CS Form No. 212 Revised 2017									
Revised 2017	PERSOI	NAL DAT	A SH	E	Г				
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and the	e Work Experience Sheet s	hall cause the	e filing of ac	lministrativ	e/criminal case/s	against the	person	
concerned.	TO FILLING OUT THE PERSONAL DATA SHI								
Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate t				1 CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO									
2. SURNAME	CAGANDE					NAME EXTENSION (JF	CDI		
FIRST NAME	LOREME					NAME EXTENSION (JA	N/A		
MIDDLE NAME	SILMARO								
DATE OF BIRTH (mm/dd/yyyy)	12/23/1993	16. CITIZENSHIP		☑ Filipi	no [Dual Citizenship			
				by birth				by naturalization	
4. PLACE OF BIRTH	SAN ANTONIO, DUERO, BOHOL	If holder of dual citizer				Pls. indicate of	ountry:		
5. SEX	☐ Male	please indicate the de	etails.					-	
6 CIVIL STATUS	✓ Single Married			N/A House/Block/Lot No.			N/A Street		
	☐ Widowed ☐ Separated ☐ Other/s:			N/A			SAN ANT	ONIO	
7. HEIGHT (m)	1.55		The residence of the last of t	bdivision/Village DUERO	e		Barangay BOHOL		
8. WEIGHT (kg)		70,000		ity/Municipality			Province		
	55	ZIP CODE 18. PERMANENT ADDRESS	0	309 N/A			N/A		
9. BLOOD TYPE	A+	10. FERMANENT ADDRESS	N/A House/Block/Lot No		lo.		Street		
10. GSIS ID NO.	2005471439		Sui	N/A bdivision/Village	Ð		SAN AN Barangay	TONIO	
11. PAG-IBIG ID NO.	121239712475			DUERO ity/Municipality			BOHOL Province		
12. PHILHEALTH NO.	13-0252266470	ZIP CODE		6309			PTOVINCE		
13. SSS NO.	34-8882160-4	19. TELEPHONE NO.	N/A	4					
14. TIN NO.	465-059-876-000	20. MOBILE NO.	091	155820070	0/0907311	16425			
15. AGENCY EMPLOYEE NO.	V01105	21. E-MAIL ADDRESS (if any)	lore	eme.cagar	ıde@vsu	.edu.ph			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Write	e full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			ı	N/A	
MIDDLE NAME	N/A	1172%		N/A			1	V/A	
OCCUPATION	N/A			N/A			1	N/A	
EMPLOYER/BUSINESS NAME	N/A	- 1		N/A			1	N/A	
BUSINESS ADDRESS	N/A		N				N/A		
TELEPHONE NO.	N/A			N/A				V/A	
24. FATHER'S SURNAME	CAGANDE			N/A				N/A	
FIRST NAME	MURILLO	NAME EXTENSION (JR., SR) N/A		N/A				N/A	
MIDDLE NAME	SARAGENA	ATTE		N/A				N/A	
25. MOTHER'S MAIDEN NAME				N/A			-	N/A	
SURNAME	SILMARO			N/A				V/A	
FIRST NAME	LORITA			N/A				I/A	
MIDDLE NAME	LLOREN				entinue on se	parate sheet if neces		V/A	
III. EDUCATIONAL BACKGI	ROUND								
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	EKOLIBSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/	VEAD	SCHOLARSHIP/	
LEVEL	(Write in full)	(Write in full)	DOOGNOE			UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	DUERO CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUC	ATION	From 2000	To 2006	GRADUATED	2006	WITH	
SECONDARY	IMMACULATE ACADEMY	HIGH SCHO	OL	2006	2010	GRADUATED	2010	HONORS ESC Grantee/ WITH	
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	CERTIFICATE IN	CIPICE	2010	2012	GRADUATED	2012	HONORS N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	B.S IN AGRICULTU	JRE	2010	2014	GRADUATED	2014	CA-FAP	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	major in AGRONOMY M.S in AGRONOMY		2016	2018	GRADUATED	2018	Grantee DOST ASTHRDP-NSC	
	(Co	minor in HORTICUL'	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,					LIGHT TO THE OWNER OF THE OWNER OWNE	
SIGNATURE	L. S. Cagande			DA	TE	AUGUST 2	20, 2021		

BAR	SPECIAL LAW ANGAY ELIGIBILIT RE EXAMIN	S/CES/CSEE Y/DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of
		ATION FOR		BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) CONFERMENT		PLACE OF EXAMINATION / CONFERMENT			Validity
	LICENSURE EXAMINATION FOR AGRICULTURIST		77	JUNE 2-4, 2015	TACLOBAN CITY, LEYTE			0023302	12/23/ 2022
	N/A		N/A	N/A	N/A			N/A	N/A
N/A		N/A	N/A	N/A			N/A	N/A	
N/A		N/A	N/A	N/A			N/A	N/A	
N/A			N/A	N/A	N/A			N/A	N/A
	N/A		N/A	N/A	N/A			N/A	N/A
N/A		N/A	N/A	N/A			N/A	N/A	
V. WORK E.	XPERIENCE		(Co	ontinue on separate sheet i	fnecessary)				
	CONTROL CONTROL DESCRIPTION OF	t. Start from your recen	t work) Description	on of duties should be	indicated in the attach	ed Work Exp	erience sheel		
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION T (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV SERVI (Y/ N	
From 10/01/2020	To PRESENT	INSTRUCTOR I		DEPARTMENT OF	The state of the s	P 26.052.00	SG 12,	TEMPORARY	Y
	09/30/2020	PART-TIME INSTR	UCTOR	VISAYAS STATE DEPARTMENT OF	F AGRONOMY,	P 207.70/hr	STEP 1 N/A	TEMPORARY	Y
	07/31/2020	SUBSTITUTE INST		DEPARTMENT O	F AGRONOMY,	P 22,149.00	SG 12,	TEMPORARY	Y
03/03/2010	06/30/2016	SCIENCE RESEAR		DEPARTMENT O	F AGRONOMY,	P 6, 000.00	STEP 1 N/A	JOB ORDER	Y
N/A	N/A	N/A		VISAYAS STATE N	UNIVERSITY //A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N	/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/2
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		l l	N/A		N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/
N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/2
N/A	N/A	N/A		N	N/A		N/A	N/A	N/2
N/A	N/A	N/A		N	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		1	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		1	N/A			N/A	N/
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		1	N/A	N/A	N/A	N/	
N/A	N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N	N/A N/A	N/A N/A	N/A	N/A	
N/A	N/A	N/A	N/A		N/A			N/A	N/A
N/A	N/A	N/A		1	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A	<i>(</i> 6	ontinue on separate sheet	I/A If necessary)	N/A	N/A	N/A	N/A

V. CIVIL SERVICE ELIGIBILITY

I. VOLUNTARY WORK OR INVOLVEMENT IN	I CIVIC / NON-GOVERNMENT	/PEOPLE/VC	DLUNTARY O	RGANIZATION	V/S		
9. NAME & ADDRESS OF ORG (Write in full)	GANIZATION	INCLUSIV (mm/di	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
DT/A		From	То	27/4		NIA	
N/A		N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A N/A N/A N/A					
N/A	N/A	N/A N/A N/A		N/A			
N/A	N/A	N/A	N/A	N/A			
(II. LEARNING AND DEVELOPMENT (L&D) III Start from the most recent L&D training program and include	NTERVENTIONS/TRAINING P		TENDED		oracial nositions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)		INCLUSIVE ATTEN	E DATES OF IDANCE kd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
Echo- Webinar on the TIEC- CHED Flexible	Learning	From	То		Technical/etc)	Workplace: Academic Staff	
Foundation Virtual Conference			03/16/2021	8	TECHNICAL	VISAYAS STATE UNIVERSITY	
Reimagining Community Engagement: A Wo	eomar on NS1P	12/07/2020	12/07/2020	4	TECHNICAL	UNIVERSITY OF THE PHILIPPINES, DILIMAN	
Judge in Tanim sa Bahay Challenge- Studen	t Edition	10/05/2020	10/05/2020	8	TECHNICAL	COLLEGE OF AGRICULTURE ANI AGRI- INDUSTRIES, CSU, BUTUAI	
SUC-ACAP INC. ANNUAL CONVEN	TION	05/23/2019	05/24/2019	16	TECHNICAL		
ASTHRDP GRADUATE SCHOLARS	CONFERENCE	05/02/2019	05/03/2019	16	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY	
RADIO PROGRAM "MGA HEREDER	O SA KINAIYAHAN"	03/12/2019	03/12/2019	2	TECHNICAL	VSU, DYDC-FM	
AAACU 22nd Biennial Conference		10/15/2018	10/18/2018	32	TECHNICAL	VISAYAS STATE UNIVERSITY	
Quantum Agriculture		07/09/2018	07/09/2018	4	TECHNICAL	DEPARTMENT OF AGRONOMY	
Scientific Writing Seminar		04/28/2018	04/28/2018	4	TECHNICAL	COLLEGE OF AGRICULTURE ANI FOOD SCIENCE	
Occupational Safety and Health in the	09/26/2017	09/30/2017	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUT REGIONAL TRAINING CENTER 8		
1st Eastern Visayas Vegetable Congress	08/26/2016	08/27/2016	16	TECHNICAL	LOCAL GOVERNMENT UNIT- ORMOC CITY		
AGRICULTURAL CROP PRODUCT	07/20/2015	07/24/2015	40	TECHNICAL	AGRICULTURAL TRAINING INSTITUT REGIONAL TRAINING CENTER 8		
Training of Good Agricultural Practice	07/08/2014	07/10/2014	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUT REGIONAL TRAINING CENTER 8		
/III. OTHER INFORMATION	(C	ontinue on separate	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DISTI	NCTIONS / RECOG te in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in fulf)	
Computer Literate (M8 Word, Excel, PowerPoint)		N/A				N/A	
Open-minded and has leadership skills	N/A					N/A	
Willing to work overtime					N/A		
Hardworking and willing to be trained for further improvement	N/A N/A					N/A	
Can work under pressure and with minimal supervision		N/A				N/A	
N/A		N/A			N/A		
N/A		N/A				N/A	
	(C	ontinue on separate	sheet if necessary)			

34. Are you related by consanguinity or affinity to the appointing				
chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	te supervision over you in the Office,			
a. within the third degree?		YES NO		
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	YES NO		
	If YES, give details:			
a. Have you ever been found guilty of any administrative o	ffense?	☐ YES ✓ 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:		
16. Have you ever been convicted of any crime or violation of	☐ YES ☑ NO			
by any court or tribunal?		If YES, give details:		
37. Have you ever been separated from the service in any of t		✓ YES NO		
retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	end of term, finished contract or phased	If YES, give details: FINISHED CONTRACT		
88. a. Have you ever been a candidate in a national or local el				
Barangay election)?	The same and same four foundation	☐ YES ☑ NO If YES, give details:		
b. Have you resigned from the government service during	☐ YES ✓ NO			
election to promote/actively campaign for a national or local	If YES, give details:			
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	YES NO		
	If YES, give details (country):			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 				
Are you a member of any indigenous group?	.,, ploase distroi the following forms.	☐ YES ☑ NO		
		☐ YES ☑ NO If YES, please specify:		
Are you a person with disability?	☐ YES ✓ NO			
Are you a solo parent?		If YES, please specify ID No: ☐ YES		
		If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)			
NAME	ADDRESS	TEL. NO.		
Dr. Ulysses A. Cagasan	VSU ViSCa Baybay City, Leyte	+639452309477		
Dr. Ruth O. Escasinas	VSU ViSCa Baybay City, Leyte	+639159626403		
Dr. Berta C. Ratilla	VSU ViSCa Baybay City, Leyte			
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do administrative/criminal case/s against me.	nent laws, rules and regulations of the resentative to verify/validate the contents	Republic of the stated herein.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)				
PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: PRC I.D	Z. S. Cagande			
ID/License/Passport No.: 0023302	ox)			
Date/Place of Issuance: 12/04/2015/TACLOBAN CITY	21 Right Thumbmark			
	Date Accomplished	ragic manantin		
SUBSCRIBED AND SWORN to before me this3	, affiant exhibi	ting his/her validly issued government ID as indicated above.		
Г	M/ ·			
	ATTY, RYSAIVE, GUINOCOR			
1	VSU Chief Legal Officer			
	Person Administering Oat	h		