## **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.

	E TO FILLING OUT THE PERSONAL DATA s ( )  use separate sheet if necessary. Indica				1. CS ID No.		(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO		ate N/A il flot applicable. Be Not P	ODICE VIATE.		II. CO ID NO.		(2010)	
2. SURNAME	SINON							
FIRST NAME	FELICIANO, JR.				NAME EXTENSION (JR., SR)			
MIDDLE NAME	LABRADOR				des en			
DATE OF BIRTH     (mm/dd/yyyy)	11/27/1005	16. CITIZENSHIP		☑ Filip	ino [	Dual Citizenship		
(ппиослуууу)	11/27/1995		IO. OT ELITO III			✓ by birth	by naturali:	zation
4. PLACE OF BIRTH	HILONGOS BAPTIST HOSPITAL	If holder of dual citizer	nship,			Pls. indicate of	country:	
5. SEX	✓ Male ☐ Female	please indicate the de	please indicate the details.			Philippines		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	APARTMENT 32			KILBOURNE ST.		
	☐ Widowed ☐ Separated	t	House/Block/Lot No. VISAYAS STATE UNIVERSITY		Street PANGASUGAN			
	Other/s:	_	Subdivision/Village		je	Barangay LEYTE		
7. HEIGHT (m)	1.73		BAYBAY CITY City/Municipality			Province		
8. WEIGHT (kg)	63	ZIP CODE				6521-A		
9. BLOOD TYPE		18. PERMANENT ADDRESS	APARTMENT 32 House/Block/Lot No. VISAYAS STATE UNIVERSITY			KILBOURNE ST. Street		
10. GSIS ID NO.					ERSITY	PANGASUGAN		
11. PAG-IBIG ID NO.			Subdivision/Village BAYBAY CITY			Barangay LEYTE		
TT, TAGISTO ID NO.				City/Municipality	1	Province		
12. PHILHEALTH NO.	13-000124426-5	ZIP CODE			6521-A			
13. SSS NO.		19. TELEPHONE NO.			(0	53) 563 7328		
14. TIN NO.	357-7041-902	20. MOBILE NO.			+63	997 079 1698	(4)	
15. AGENCY EMPLOYEE NO.	V01049	21. E-MAIL ADDRESS (if any)	y) feihlsingn			inon@gmail.com   feihl.sinon@vsu.edu.ph		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Writ	e full name an	d 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				***************************************			
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	SINON							
FIRST NAME	FELICIANO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	GUNO							
25, MOTHER'S MAIDEN NAME								
SURNAME	LABRADOR	9						
FIRST NAME	ROWENA							
MIDDLE NAME	GONZAGA			(C	ontinue on co	parate sheet if neces	reand	
III. EDUCATIONAL BACKG				ľ	onunue on se	parate sneet il neces	isary)	
26.		81010 551111	FIGEL IF -	penion of	ATTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS
				From	To (ii not graduated)		RECE	RECEIVED
ELEMENTARY	ALPHA CHRISTIAN SCHOOL			2002	2008		2008	
SECONDARY	VISAYAS STATE UNIVERSITY - LABORATORY HI SCHOOL	IGH		2008	2012		2012	
VOCATIONAL / TRADE COURSE								
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL ENG	SINEERING	2012	2017		2017	
GRADUATE STUDIES								
		(Continue on separate sheet if nece	ssary)					
SIGNATURE	Jeron			DA	ATE .	22 Jul	y 2019	

SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable) EXAMINATION / CONFERMENT		PLACE OF EXAMINAT	PLACE OF EXAMINATION / CONFERMENT				
AGRICULTURAL ENGINEERING LICINSURE EXAM		80.27	8/1/2017	8/1/2017 PRC, SAMPA		ALOC, MANILA		11/27/2020	
	XPERIENCE	Start from your recent		continue on separate sheet on of duties should be	if necessary)  e indicated in the attached	Work Expe	erience sheet.		
28. INCLUS	SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not a	LE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From 4/10/2017	PRESENT	INSTRUCTOR I		DEPARTMENT O BIOSYSTEMS ENG ENGINEERIN		SG 12	SUBSTITUTE	Y	
				UN					
		71	(6	Continue on separate sheet	i if necessary)				
SIGNA	TURE	Jen	~		DATE	22	July 20	1 <b>9</b> S FORM 212 (Revised )	20171 Page 2 at

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То				
N/A						
,						
	ntinue on separate		)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PI						
(Start from the most recent L&D training program and include only the relevant L&D/training taken for to		DATES OF	f/Executive/Manage			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	From	To			(svete at ton)	
Organizational Meeting cum Workshop of the AFMechRDEN, HEIs/SUCs offering Agricultural Engineering / Agricultural and Biosystems Engineering	02/27/2019	02/28/2019		TECHNICAL	AFMECH	
69th National Philippine Society of Agricultural Engineering Convention	04/22/2019	04/26/2019		TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL ENGINEERS	
Hands-on Training and Encoding of AFMechRDEN Database and Information Systems for HEIs	6/12/2018	6/12/2018		TECHNICAL	AFMECH	
Training-Workshop on the Development of Integrated OBE and K-12 Compliant BSABE	09/17/2018	09/21/2018		TECHNICAL		
Curricululm Patent Search and Patent Drafting Writeshop	10/9/2018	09/14/2018		TECHNICAL		
					PHILIPPINE SOCIETY OF AGRICULTURAL	
68th National Philippine Society of Agricultural Engineering Convention	04/23/2018	04/27/2018		TECHNICAL	ENGINEERS PHILIPPINE SOCIETY OF AGRICULTURAL	
67th National Philippine Society of Agricultural Engineering Convention	04/23/2017	04/29/2017		TECHNICAL	ENGINEERS PHILIPPINE SOCIETY OF AGRICULTURAL	
66th National Philippine Society of Agricultural Engineering Convention	04/24/2016	04/30/2016		TECHNICAL	ENGINEERS	
4th Philippine I Transform! Young Leaders Convention	09/18/2015	09/21/2015		MANAGERIAL		
	ntinue on separate	sheet if necessary	0			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32. NO.	V-ACADEMIC DISTII (Writ	NCTIONS / RECOG e in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Layout Artist					Philippine Society of Agricultural Engineers	
Video Editing						
Leadership						
Computer Operation						
Communication						
Communicated						
2 10-	ntinue on separate	sheet if nesses	A			
SIGNATURE Jenou	on separate	necessary		ATE	22 July 2019	
- France					CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate s Bureau or Department where you will be approinted,			
	a. within the third degree?	☐ YES ☑	NO	
	b. within the fourth degree (for Local Government Unit - Caree	er Employees)?		NO
		If YES, give details:		
35	a. Have you ever been found guilty of any administrative offen	se?		
30.	a. Have you ever been loand gainly of any administrative offen	<b>36</b> !	☐ YES ☐ If YES, give details:	NO
			TEG, give details.	
	b. Have you been criminally charged before any court?	☐ YES [	✓ NO	
	or have you seek similarly charged sololo diff source		If YES, give details:	
			Date Filed:	
			Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	law, decree, ordinance or regulation by	☐ YES	✓ NO
	any court of tribunar:		If YES, give details:	
37.	Have you ever been separated from the service in any of the f dropped from the rolls, dismissal, termination, end of term, fini	following modes: resignation, retirement,	YES	✓ NO
	in the public or private sector?	If YES, give details:		
38.	a. Have you ever been a candidate in a national or local election	on held within the last year (except	YES	✓ NO
	Barangay election)?		If YES, give details	
	b. Have you resigned from the government service during the		YES	☑ NO
	election to promote/actively campaign for a national or local ca		If YES, give details	:
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	YES	☑ NO
			If YES, give details (	(country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn	a Carta for Disabled Persons (PA 7277)		
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a			
a.	Are you a member of any indigenous group?		☐ YES	☑ NO
b.	And you a manage with disability 2		If YES, please specify:	
ŭ.	Are you a person with disability?	☐ YES If YES, please specify I	☑ NO	
C.	Are you a solo parent?		YES	✓ NO
			If YES, please specify I	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)		
	NAME	ADDRESS	TEL. NO.	
	PROF. ARTHUR IT. TAMBONG	Visayas State University		
	DR. ROBERTO C. GUARTE	Visayas State University		
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and	
	complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized represent	nt laws, rules and regulations of the	Republic of the	
	agree that any misrepresentation made in this docum	ent and its attachments shall caus	e the filing of	PHOTO
	administrative/criminal case/s against me.			
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	^		and the same
Pl	LEASE INDICATE ID Number and Date of Issuance	Lenon		
Go	overnment Issued ID: PRC ID			
ID	/License/Passport No.: 0009134	ox)		
Da	ate/Place of Issuance: 09/20/2017 PRC, TACLOBAN		Right Thumbmark	
-	10	Date Accomplished		Taght touthoulding
	SUBSCRIBED AND SWORN to before me this	JG 2019 , affiant exhibit	ting his/her validly issued go	overnment ID as indicated above.
		11.		
		Man		

ATTY. RYSAMC, GUINOCOR
VSUIFGAU OFFICER
erson Administering Oath