CS Form No. 212 Revised 2017		#191A0					9150 / TEXT SE	139.2	
	PERSO	NAL DATA	A SH	EET					
WARNING: Any misrepresenta concerned.	ation made in the Personal Data Sheet and the	Work Experience Sheet sha	Il cause the fi	ling of admir	nistrative/cr	riminal case/s ag	ainst the pers	son	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE					SHALL SHALL SA	(Do not fill up E	or CCC use only	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	s () use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.	WIT PEDESTOT IS	(Do not fill up. F	or CSC use only)	
2. SURNAME	BAGUIO								
FIRST NAME	TIFANNY	NAME EXTENSION (JR., SR)							
MIDDLE NAME	PACALDO			-					
3. DATE OF BIRTH	06/29/1993	16. CITIZENSHIP	and the second			B 1000 10			
(mm/dd/yyyy)	0020/1000			✓ Filipi	no 📋	Dual Citizenship by birth	by naturali	zation	
4. PLACE OF BIRTH	LAPU-LAPU CITY, CEBU	If holder of dual citizer	nship,	Pls. indicate country:			ountry:		
5. SEX	☐ Male	please indicate the details.		-					
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS	Hot	ise/Block/Lot No			Street		
MINISTER STATE OF STREET, THE STATE OF STATE OF	Widowed Separated Other/s:			A		DC	OOS DEL NORTE		
7. HEIGHT (m)	1.51		Su	bdivision/Village HINDANG			Barangay LEYTE		
8. WEIGHT (kg)	54	ZIP CODE	С	ity/Municipality		6523	Province		
a 1 AALMESIA	137	18. PERMANENT ADDRESS		HATOCH		0023	1117 - 117	3103.0000	
9. BLOOD TYPE	B+	VILLERSHATEL	Нои	ise/Block/Lot No).	D.	Street DOS DEL NORTE	VIIISWIN	
10. GSIS ID NO.	N/A	TU BTATE BAYABIV	Su	bdivision/Village			Barangay		
11. PAG-IBIG ID NO.	121122784032	Habinio Calabi	C	HINDANC city/Municipality	3		LEYTE Province		
12. PHILHEALTH NO.	03-025633231-7	ZIP CODE							
13. SSS NO.	0111-4846658-9	19. TELEPHONE NO.			N/A				
14. TIN NO.	463-075-646	20. MOBILE NO.			06932656467				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		tifanny.baguio@vsu.edu.ph					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A				
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A			and the same of th					
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	BAGUIO			and the same of the same					
FIRST NAME	DINO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TUMULAK								
25. MOTHER'S MAIDEN NAME									
SURNAME	PACALDO								
FIRST NAME	REBECCA								
MIDDLE NAME	ANTONIANO			(Continue on separate sheet if neces		ssary)			
III. EDUCATIONAL BACKO	GROUND							SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	DOOS ELEMENTARY SCHOOL	PRIMARY EDUCATION		06/01/1999	03/30/2005		2005	NA	
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	HIGH SCHOOL		06/01/2005	03/30/2009		2009	NA	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	GRIBUSINESS	06/01/2009	05/14/2014		2014	NA	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF MANAGEMEN BUSINESS MANAGE		08/01/2019	PRESENT	1	N/A	NA	
THE STATE OF THE S		(Continue on separate sheet if nece					1,011	MANS	
SIGNATURE	TAN-V			DA	TE	2/1/2	2.3		

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27. CARE		080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONEED	MENT	LICENSE (if a	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE Career Service Sub-Professional		(If Applicable)	CONFERMENT					Date of Validity	
Ca	reer Service Su	ıb-Professional	of the best of the same	08/12/2018	SAINT JOSEPH COLLEC	GE, MAASIN, YTE	SOUTHERN		THUS AN
	Career Service	Professional	80.17	08/07/2022	SAINT JOSEPH COLLE	GE, MAASIN, YTE	SOUTHERN		
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		or who at		and the standard					
V WORK	EXPERIENCE		(Co	ntinue on separate she	et if necessary)				
		nt. Start from your recent	work) Description	n of duties should l	be indicated in the attache	d Work Expe	rience sheet.		
	USIVE DATES nm/dd/yyyy)	POSITION TI	TLE	DEPARTMENT / A	GENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	То	(Write in full/Do not	abbreviate)	(Write in f	full/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
02/08/2015	04/30/2016	TREASURY AS	SISTANT	SM H	YPERMARKET	10,000.00	-	REGULAR	N
10/14/2016	08/02/2021	SCIENCE RESEARC	H ASSISTANT	VISAYAS S	STATE UNIVERSITY	23,000.00		J.O	Υ
08/02/2021	Present	ADMIN. AID	DE III	VISAYAS STATE UNIVERSITY		11914.00		REGULAR	Y
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			(Ce	ontinue on separate she	et if necessary)				
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		/90.		HELIX OF A PROPER GERTACH		~		FORM 212 (Revised 2	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT II	N CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY C	RGANIZATION	'S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A			Cresyon ?	13 1987a D - 51	Interese	repound) seigns thick et max d
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	Para de la constante de la con	ontinue on concret	e sheet if necessar	w)		
VII. LEARNING AND DEVELOPMENT (L&D) I				"		
(Start from the most recent L&D/training program and include	e only the relevant L&D/training taken for			nief/Executive/Manage	erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTE (mm	/E DATES OF ENDANCE //dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
FINANCIAL MANAGEMENT WEBINAR		97/12/2021	07/15/2021	24.0	HATELSON CONTRACTOR	DOST-PCAARRD
Re-Orientation of Employees' Duties and		9/23/2021	9/23/2021	24.0		VSU VSU
Responsibilities and Good Customer Service		-	-	-		
Intensifying Vegetable Production	25)	03/08/2021	03/09/2021	eud Gi pagu		ViCARP
Training-Workshop on Selected Quantitative Methods Harmonization of Data for RAISE Knowledge Manager		03/09/2020	3/13/2020		SHOLLY IN IUI	ViCARP/DOST-PCAARRD
Monitoring System (RTMS)	ment System (KMS) and Real Time	10/21/2022	10/21/2022	Solo Afferient	/	ViCARP/DOST-PCAARRD
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	(C	ontinue on separat	te sheet if necessar	9)		PORE DECEMBER SILE OF THE DECEMBER.
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NC		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING BOOKS		- N	/A			N/A
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OTHER PROGRAMS IN THE COMPUTER) EDITING VIDEOS	N. C. C.					17:108:0-10:40
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SIGNATURE	/9/1/~		and the second	D/	ATE	21 23 CS*FORM 212 (Revised 2017), Page 3 of

	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate						
	Bureau or Department where you will be apppointed,	capatition over jou in the office,					
	a. within the third degree?		NO				
	b. within the fourth degree (for Local Government Unit - Care		NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES 4	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 of an any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	YES [If YES, give details:	✓ NO				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	YES V NO If YES, give details:				
	b. Have you resigned from the government service during th election to promote/actively campaign for a national or local		☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),			- A. 1. 400			
а.	Are you a member of any indigenous group?		YES If YES, please specify:	✓ NO			
0.	Are you a person with disability?	YES If YES, please specify II	✓ NO D 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.				
	JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9686906880				
	ELMERA Y. BAÑOC	MARCOS, BAYBAY CITY, LEYTE	9308047990				
	PAULINE S. CAINTIC	GUADALUPE, BAYBAY CITY, LEYTE	9262953624				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	TIFANNY P. BAGUIO			
July 1999	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: SSS	They'					
ID	/License/Passport No.: 0111-4846658-9	ox)					
D	ate/Place of Issuance: 04/2015-CEBU CITY		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this 222	FEB 2023 , affiant exhibiti	ng his/her validly issued go	vernment ID as indicated above.			
		ATTY MYSAN C. GUIMOCOR VSU Chaef Legal Officer					
1		Person Administering Oat	h				
+							

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.

Sample: If applying to Supervising Administrative Officer

- Duration: February 8, 2015- April 30, 2016
- Position: Treasury Assistant
- Name of Office/Unit: SM Hypermarket
- Immediate Supervisor: Eralyn Pius
- Name of Agency/Organization and Location: SM Hypermarket, Lapu-lapu City, Cebu
 - List of Accomplishments and Contributions (if any)
 - Report to the accounting manager or treasurer and are responsible for reporting all cash transactions
 - · Summary of Actual Duties
 - Help maintain companies' financial soundness by tracking their income and expenditures functions.
 - o Responsible on the remittances of cash sales from cashiers, reimbursements, and petty cash
 - Duration: October 14, 2016-August 2, 2021
 - Position: Science Research Assistant
 - Name of Office/Unit: ViCARP
 - Immediate Supervisor: Dr. Maria Juliet C. Ceniza
 - Name of Agency/Organization and Location: VSU, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Develop and maintain the VICARP Information System (RMIS & HRIS)
 - Enhance and update VICARP website
 - Assist during Cluster RDE Reviews, RDE Symposium, training and other VICARP sponsored activities
 - Repair and maintain VICARP computers and network
 - Perform other duties which may be assigned by the supervisor.

TIFANNY P. BAGUIO
(Signature over Printed Name of Employee/Applicant)

Date: 02/01/2023