CS Form No. 212 Revised 2017	PERSO	NAL DATA	A SH	IEET	r				
WARNING: Any misinterpretati concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet shall	cause the f	iling of admi	nistrative/c	riminal case/s ag	ainst the pers	son	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE								
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	and use separate sheet if necessary. Indicate N	V/A if not applicable. DO NOT ABB	REVIATE.		1. CS ID No.		(Do not fill up. f	For CSC use onl	
2 SURNAME	ANDRES								
FIRST NAME			***************************************			NAME EXTENSION (JR	., SR) N/	A	
	DALISAY								
MIDDLE NAME 3. DATE OF BIRTH	FORNES	1							
(mm/dd/yyyy)	10/24/1968	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ b			by naturaliz	naturalization	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizens	ship, Pls. indicate or		ountry:				
5. SEX	☐ Male ☑ Female	please indicate the det	ails.					~	
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS				A.	BONIFACIO ST.		
	☐ Widowed ☐ Separated ☐ Other/s:		Ho	ouse/Block/Lot No).		Street		
7. HEIGHT (m)	1.55 m	-		ubdivision/Village)		Barangay LEYTE		
				City/Municipality			Province		
8. WEIGHT (kg)	53 kg	ZIP CODE 18. PERMANENT ADDRESS	65	21			DOMEAGO OT		
9. BLOOD TYPE	"0"	10. FERMANENT AUURESS	Но	ouse/Block/Lot N	0.	A	BONIFACIO ST. Street		
10. GSIŞ ID NO.	68102402093	· 44、存在2000年	Si	Subdivision/Village			Barangay		
11. PAG-IBIG ID NO.	1700-0024-0484			BAYBAY CITY City/Municipality		LEYTE Province			
12. PHILHEALTH NO.	HEALTH NO. 13-000014960-9			6521			77041100		
13. SSS NO. 06-1221131-3		19. TELEPHONE NO.		563-7751					
14. TIN NO.	20. MOBILE NO.		0929-273-2846						
15. AGENCY EMPLOYEE NO.	V00053	21. E-MAIL ADDRESS (if any)		dollandres	36@gmail.co	m / dalisay.andres	@vsu.edu.ph		
II. FAMILY BACKGROUND				tand to subject to					
22. SPOUSE'S SURNAME	ANDRES		23. NAME of CI	NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy			
FIRST NAME	NELSON	NAME EXTENSION (JR., SR)		DANEL AU	RA F. ANDI	RES	4/25/2003		
MIDDLE NAME	JUNTILLA								
OCCUPATION	SELF-EMPLOYED								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A		2						
TELEPHONE NO.	N/A			= -					
24. FATHER'S SURNAME	FORNES								
FIRST NAME	ANANIAS	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BOHOLST								
25. MOTHER'S MAIDEN NAME									
SURNAME	VILLARUEL								
FIRST NAME	EPIFANIA		***************************************						
MIDDLE NAME	VINCULADO			(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	ON	1975	1981	N/A	1981	HIGH SCHOLASTIC	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL		1981	1985	N/A	1985	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	

FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BACHELOR OF SCIENCE IN COMMERCE - MAJOR IN ACCOUNTING COLLEGE 1985 1989 N/A 1989 N/A FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION GRADUATE STUDIES 1999 2001 15 UNITS N/A N/A SIGNATURE DATE July 10, 2019

7. CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	MENT	NUMBER	Date of Validity
CSC SUB-PROFESSIONAL 81.69%			6/29/1997	CEB	96-249505	7/10/19			
STENOGRAPHER			88.71%	10/28/2000	, LEYTE		800041	11/6/20	
			(Con	tinue on separate sheet	if necessary)				
	KPERIENCE te employment	t. Start from your recent				ed Work Expe	rience sheet		
. INCLUS	SIVE DATES n/dd/yyyy)	POSITION TI			1964 - 18	MONTHLY	SALARY/ JOB/ PAY GRADE (IF	STATUS OF	GOVT
From	То	(Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICI (Y/ N)
01/01/2019	PRESENT	ADMINISTRATIVE A	SSISTANT II	VISAYAS ST	TATE UNIVERSITY	201,096.00	(08-1)	PERMANENT	YES
01/1/2018	12/31/2018	ADMINISTRATIVE A	SSISTANT II	VISAYAS ST	ATE UNIVERSITY	195,384.00/ YEAR	(08-1)	PERMANENT	YES
8/1/2017	12/31/2017	ADMINISTRATIVE A	SSISTANT II	VISAYAS ST	ATE UNIVERSITY	189,816.00/ YEAR	(08-1)	PERMANENT	YES
6/1/2011	7/31/2017	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	143,904.00/ YEAR	(06-1)	PERMANENT	YES
6/24/2010	5/31/2011	ADMINISTRATIV	E AIDE VI	VISAYAS ST	132,744.00/ YEAR	(06-1)	PERMANENT	YES	
3/25/2010	6/23/2010	ADMINISTRATIV	E AIDE VI	VISAYAS ST	121,596.00/ YEAR	(06-1)	PERMANENT	YES	
7/1/2009	3/24/2010	ADMINISTRATIV	E AIDE IV	VISAYAS ST	104,556.00/ YEAR	(04-1)	PERMANENT	YES	
7/1/2008	6/30/2009	ADMINISTRATIV	E AIDE IV	VISAYAS ST	94,692.00/ YEAR	(04-1)	PERMANENT	YES	
7/1/2007	6/30/2008	ADMINISTRATIV	E AIDE III	VISAYAS ST	81,696.00/ YEAR	(03-2)	PERMANENT	YES	
5/17/2007	6/30/2007	ADMINISTRATIV	E AIDE III	LEYTE STATE UNIVERSITY		72,468.00 / YEAR	(03-2)	PERMANENT	YES
12/1/2004	5/16/2007	ADMINISTRATIV	E AIDE III	LEYTE STATE UNIVERSITY		72,468.00 / YEAR	(03-1)	PERMANENT	YES
5/17/2004	11/30/2004	CLERK	l	LEYTE STA	LEYTE STATE UNIVERSITY		(03-1)	PERMANENT	YES
7/1/2001	5/16/2004	CLERK	l	The second secon	VISAYAS STATE COLLEGE OF AGRICULTURE		(03-1)	CASUAL	YES
1/1/2000	6/30/2001	CLERK	I	VISAYAS STATE COLLEGE OF AGRICULTURE		261.41/ DAY	(03-1)	CASUAL	YES
1/1/1999	12/31/1999	CLERK	I	VISAYAS STATE COLLEGE OF AGRICULTURE		237.64/ DAY	(03-1)	CASUAL	YES
1/1/1998	12/31/1998	CLERK	l	VISAYAS ST	VISAYAS STATE COLLEGE OF AGRICULTURE		(03-1)	CASUAL	YES
1/1/1997	12/31/1997	CLERK	l	VISAYAS STATE COLLEGE OF AGRICULTURE		237.64/DAY	(03-1)	CASUAL	YES
1/1/1996	12/31/1996	CLERK	I	VISAYAS STATE COLLEGE OF AGRICULTURE		225.27/DAY	(03-1)	CASUAL	YES
1/1/1995	12/31/1995	CLERK		VISAYAS STATE COLLEGE OF AGRICULTURE		179.82/ DAY	(03-1)	CASUAL	YES
1/1/1994	12/31/1994	CLERK	I	VISAYAS STATE COLLEGE OF AGRICULTURE		134.36/ DAY	(03-1)	CASUAL	YES
1/1/1993	12/31/1993	CLERK		VISAYAS STATE COLLEGE OF AGRICULTURE		98.00/ DAY	(03-1)	CASUAL	YES
1/1/1992	12/31/1992	CLERK	I	VISAYAS ST AGR	98.00/ DAY	(03-1)	CASUAL	YES	
1/1/1991	12/31/1991	CLERK	I	VISCA FOUNDARESEARCH	98.0 0/ DAY	(03-1)	CONTRACTUAL	NO	
1/1/1990	12/31/1990	CLERK	ı	VISCA FOUNDA RESEARCH	98.00/ DAY	(03-1)	CONTRACTUAL	NO	
11/2/1989	11/30/1989	CLERK	I	VISAYAS ST	ATE COLLEGE OF ICULTURE	98.00/ DAY	(03-1)	CASUAL	YES
OLONA	TURE	Oan	(Con	tinue on separate sheet	If necessary) DATE		JULY 10, 201	9	

IV. CIVIL SERVICE ELIGIBILIT

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVI	C/NON-GOVERNMENT/			GANIZATION/	S		
29. NAME & ADDRESS OF ORGANIZA (Write in full)	NAME & ADDRESS OF ORGANIZATION (Write in full) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
BLACKWOOD FILIPINO-AUSTRALIAN GROUP	1/2/2015	1/2/2015	8		YAN VOLUNTEER - PACKING/REPACKING AN I OF RELIEF GOODS		
MMACULATE CONCEPTION PARISH, BAYBAY	2/27/2016	2/27/2016	6	ASSISTS DURI	NG CONFIRMATION RITES		
CATECHIST, PEDRO DE VEYRA - ZONE 14, BAYBAY CITY, LEYTE			5/7/2016	4	SERVED AS CA	ATECHIST	
EEDING PROGRAM, PEDRO DE VEYRA - ZONE 14, B	AYBAY CITY, LEYTE	5/8/2016	5/8/2016	4	INVOLVED IN F	FEEDING PROGRAM	
CATECHIST, PEDRO DE VEYRA - ZONE 14, BAYBAY C	CITY, LEYTE	5/21/2016	5/21/2016	4	SERVED AS CA	ATECHIST	
EEDING PROGRAM, PEDRO DE VEYRA - ZONE 14, B	AYBAY CITY, LEYTE	5/22/2016 5/22/2016 4 INVOLVED IN FEEDING PROGRAM				FEEDING PROGRAM	
ATHOLIC CHARISMATIC RENEWAL MOVEMENT - BA		11/5/2016	11/6/2016	16	ATTENDANCE TO THE 2ND REGIONAL CATHOLIC CHARISMATIC CONFERENCE		
/II. LEARNING AND DEVELOPMENT (L&D) INTER	VENTIONS/TRAINING PR		ENDED				
Start from the most recent L&D/training program and include only to 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTION (Write in full)		INCLUSIVE ATTEN (mm/c	DATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY (Write in full)	
(please see attached sheet	t)	From	То				
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87 York 18		1 1 1 1 1 1 1					
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				The Control			
		-					
31. SPECIAL SKILLS and HOBBIES 32.	NO	N-ACADEMIC DISTIN	ICTIONS / RECOG	NITION	100 (1 × 1)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Metho in 6.41)	
COMPUTER ENCODING	CERTIFICATE OF RE	VSU-ADMINISTRATIVE PERSONNEL					
	FRANCISCAN COLLEGE (ASSOCIATION VSU-CREDIT AND DEVELOPMENT					
	SINGING						
PLAYING BADMINTON AND VOLLEYBALL						VSU-PERSONNEL ASSOCIATION	
			011	K III			
			11/1	-			
	100	ntinue on separate s	theet if necessary	E I I I I			
SIGNATURE	1 thm	-(-)	THE PARTY	Di	ATE	JULY 10, 2019	

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	2000 H.					
	Bureau or Department where you will be apppointed,	o supervision ever you in the emoc,					
	a. within the third degree?	YES NO					
	b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	YES NO				
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative off	fense?	YES NO				
			If YES, give details:				
			ii 120, give details.				
	b. Have you been criminally charged before any court?		YES NO				
			If YES, give details: Date Filed:				
			Status of Case/s:				
- 00	Have you ever been convicted of any crime or violation of a	ny law decree ordinance or regulation by					
30.	any court or tribunal?	ny law, decree, ordinance or regulation by	YES V NC)			
	any ocurron ribunar.		If YES, give details:				
37.	Have you ever been separated from the service in any of th	e following modes: resignation,	☐ YES ☑ NO)			
	retirement, dropped from the rolls, dismissal, termination, en		If YES, give details:				
	(abolition) in the public or private sector?						
38.	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	YES V	NO.			
	Barangay election)?		If YES, give details:	10			
	b. Have you resigned from the government service during the	사용 수 있는 이번 보다를 살아서 못하면 맛있다면 하는데 보고 있다. 그런	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	t resident of another country?	☐ YES ☑ 1	NO			
			If YES, give details (country	y):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	ona Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	공장 보통하다 하는 이 살이 되었다. 그 사람들은 사람들은 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들이 되었다. 그렇게 되었다면 하는 것이 되었다.					
a.	Are you a member of any indigenous group?	.,					
	Are you a member of any magerious group:		If YES, please specify:	NO			
b.	Are you a person with disability?		YES V	NO.			
	The year poison man distance.		If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES ☑ NO				
			If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR. MOISES NEIL V. SERIÑO	DEPARTMENT OF ECONOMICS	563-7751				
	DR. MOISES NEIL V. SEKINO	VISAYAS STATE UNIVERSITY	303-7731				
	DR. OTHELLO B. CAPUNO	OFFICE FOR RESEARCH & EXTENSION	563-7064	@ @ N			
_		VISAYAS STATE UNIVERSITY					
42	I declare under oath that I have personally accomplishe	d this Personal Data Sheet which is a t	rue correct and				
	complete statement pursuant to the provisions of pertir		1999年 1998年 - 1998年 1997年 1998年 1	TYZ			
	Philippines. I authorize the agency head/authorized representations of policy and provided in the provided in policy and polic						
	agree that any misrepresentation made in this doct			РНОТО			
	administrative/criminal case/s against me.						
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			and the second second			
F	LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: V00053	A CMMV)					
	//License/Passport No.:						
ΙF		Signature (Sign inside the b	OX)				
D	ate/Place of Issuance:		Right Thumbmark				
느		Date Accomplished					
	SUBSCRIBED AND SWORN to before me this	UL 2019 , affiant exhibiti	ng his/her validly issued governme	ent ID as indicated above.			
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		Mi					
		Mari					
		ATTY RYSAN C. GUINOCOR					
		VSULEGATE Person Administering Oa	th.				
		reison Auministening Oa	ut				