CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

| WARNING: Any misinterpretatio | on made in the Perso | nal Data Sheet and the W | ork Experience | Sheet shall c | ause the f | filing | of adminis | trative/crim | inal case/s again: | st the person | concerned. |
|--|--|---------------------------------------|-----------------------|----------------------------------|---|-------------|--|-------------------|--------------------------------|---|---|
| READ THE ATTACHED GUIDE T Print legibly. Tick appropriate boxes | | | | | | | | CS ID No. | | (Do not fill up. Fo | or CSC use only) |
| PERSONAL INFORMATION | | sheet if necessary, mulcate i | VA II IIot applica | DIE. DO NOTA | DBKEVIA | IL. | | CO ID ILO. | | (Do not iii ap. 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 2. SURNAME | BANDALAN | | | 4 | | | | | | | |
| FIRST NAME | MARVIN NAME EXTENSION (JR., SR) | | | | | | | | | | |
| MIDDLE NAME | BAYNO | | | | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 09/ | 15/1991 | 991 16. CITIZENSHIP | | ☑ Filipino □ | | | Dual Citizenship | | | |
| 4. PLACE OF BIRTH | BAYBAY | CITY, LEYTE | If hold | If holder of dual citizenship, | | | Pls. indicate co | - , | | | |
| 5. SEX | ✓ Male | ☐ Female | pleas | e indicate the deta | ils. | | | | | | ~ |
| 6 CIVIL STATUS | Single Widowed Other/s: | ✓ Married ☐ Separated | 17. RESIDENTIAL | ADDRESS | | | N /A Block/Lot No. N/A vision/Village | | \$ | N/A Street SAN ISIDRO Barangay | |
| 7. HEIGHT (m) | 1.58 | | | | | В | SAYBAY Municipality | | ************* | LEYTE Province | |
| 8. WEIGHT (kg) | 65 | | ZIP CO | DDE - | | Oligin | viumeipanty | | 6521-A | , tovince | |
| 9. BLOOD TYPE | 0 | | 18. PERMANENT | ADDRESS | | | N/A | | | N/A | |
| 10. GSIS ID NO. | 2004171176 (BP) | | | | ********** | | /Block/Lot No. N/A vision/Village | **** | | Street SAN ISIDRO Barangay | |
| 11. PAG-IBIG ID NO. | 1210-6477-1161 | · · · · · · · · · · · · · · · · · · · | | | Subdivision/Village BAYBAY City/Municipality 6521-A | | \$245.400 BEF 10.600 FF FFF FF | LEYTE Province | | ., | |
| 12. PHILHEALTH NO. | 13-000104968-3 | | ZIP C | ODE | | | | | | | |
| 13. SSS NO. | 06-3309895-5 | | 19. TELEPHONE | NO. | | | | | N/A | | |
| 14. TIN NO. | 429-108-264-000 20. MOBIL | | | | | 09363923419 | | | | | |
| 15, AGENCY EMPLOYEE NO. | V-00941 | | 21. E-MAIL ADDR | ESS (if any) | thebandz15@yahoo.com | | | | | | |
| II. FAMILY BACKGROUND | | | | | | | | | | | |
| 22. SPOUSE'S SURNAME | BANDALAN | | | | 23. NAME of | f CHILD | REN (Write f | full name and li | st all) | DATE OF BIRT | 'H (mm/dd/yyyy) |
| FIRST NAME | AILEEN | | NAME EXTENSION | (JR., SR) | | NI | EEL AIMAR | R. BANDAL | AN | 03/16 | /2015 |
| MIDDLE NAME | ROLUNA | | | | | | | | | | |
| OCCUPATION | | APPRAISER | | | | | | | | | |
| EMPLOYER/BUSINESS NAME | PALAWAN PAWN | SHOP | | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | | | | |
| TELEPHONE NO. | A. | | | | | | | | | | |
| 24. FATHER'S SURNAME | BANDALAN | | | | | | | | | | |
| FIRST NAME | LITO (DECEASED |) | NAME EXTENSION | (JR., SR) | | | | | | | |
| MIDDLE NAME | PEREZ | | | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | | | |
| SURNAME | BAYNO | | | | | | | | | | |
| FIRST NAME | BIENVENIDA | | | | | | | | | | |
| MIDDLE NAME | MARTORILLAS | | | | | | (Co | ontinue on se | parate sheet if neces | sary) | |
| III. EDUCATIONAL BACK | ROUND | | | | | | | | | | |
| 26. LEVEL | | E OF SCHOOL Write in full) | BASIC EDU | ICATION/DEGRE (Write in full) | E/COURSE | | PERIOD OF A | TTENDANCE | HIGHEST LEVEL/ UNITS EARNED | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS |
| | V | write in ruly | | (Frince at ion) | | | From | То | (if not graduated) | | RECEIVED |
| ELEMENTARY | SAN ISIDRO ELEMENTARY SCHOOL | | PRIMARY EDUCATION | | | 1997 | 2003 | N/A | 2003 | Valedictorian | |
| SECONDARY | LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL (LSU-LHS) | | HIGH SCHOOL | | | 2003 | 2007 | N/A | 2007 | N/A | |
| VOCATIONAL / TRADE COURSE | | N/A | | 1 | | | | | | | |
| COLLEGE | VISAYAS | STATE UNIVERSITY | BS IN FOOD TECHNOLOGY | | | 2007 | 2011 | N/A | 2011 | N/A | |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | | MASTER OF MANAGEMENT | | | 2011 | 2016 | 27 | N/A | N/A | |
| SIGNATURE | 1 | -\ | Continue on sepa | DATE | T | 2 2 | 018 | | CS FORM 21 | 2 (Revised 2017) | , Page 1 of 4 |

| IV. CIVIL S | ERVICE ELIC | BIBILITY | | | | 7 | | | |
|--|-----------------------------|---|--|-----------------------------------|---|--|-------------------------------|---------------------------------------|---------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | RATING | DATE OF EXAMINATION / | PLACE OF EXAMINA | TION / CONFER | MENT | LICENSE (if applicable) NUMBER Date | |
| | | | (If Applicable) | CONFERMENT | CONFERMENT | | | | Date of Validity |
| CAR | REER SERVICE | PROFESSIONAL | DNAL 80.19 10/16/2011 LEYTE NORMAL UNIVERSITY - TACLOBAN LEYTE | | | N/A | N/A | | |
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| | ung na mangangang ng h | | (Co | ntinue on separate sheel | if necessary) | | | | |
| | EXPERIENCE | | | | | 6 1 W 1 E - | | | |
| 28. INCL | .USIVE DATES mm/dd/yyyy) | ent. Start from your rece POSITION 1 | | | ENCY / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if | STATUS OF | GOVT |
| From To (Write in full/Do no | | | (Write in fu | (Write in full/Do not abbreviate) | | applicable)& STEP (Format *00-0*)/ INCREMENT | APPOINTMENT | SERVICE (Y/N) | |
| 12/01/2016 | PRESENT | ADMINISTRATI | | Auxiliary | University - Office for Services & IGP | 11,914.00 | 3-1 | Permanent | Y |
| 10/01/2013 | 11/30/2016 | ADMINISTRATIVE AID | | Visayas State Auxiliary | University - Office for Services & IGP | 7,040.00 | N/A | JOB ORDER | N |
| 06/10/2013 | 9/30/2013 | ADMINISTRAT | IVE AIDE | | University - Office for Services & IGP | 5,280.00 | N/A | JOB ORDER | N |
| 3/16/2013 | 5/31/2013 | PRODUCTION SI | | - | INTERNATIONAL | 9,009.00 | N/A | Probationary | N |
| 10/08/2012 | 2/28/2013 | CUT FLOOR TEA | AM LEADER | | LL FOOD ASIA | 9,277.08 | N/A | Probationary | N |
| 07/11/2011 | 9/30/2012 | ADMINISTRATIVE A | IDE/LABORER | | Visayas State University - Office for Auxiliary Services & IGP | | N/A | JOB ORDER | N |
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| 0101 | IATURE | | 141 | ntinue on separate shee | T . | | | | |
| SIGN | IATURE | | 1 | DATE | 10 2 15 | | CS FORM | 212 (Revised 2017), I | rage 2 of 4 |

| VI. VOLUNTARY WORK OR INVOLVEMENT | TIN CIVIDE JON-GOVERNMENT | T/PEOPLE/ | VOLUNTARY | ORGANIZA | 48 | |
|--|-----------------------------|--|--|-----------------|---|--|
| 29. NAME & ADDRESS OF (Write in fu | | | SIVE DATES /dd/yyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| N/A | | 11011 | | | | |
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| | | tinue on separate | Control of the local division in the local d | iry) | | |
| VII. LEARNING AND DEVELOPMENT (L&C (Start from the most recent L&D/treining program and inc | | | | | lanayedal positions | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| HIV IN THE WORKPLACE | | 12/09/2016 | 12/09/2016 | 4.0 | TECHNICAL | VISAYAS STATE UNIVERSITY |
| VSUCC - BASIC COOPERATIVE COURSE SEMINAR | R | 11/19/2016 | 11/19/2016 | 8.0 | TECHNICAL | VSU CC |
| DEFENSIVE DRIVING | | 10/26/2016 | 10/26/2016 | 8.0 | TECHNICAL | LAND TRANSPORTATION OFFICE |
| ISO 9001:2008 ORIENTATION AND WRITESHOP | AMONG CLERK AND SECRETARIES | 9/21/2015 | 9/21/2015 | 8.0 | TECHNICAL | VISAYAS STATE UNIVERSITY |
| BASIC SUPERVISORY TRAINING | | 11/23/2012 | 11/24/2012 | 16.0 | SUPERVISORY | IRISH A. RAGO |
| AFNR TRAINING ON ENTERPRENEURSHIP | | 3/22/2011 | 3/26/2011 | 40.0 | TECHNICAL | DEPARTMENT OF SCIENCE AND TECHNOLOGY |
| TRANSGENIC PAPAYA: FROM RESEARCH TO CO | MMERCIALIZATION | 09/09/2008 | 09/09/2008 | 8.0 | TECHNICAL | DR. ANTONIO C. LAURENIA |
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| | (Cor | ntinue on separat | sheet if necessa | ary) | | |
| VIII. OTHER INFORMATION | | eran e di Santana e di Santana e di Santana | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NOI | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) PHILIPPINE ASSOCIATION OF FOOD | | | | |
| COMPUTER LITERATE BASKETBALL | | N d | /A | | TECHNOLOGIST- KAPPA STUDENT CHAPTE | |
| DAGRETBALL | | | | | VSUCC | |
| | | | 1.11 | VSU ADPA | | |
| | | | | | | TOVADIA |
| | | | | | | |
| | | | 17. | | | |
| | (Cor | ntinue on separat | | 1 1 | | |
| SIGNATURE | 1/4 | | DATE | 10/2/ | 2018 | CS FORM 212 (Revised 2017), Page 3 of |

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| 34. 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, | | | | | | |
|--|--|--|---|--|--|--|
| a. within the third degree? | ✓ YES □ NO | | | | | |
| b. within the fourth degree (for Local Government Unit - Car | eer Employees)? | ✓ YES NO | | | | |
| | If YES, give details: RELATED TO | DR. LOURDES B. CANO | | | | |
| 35. a. Have you ever been found guilty of any administrative off | ☐ YES ☑ NO |) | | | | |
| | | If YES, give details: | | | | |
| | | | | | | |
| b. Have you been criminally charged before any court? | | YES NO | | | | |
| | | If YES, give details: | te Filed: | | | |
| | | Status of | | | | |
| 36. Have you ever been convicted of any crime or violation of a | ny law, decree, ordinance or regulation | ☐ YES ☑ I | NO | | | |
| by any court or tribunal? | | If YES, give details: | | | | |
| | | | | | | |
| 37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e | | ☐ YES ☑ If YES, give details: | NO | | | |
| out (abolition) in the public or private sector? | | - TEO, give detaile. | | | | |
| 38. a. Have you ever been a candidate in a national or local ele Barangay election)? | ection held within the last year (except | ☐ YES ☑ NO | | | | |
| | | If YES, give details: | | | | |
| b. Have you resigned from the government service during the last election to promote/actively campaign for a national or | | ☐ YES ☑ NO If YES, give details: | | | | |
| 39. Have you acquired the status of an immigrant or permanen | | |] NO | | | |
| | | If YES, give details (country): | | | | |
| | | | | | | |
| Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) | 5 시간 10 전 10 | | | | | |
| a. Are you a member of any indigenous group? | , produce director are teneving norms. | YES G | 7 NO | | | |
| | If YES, please specify: | | | | | |
| b. Are you a person with disability? | | ☐ YES ☑ NO 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. | ID picture taken within the last 6 months | | | |
| ENGR. NESTOR M. ISRAEL | HIBUNAWAN, BAYBAY CITY, LEYTE | N/A | 3.5 cm. X 4.5 cm (passport size) | | | |
| DR. ROBERTA D. LAUZON | BAYBAY CITY, LEYTE | N/A | With full and handwritten name tag and signature over | | | |
| DR. LUTGARDA S. PALOMAR | SAN AGUSTIN, BAYBAY CITY, LEYTE | N/A | printed name | | | |
| 42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir | | | Computer generated or photocopied picture is not acceptable | | | |
| Philippines. I authorize the agency head / authorized rep | resentative to verify/validate the conter | nts stated herein. I | | | | |
| agree that any misrepresentation made in this doct administrative/criminal case/s against me. | ument and its attachments shall ca | use the filing of | PHOTO | | | |
| | | | | | | |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | | | | | | |
| Government Issued ID: DRIVER'S LICENSE | 11 | ES A | | | | |
| ID/License/Passport No.: H12-17-001820 | ox) | | | | | |
| Date/Place of Issuance: BAYBAY CITY, LEYTE | | Right Thumbmark | | | | |
| | Date Accordiplished | | | | | |
| SUBSCRIBED AND SWORN to before me this | 0 2 2018 , affiant exhibit | ting his/her validly issued gove | ernment ID as indicated above. | | | |
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| | VSU LEGAL OFFICER Person Administering Oat | | OC FORM 242 (Pavised 2047). Page 4 of | | | |

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