

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 () & 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)

2. SURNAME

VERGARA

FIRST NAME

RAFAEL

MIDDLE NAME

BARINA

3. DATE OF BIRTH
(mm/dd/yyyy)

4/7/1970

4. PLACE OF BIRTH

Poblacion Badian Cebu

5. SEX

☒ Male ☐ Female

6 CIVIL STATUS

☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:

7. HEIGHT (m)

165 cms.

8. WEIGHT (kg)

68 kg.

9. BLOOD TYPE

"O"

10. GSIS ID NO.

CM 3884167

11. PAG-IBIG ID NO.

1700-0026-9233

12. PHILHEALTH NO.

13-000015608-7

13. SSS NO.

06-1306527-0

14. TIN NO.

917-640-666

15. AGENCY EMPLOYEE NO.

V00453

16. CITIZENSHIP

☒ Filipino ☐ Dual Citizenship
☐ by birth ☐ by naturalization
Pls. indicate country:
Cote d'Ivoire

17. RESIDENTIAL ADDRESS

Apartment 67 Extension Kilbourne Street
House/Block/Lot No. Street
VSU, Visca Barangay Pangasugan
Subdivision/Village Barangay
Baybay City Leyte
City/Municipality Province
6521

18. PERMANENT ADDRESS

N/A N/A
House/Block/Lot No. Street
N/A Poblacion
Subdivision/Village Barangay
Badian Cebu
City/Municipality Province
6031

19. TELEPHONE NO.

053 563-9954

20. MOBILE NO.

09565499591

21. E-MAIL ADDRESS (if any)

rafael.vergara@vsu.edu.ph

22. SPOUSE'S SURNAME

SALUNDAGUIT

FIRST NAME

CAROLINA

NAME EXTENSION (JR., SR)

CARYL FAITH S. VERGARA

DATE OF BIRTH (mm/dd/yyyy)

6/9/1996

MIDDLE NAME

MATAS

APRIL JOY S. VERGARA

4/18/1998

OCCUPATION

Community Organizer

KENT S. VERGARA

10/13/2001

EMPLOYER/BUSINESS NAME

Coalition of Services for Elderly (MESERIOR)

N/A

N/A

BUSINESS ADDRESS

Quezon City

N/A

N/A

TELEPHONE NO.

N/A

N/A

N/A

24. FATHER'S SURNAME

VERGARA

N/A

N/A

FIRST NAME

RAFAEL

NAME EXTENSION (JR., SR)

SR.

N/A

N/A

MIDDLE NAME

EMPLEO

N/A

N/A

25. MOTHER'S MAIDEN NAME

N/A

N/A

N/A

SURNAME

BARINA

N/A

N/A

FIRST NAME

DULCESIMA

N/A

N/A

MIDDLE NAME

BATOMALAUQUE

N/A

N/A

(Continue on separate sheet if necessary)

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

BADIAN CENTRAL ELEMENTARY SCHOOL

ELEMENTARY

6/1/1977 4/1/1982

N/A

1982

3rd Honorable Mention

SECONDARY

BADIAN NATIONAL HIGH SCHOOL

SECONDARY

6/1/1982 4/1/1986

N/A

1986

Diploma

VOCATIONAL /
TRADE COURSE

None

N/A

N/A N/A

N/A

N/A

N/A

COLLEGE

UNIVERSITY OF SAN JOSE RECOLETOS

BACHELOR OF ARTS- major in Pol. Sci.

6/1/1987 4/1/1991

N/A

Apr-91

Diploma

GRADUATE STUDIES

FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION

MASTER IN EDUCATION

6/1/2013 10/31/2014

23 UNITS

N/A

N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

January 4, 2021

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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	January 4, 2021

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		
	LIDE MANAGEMENT CORPORATION, ISABEL, LEYTE (Livelihood Training on Nata de Coco)	11/18/2006	11/18/2006	8 hrs.	Training Facilitator

(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			
	ISO 9001:2015 Awareness/ Re-awareness Webinar	11/27/2020	11/27/2020	8 hrs.	Technical	Visayas State University
	Document Tracking System	11/13/2020	11/13/2020	3 hrs.	Technical	Visayas State University-Human Resource Information System
	Lecture-Demonstration-Workshop on Production of Biofuels	05/22/2019	05/22/2019	8 hrs.	Technical	Renewal Energy Research Center, Visayas State University
	Workshop in Preparation for Level III Phase 2 AACUP Accreditation	06/20/2017	06/21/2017	16 hrs.	Technical	Visayas State University
	ISO 9001:2015 Enhancement Seminar- Workshop on Internal Quality Audit	03/02/2017	03/03/2017	16 hrs.	Technical	Visayas State University
	Full Awareness Training Course ISO 9001:2015	01/26/2017	01/27/2017	16 hrs.	Technical	AJA Registrars Inc.
	Procurement Planning Workshop	09/13/2016	09/13/2016	8 hrs.	Technical	Visayas State University
	Procurement Act Orientation	09/09/2016	09/10/2016	8 hrs.	Technical	Visayas State University
	QGIS Training-Workshop	06/06/2016	06/07/2016	16 hrs.	Technical	Department of Geodetic Engineering
	Anti-Sexual Harassment Orientation for the Faculty and Staff	06/15/2016	06/15/2016	8 hrs.	Technical	Visayas State University

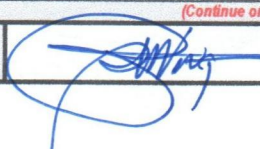
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

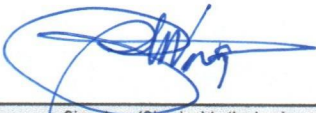


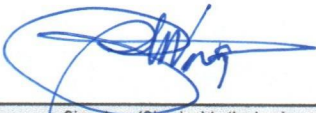


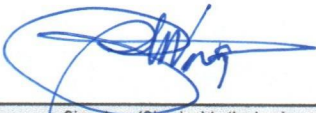


31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Singing		Certificate of Appreciation (Assistance extended during the GSIS E-card plus dated April 13-16, 2007)		Couple for Christ
	Dancing		Certificate of Appreciation (Training Facilitator during the livelihood training on Nata de Coco)		Knight of Columbus
					Administrative Personnel Association

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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January 4, 2021

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: _____												
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: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
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: _____												
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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 checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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): _____												
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: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
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>PROF. WINSTON M. TABADA</td><td>VSU, VISCA, BAYBAY, LEYTE</td><td>053 563-7068</td></tr><tr><td>PROF. MANOLO B. LORETO</td><td>VSU, VISCA, BAYBAY, LEYTE</td><td>053 563-2642</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	PROF. WINSTON M. TABADA	VSU, VISCA, BAYBAY, LEYTE	053 563-7068	PROF. MANOLO B. LORETO	VSU, VISCA, BAYBAY, LEYTE	053 563-2642			
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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.														
<table><tr><td><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: Unified Multi-Purpose ID/ GSIS</div><div>ID/License/Passport No.: H03-03-050635</div><div>Date/Place of Issuance: April 7, 2019</div></td><td><div></div><div>Signature (Sign inside the box) January 4, 2021 Date Accomplished</div></td><td><div></div><div>PHOTO</div><div></div><div>Right Thumbmark</div></td></tr></table>			<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: Unified Multi-Purpose ID/ GSIS</div> <div>ID/License/Passport No.: H03-03-050635</div> <div>Date/Place of Issuance: April 7, 2019</div>	<div></div> <div>Signature (Sign inside the box) January 4, 2021 Date Accomplished</div>	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>									
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SUBSCRIBED AND SWORN to before me this <u>21/5/21</u> , 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>														