YES	✓ NO		
any court or tribunal?	If YES, give details				
		Mary Services			
 Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, 	[1] 200 H.	YES YES	✓ NO		
(abolition) in the public or private sector?	end of term, imistred contract or phased out	If YES, give details	Company of the Company of the Company		
1,000	Company Assessment Company	30,000	279 P. Danish Nyeller II. (Cl. o.		
38. a. Have you ever been a candidate in a national or local Barangay election)?	election held within the last year (except	YES	✓ NO		
200		If YES, give detail	S:		
 b. Have you resigned from the government service during election to promote/actively campaign for a national or lo 		YES	✓ NO		
1 SEP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUPPLIES TO THE CO.	If YES, give detail	S. Talles are ward brown back a		
39. Have you acquired the status of an immigrant or permanent	ent resident of another country?	☐ YES ☑ NO			
		If YES, give details	(country):		
40. 5					
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) ! 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897) 		to a little to the second transmitted			
Are you a member of any indigenous group?	2), placed anower the following terms.	☐ YES	√ NO		
	The you a member of any marganesis group:				
Are you a person with disability?		YES	✓ NO		
c. Are you a solo parent?	If YES, please specify				
- Ale you a solo parent:		☐ YES ☑ NO If YES, please specify ID No:			
M. PETERNOTO P					
41. REFERENCES (Person not related by consanguinity or affinity to applic NAME	ADDRESS	TEL. NO.			
DR. ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9150727521			
DIC ANABELLA B. TOLIN	VSO, BATBAT CITT, LETTE	9150727521			
DR. JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076	ABST CERT A		
DR. EDITHA G. CAGASAN	VELL BAVBAV CITY I EVTE	9155913358			
	VSU, BAYBAY CITY, LEYTE				
42. I declare under oath that I have personally accomplis complete statement pursuant to the provisions of pe					
Philippines. I authorize the agency head/authorized representations of the provisions of personal personal provisions of personal provisions of personal person					
agree that any misrepresentation made in this de	ocument and its attachments shall caus	e the filing of	РНОТО		
administrative/criminal case/s against me.					
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	Lynna Dan Sanga at Care na China A	and the same of th			
PLEASE INDICATE ID Number and Date of Issuance					
DF Government Issued ID: DRIVERS LICENSE	ECH HALD DO M'S THAN AT DONLLATE. O'S MISSION DE LA MISSIO	00			
ID/License/Passport No.: N03-98-029834					
Date/Place of Issuance: BAYBAY CITY, LEYTE	ox)				
2,112,113	Date Accomplished		Right Thumbmark		
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SUBSCRIBED AND SWORN to before me this	affiant exhibiti	ng nis/ner validly issued g	overnment ID as indicated above.		
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and the second s	Person Administering Oat	h			