CS Form No. 212 Revised 2017	DEDSO	NAL DAT	A CL	JEET				
	PERSU	NAL DAI	A 31	1EE				
WARNING: Any misrepresent	ation made in the Personal Data Sheet and th	ne Work Experience Sheet st	nall cause the	filing of adm	inistrative/	criminal case/s a	gainst the pe	erson
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOMP	LISHING THE	PDS FORM.		BOSTAGE .	74.4x	EXTENSION S
Print legibly. Tick appropriate boxe PERSONAL INFORMATION	s (and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only)
2 SURNAME	POLE							
FIRST NAME						NAME EXTENSION (JR	L. SR) JR.	
	LUCIO							
MIDDLE NAME 3. DATE OF BIRTH	CARTA							
(mm/dd/yyyy)	07/23/1973	16. CITIZENSHIP		☑ Filipir	no [Dual Citizenship		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citize	anahin				by naturali	zation
5. SEX		please indicate the				Pls. indicate o	ountry.	
5. SEX	☑ Male ☐ Female		names of transposition and the second				to a large state of the state o	CASTA STREET
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Но	use/Block/Lot No	0.		Street	NT-MATERIAL PROPERTY OF THE STATE OF THE STA
and the second second	Other/s:		Si	ubdivision/Village	9	Auto Historia de Composito de C	HIPUSNGO Barangay	2.34.24.23.23.24.0
7. HEIGHT (m)	5'5			BAYBAY			LEYTE	
8. WEIGHT (kg)	64 KG	ZIP CODE		City/Municipality		6521-A	Province	7/10
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS					0.92393	1 6 03 50 (1
10. GSIS ID NO.	2004796898	HOWER THE RAIL AC	Но	use/Block/Lot No	0.	V.C.F.S.F.C.F.	Street HIPUSNGO	1 -4 50 (6)
	7.4	N10 935/V#89	Si	ubdivision/Village			Barangay	
11. PAG-IBIG ID NO.	916195161091			BAYBAY City/Municipality			Province	
12. PHILHEALTH NO.	13-200413033-6	ZIP CODE				6521-A		
13. SSS NO.	3339426129	19. TELEPHONE NO.				N/A		
4. TIN NO.	947-762-563	20. MOBILE NO.	NIA					
5. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	N/A					
I. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	POLE		23. NAME of Ch	HILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	ANGELITA	NAME EXTENSION (JR., SR)	ALLANA MA	AE P. POLE				8/2002
MIDDLE NAME	OMAPAS		JUNJIE P. P	OLE			01/2	7/1999
OCCUPATION	HOUSE WIFE		ANGELICA P. POLE			03/2	03/25/1997	
EMPLOYER/BUSINESS NAME	N/A		ARDE JOHN	P. POLE			11/0	8/1995
BUSINESS ADDRESS	N/A		-					
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	POLE							
FIRST NAME	LICIO	NAME EXTENSION (JR., SR) SR.						
MIDDLE NAME	NEMENCIO							
25. MOTHER'S MAIDEN NAME								
SURNAME	CARTA							
FIRST NAME	EUTIQUIA							
MIDDLE NAME	FLORES			/Co	ontinue on se	parate sheet if neces	sarv)	
II. EDUCATIONAL BACKO								
26.		DACIO EDI IGATIONIDEOD	FEIOUIDOF	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE			UNITS EARNED (if not graduated)	YEAR GRADUATED	
				From	То			RECEIVED
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION G	RADUATE	1981	1987		1987	N/A
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY EDUCATION	GRADUATE	1987	1991		1991	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A						
COLLEGE	N/A	N/A						
GRADUATE STUDIES	N/A	N/A	in the state of th	Name of the same		Pack our may broken		e terrogue, una
		(Continue on separate sheet if nec	essary)	1000000				
SIGNATURE		DATE		luly 14, 2020		CS FORM 212	2 (Revised 2017)	, Page 1 of 4

	RVICE ELIC								
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if ap	Date of	
	CII ELECTRIC	CAL INSTALLATION &	N/A	March 7, 2016	CALUBIAN, NATIONAL VOCATIONAL SCHOOL			16083702002288	Validity March 6,
	MAINTE	NANCE	1/1	HHALL TO PA				D. C.H.	2021
		the second control of							
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							1957 3		
ultern paralle all paralle and the second and the s									
			(Co	ntinue on separate shee	t if necessary)				
	XPERIENCE								
	ate employments	Constitution of the Consti			d be indicated in the attacl	are and are a superior	SALARY/ JOB/ PAY		GOVT
(mn	n/dd/yyyy)	POSITION T (Write in full/Do not			GENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From 11/02/2015	To PRESENT	CONSTRUCTION AND M	AINTENANCE		UNIVERSITY/GENERAL	15,840.00		CASUAL	YES
07/01/2009	10/31/2015	FOREMAN FOREMAN		VISAYAS STATE	8,800.00		JOB ORDER	YES	
	Jan. J.		1276	SERV	ICES DIVISION				
		N= 2							
							7,831-5		
						- 4			
- 1				A TOTAL					
40.1			LEVEL HOLD						
19695									
Dispersion of the Control of the Con									
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Arriv									
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				71		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			A (Continue on separate sh	eet if necessary)				
SIGN	ATURE		(1)	DATE	July 14, 2020		CS FORM	1 212 (Revised 2017)	, Page 2 of 4

I. VOLUNTARY WORK OR INVOLVEMENT IN				Management of the last of the			
9. NAME & ADDRESS OF ORG (Write in full)	ANIZATION	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	loll mexico	N/A	
97 (Samarino		q afew ye was been early gody of a	
		inue on separate s					
I. LEARNING AND DEVELOPMENT (L&D) II				hint Even to a Man	samarial and times		
I from the most recent L&D training program and include only the relevant L&D training taken for 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)	
FRATEGIC PLANNING WORKSHOP		02/15/2017	02/16/2017	16 hours	Managerial	VISAYAS STATE UNIVERSITY /OFFICE OF THE VICE PRESIDENT	
V WORKPLACE SEMINAR		12/09/2016	12/09/2016	8 hours	Prevention	VISAYAS STATE UNIVERSITY HOSPITAL	
EMINAR ON DEFENSIVE DRIVING		10/26/2016	10/26/2016	8 hours	Technical	LAND TRANSPORTATION OFFICE	
ORKSHOP ON PUBLIC ACCOUNTABILITY, CUST r GSD Staff	OMER SERVICE & PMS-OPES	01/19/2010	01/19/2010	8 hours	Customer Service	VISAYAS STATE UNIVERSITY	
Cov IV Cov IV		VERSITY, BA	SUSTAIRS STAIRS	VASAA YTO: VA COO YESO Dan Bell to		With the Control works and the control works	
IIII. OTHER INFORMATION	(Con	finue on separate	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
N/A	5.450	N/A				LSU, ADMINISTRATIVE PERSONNEL ASSOCIATION	
	P TO BE THE STREET						
		AÑ O. GU L OFFICE					
T .	THEO DIE	Instantable (sheet if necessar				

34. Are you related by consanguinity chief of bureau or office or to the Bureau or Department where you	person who has immediate	or recommending authority, or to the supervision over you in the Office,		ř		
a. within the third degree? b. within the fourth degree (for Lo	en gagas en en en en general en	YES NO				
s, main and round dog oo for the		If YES, give details:	· · · · · · · · · · · · · · · · · · ·			
35. a. Have you ever been found gui	lty of any administrative offe	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally char	ged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted o any court or tribunal?	f any crime or violation of ar	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated fretirement, dropped from the roll (abolition) in the public or private.	s, dismissal, termination, er	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candid Barangay election)?	ate in a national or local ele	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the g election to promote/actively cam	paign 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):				
. ,		gna Carta for Disabled Persons (RA , please answer the following items:				
Are you a member of any indige			YES VES If YES, please specify:	40		
b. Are you a person with disability	?	☐ YES ☑ No:				
c. Are you a solo parent?		☐ YES ☑ M If YES, please specify ID No:				
41. REFERENCES (Person not related by	consanguinity or affinity to applicat	nt /appointee)				
NAME		ADDRESS	TEL. NO.			
DR. JOSE L. BACUSMO		VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE VISAYAS STATE UNIVERSITY, BAYBAY	9173108076	200		
ENGR. MARIO LILIO P. VALENZON ENGR. MARLON G. BURLAS	IA	CITY, LEYTE VISAYAS STATE UNIVERSITY, BAYBAY	9176341514			
42. I declare under oath that I have statement pursuant to the pro- authorize the agency head / a	visions of pertinent laws, uthorized representative to	his Personal Data Sheet which is a true, or rules and regulations of the Republic of verify/validate the contents stated hereiments shall cause the filing of administration	orrect and complete of the Philippines. I n. I agree that any			
Government Issued ID (i.e.Passport, GSIs, PLEASE INDICATE ID Number and D		The total				
Government Issued ID: VSU ID						
ID/License/Passport No.: V000895		ox)				
Date/Place of Issuance: BAYBAY CITY	Y, LEYTE		Right Thumbmark			
SUBSCRIBED AND SWORM	N to before me this 15	ATTY. RYSAN C. GUINO VSU LEGAL OFFICER	ng his/her validly issued governme	ent ID as indicated above.		
		Person Administering Oat	n			