CS Form No. 212		THE REST COMME					
Revised 2017	S	PEPEO	NAL DAT	TA CI	UFAT		
(mades (48453))	CONFERNMENT	PERSU	MAL DAI	A 5	HEOT (URAS CAROS) D	AREEK SERVICE PARKL	
WARNING: Any misrepresent concerned.	tation made in the Person	nal Data Sheet and th	ne Work Experience Sheet s	shall cause th	e filing of administrative/crimina	I case/s against the person	
READ THE ATTACHED GUIDE	TO FILLING OUT THE P	ERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	PLISHING TH			
Print legibly. Tick appropriate boxe	es ( ) and use separate she	et if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.	1 GS ID No	(Do not fill up. For CSC use only	
I. PERSONAL INFORMATION							
2. SURNAME	SEDROME						
FIRST NAME	ISABELITA				N	AME EXTENSION (JR., SR) N/A	
MIDDLE NAME	VALLENOS						
DATE OF BIRTH     (mm/dd/yyyy)	4/28/	1958	16. CITIZENSHIP		☑ Filipino □ Dual C	itizenship	
4. PLACE OF BIRTH	BOGO	CITY	If holder of dual citiz	zenship.	□by	birth by naturalization indicate country:	
5. SEX	☐ Male	✓ Female	please indicate the			mulcate country.	
J. SEA		John - umassadirin			Philippines		
6 CIVIL STATUS	Single Widowed Other/s:	✓ Married  ☐ Separated	17. RESIDENTIAL ADDRESS	<i>H</i>	łouse/Block/Lot No.	Street PANGASUGAN	
7. HEIGHT (m)	1 00 5 Agricultural 1777	E (de	6521		Subdivision/Village VSU BAYBAY	Barangay LEYTE	
	E 1 195,8108 3 1				City/Municipality	Province	
8. WEIGHT (kg)	6	YSAYLEYE		1	GUESTHOUSE CARETAKER.	65/1965 PRESENT	
9. BLOOD TYPE	-		18. PERMANENT ADDRESS	H	louse/Block/Lot No.	Street	
10. GSIS ID NO.	B58HUI	VS013				PANGASUGAN	
11. PAG-IBIG ID NO.	0801-11	B58HUIVSO13 0801-113746-08		Subdivision/Village  VSU BAYBAY  City/Municipality		Barangay LEYTE	
12. PHILHEALTH NO.	13-0000	14351-1	ZIP CODE		Опуничнорану	Province	
13. SSS NO.	N/	A	19. TELEPHONE NO.		(053) 563-74	180	
14. TIN NO.	116-62	6-892	20. MOBILE NO.		093616813	16	
15. AGENCY EMPLOYEE NO.	V000	646	21. E-MAIL ADDRESS (if any)		bellievs@yah	oo.com	
II. FAMILY BACKGROUND	haas eda 12 ja 12 jan 18 jan 18 ja ja 18 ja 18						
22. SPOUSE'S SURNAME		SEDROME		23. NAME of C	CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	SIME	ON	NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	PASCO				KAREN SEDROME	1/1/1978	
OCCUPATION	RETIREL	SUPERVISING ADI	MIN. OFFICER		KRISTINE SEDROME	11/30/1982	
EMPLOYER/BUSINESS NAME	VI	SAYAS STATE UNIV	ERSITY	KRISTOFFER SEDROME		2/19/1984	
BUSINESS ADDRESS	Vs	SU, VISCA, BAYBAY	LEYTE	KATHERINE SEDROME		10/18/1991	
TELEPHONE NO.		(053) 563-7274					
24. FATHER'S SURNAME	VALLENOS (DECEASE	(D)					
FIRST NAME	ARNU	LFO	NAME EXTENSION (JR., SR)				
MIDDLE NAME	DELA CERNA		N/A .				
25. MOTHER'S MAIDEN NAME							
SURNAME	MENDOZA (DECEASE	0)					
FIRST NAME	PACITA	01					
	YNOT						
MIDDLE NAME  II. EDUCATIONAL BACKG					(Continue on separate she	et if necessary)	
	I STATE OF THE STA						
26. LEVEL	NAME OF S (Write in		BASIC EDUCATION/DEGR	EE/COURSE	UNITS	T LEVEL/ EARNED GRADUATED SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	

ELEMENTARY BOGO CENTRAL SCHOOL II PRIMARY EDUCATION 1965 1971 GRADUATED 1971 N/A SECONDARY CEBU ROOSEVELT MEMORIAL COLLEGE HIGH SCHOOL 1971 1983 GRADUATED 1983 N/A VOCATIONAL / TRADE COURSE COOKING, DRESSMAKING DTUFFED TOYS VOCATIONAL 1992 GRADUATED 1992 N/A UNIVERSITY OF SAN CARLOS/UNIVERSITY OF VISAYAS 1984 COLLEGE BSSA/BEED 1988 1989 36 UNITS N/A 1989 GRADUATE STUDIES (Continue on separate sheet if necessary)

SIGNATURE

DATE

1	SPECIAL LAW	080 (BOARD/ BAR) UNDER	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMIN	ATION / CONFE	RMENT	LICENSE (if a	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		(If Applicable)	CONFERMENT	ATION/CONFERMENT		NUMBER	Validity		
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). INCLUSIVE DATES (mm/dd/yyyy) (Write		POSITION TI (Write in full/Do not		DEPARTMENT / AGE	MONTHLY SALARY	SALARYI JOBI PAY GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То	*1000	993 - 32 ·	(Write in full/Do not abbreviate)		J. J	(Format '00-0") INCREMENT	AFFORTMENT	(Y/N)
1905	PRESENT	GUESTHOUSE CA	RETAKER	VISAYAS STATE UN	VERSITY, BAYBAY LEYTE	2		PERMANENT	YES
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / N GOVERNMENT /	PEOPLE / VO	LUNTARY OR	GANIZATIONS		
29. NAME & ADDRESS OF (Write in fu			IVE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
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	Il YES, give deta.					
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	Data Filed	ntinue on separate				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS ATT	ENDED			
(Start from the most recent L&D/training program and incl.	ide only the relevant L&D/training taken for	S SHARESESHED SOM		hief Executive/Manag		
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
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ISTIV-BAYANIHAN COURSE FOR THE INCOME GENI	ERATING PROJECTS OF VSU	NOV. 3, 2008	NOV. 14, 2008	16 HOURS	1	PERPEOHRMDO 10 o duo esti all'inodisiods)
TRAINING ON BASIC ICT SKILLS	28Y [ ] [ ] [ ] [ ] [ ]	MAY 7, 2009	MAY 8, 2009	16 HOURS	nauonal or j	HRMDO s naed leve boy eyelf .e. a
CUSTOMER SERVICES & IMPLEMENTATION OF THE	E CITIZENS CHARTER	NOV. 11, 2009	NOV. 11, 2009	8 HOURS	nionitace tao	HRMDO
REORIENTATION SEMINAR OF FRONTLINERS	JULY 7, 2011	JULY 7, 2011	8 HOURS	ent service o La national	nn ODA-HRD foster omore of noticela	
GENDER SENSITIVITY TRAINING FOR FRONTLINER	S Eay L	SEPT. 17, 2012	SEPT. 17, 2012	8 HOURS	10 10 Justio	ODA-HRD II, say benunds usy syelf a
PERSONALITY DEVELOPMENT SEMINAR	IFYES, dive detaile	4.00	SEPT. 20, 2012			ODA-HRD
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		A) encara (A	lig for Lisson	Janeiry (CVD)	19) 2000 to	7277); and (c) Sain Parents Welfare Ad
on [ <u>.</u> ]					que	Are you a member of any anglo-mous o
ON [V]	If YES, piease specify					Ale you a person with disability?
TO NO.	WYES please coedly					Clause a class and market
V NO	If YES piease specify					Are you a solo parent?
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VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTII (Writ	NCTIONS / RECOG e in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
TYPING, RECORDING, FILING (CLERICAL WORKS)	PARENTS, T	EACHERS ASS	OCIATION - SE	CRETARY		NA
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I declare under oath that I have personally accomp complete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized re agree that any misrepresentation made in this	pertinent laws, rules and regulations of the Fepresentative to verify/validate the contents state	Republic of the	ISABELITA V. SEDROME	
MS. TERESITA L. QUIÑANOLA	VISAYAS STATE UNIVERSITY	563-7323		
MS. CORAZON U. NUEVO	VISAYAS STATE UNIVERSITY	563-7274		
DR. LOURDES B. CANO	VISAYAS STATE UNIVERSITY	563-7643	60	
NAME	ADDRESS	TEL. NO.		
REFERENCES (Person not related by consanguinity or affinity to app		If YES, please specify ID	No:	
Are you a solo parent?		☐ YES ☑ NO		
Are you a person with disability?		YES If YES, please specify ID	☑ NO No:	
		YES If YES, please specify:	✓ NO	
7277); and (c) Solo Parents Welfare Act of 2000 (RA & Are you a member of any indigenous group?	8972), please answer the following items:			
Pursuant to: (a) Indigenous People's Act (RA 8371); (b	b) Magna Carta for Disabled Persons (RA	DVATUES	O TAPE OW CRU BOTO ES ON COME	
Have you acquired the status of an immigrant or perm	☐ YES ☑ NO If YES, give details (country):			
b. Have you resigned from the government service du election to promote/actively campaign for a national or	☐ YES ☑ NO MORE NO ME AND ME			
A. Have you ever been a candidate in a national or loc Barangay election)?	☐ YES ☑ NO If YES, give details:			
Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
THE STREET STREET	A CONTROL OF THE CONT	If YES, give details:	NEW TO STYLING GATA SAMPAGES TO THE	
Have you ever been convicted of any crime or violation any court or tribunal?	n of any law, decree, ordinance or regulation by	Status of Case/s:	Z NO	
		If YES, give details: Date Filed:		
b. Have you been criminally charged before any court	?	YES □	] NO	
a. Have you ever been found guilty of any administrat	tive offense?	YES VES If YES, give details:	NO	
		If YES, give details:	NO	
b. within the fourth degree (for Local Government Unit	YES NO			
		Ru de	PN)	
chief of bureau or office or to the person who has imm Bureau or Department where you will be apppointed, a. within the third degree?		The second secon	KERGGA A BMALL	