CS Form No. 212 Revised 2017	DEDSOI	VAL DAT	л сы	EET					
	PERSUI	VAL DAI	А ЭП	EE I					
WARNING: Any misinterpretati concerned.	ion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fi	ling of adm	inistrative/	criminal case/s a	gainst the pe	rson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH			E PDS FOR	RM.		(Do not fill up. Fo	r CSC use only)	
PERSONAL INFORMATIO		N/A II Not applicable. DO NOT	ADDICE VIA IE.						
2. SURNAME	BANZON								
FIRST NAME	JOAN ROSEMARIE				1	NAME EXTENSION (JR.,	SR)		
MIDDLE NAME	ABERCA								
3. DATE OF BIRTH	11/10/1984	16. CITIZENSHIP				D 100 - 1:			
(mm/dd/yyyy)	11/10/1304	TO. OFFICENOI III		Filipino Dual Citizenshi		_	by naturalization		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citize				Pls. indicate co		• 1. 10000000000000000000000000000000000	
5. SEX	☐ Male ☑ Female	please indicate the d							
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS							
O CIVIL STATOS	☐ Widowed ☐ Separated		House	e/Block/Lot No		CA	Street GBUHANGIN		
	Other/s:	CONTROL CONTROL		division/Village		Barangay			
7. HEIGHT (m)	1.646 m	10 July 10 10 10 10 10 10 10 10 10 10 10 10 10		/Municipality			Province		
8. WEIGHT (kg)	48 kg	ZIP CODE	11.00	6541			22,000		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hous	e/Block/Lot No	188		Street		
10. GSIS ID NO.	84111000076					CA	GBUHANGIN		
11. PAG-IBIG ID NO.	1700-0030-1404	STATE SAYARIV	0	division/Village RMOC CITY			Barangay LEYTE		
Disposance You	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VISAYAS STATE	Cit	y/Municipality			Province		
12. PHILHEALTH NO.	13-000073896-5	ZIP CODE	N/N	6541	30,000	2142			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	O SVITAS	L. William	100	SEE SEE	2000	
14. TIN NO.	943-258-060	20. MOBILE NO.	09328554014	328554014					
15. AGENCY EMPLOYEE NO.	V00570	21. E-MAIL ADDRESS (if any)	jbanzon@	vsu.edu.	<u>ph</u>		THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS	Name of the least	
II. FAMILY BACKGROUND								**************************************	
22. SPOUSE'S SURNAME	BANZON	EU STRIC'GRIRGIV	23. NAME of CHILDREN (Write full name and list all)			l list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	JUN CARLO	NAME EXTENSION (JR., SR)	CRYSTAL RAVEN A. BANZON		07/09/07				
MIDDLE NAME	PELAYO	MILITER URBE ADDA	CARLOS SAM	NTINO A. B.	ANZON	1 700	09/0	4/11	
OCCUPATION	MUSICIAN/GUITARIST	at samularo io		53814	31	200	neren so	strane.	
EMPLOYER/BUSINESS NAME	LGU ORMOC								
BUSINESS ADDRESS	ORMOC CITY, LEYTE								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ABERCA								
FIRST NAME	RENATO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BETONIO								
25. MOTHER'S MAIDEN NAME									
SURNAME	VIRLY								
FIRST NAME	JOSEPHINE KATHLEEN								
MIDDLE NAME	ZAPANTA			(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND							SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGI (Write in full)		PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		From	То	(if not graduated)		RECEIVED	
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ELEMENTARY		1991	1997		1997		
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	SECONDARY		1997	2001		2001		
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	AMA COMPUTER COLLEGE	BACHELOR OF SCIENCE IN TECHNOLOG		2001	2005		2005		
GRADUATE STUDIES	N/A								
		Continue on separate sheet if ne	cessary)		TE	Λ-	ril 24, 201	7	
SIGNATURE	Hour			D/A	ITE			d 2017), Page 1 of 4	

27. CAR		80 (BOARD/ BAR) UNDER	RATING	DATE OF	AMORRE	经自己等目号		LICENSE (if applicable)	
B/	SPECIAL LAWS ARANGAY ELIGIBILITY	S/ CES/ CSEE Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
CAI	REER SERVICE P	ROFESSIONAL	80.5	October 17, 2010/ January 26, 2011	EVSU Tacloban City	U Tacloban City / LNU Tacloban City			201,0
			Neth tractic (Cets)	CONTRACTOR SERVICES	and the second second				- Kana
							17 2.3		
. WORK	EXPERIENCE		(Co	ntinue on separate sheet	if necessary)				
nclude pri	vate employment	Start from your recen	work) Description	n of duties should b	e indicated in the attach	ed Work Exp	_		
	LUSIVE DATES mm/dd/yyyy)	POSITION TO (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
3/01/2016	Present	ADMINISTRATIV	E AIDE IV	VISAYAS ST	ATE UNIVERSITY	11,658	04-1	Permanent	Yes
3/01/2015	02/29/2016	ADMINISTRATIV			ATE UNIVERSITY	10,505	03-2	Permanent	Yes
6/01/2012	02/28/2015	ADMINISTRATIV	E AIDE III		ATE UNIVERSITY	10,401	03-1	Permanent	Yes
3/01/2012	05/31/2012	ADMINISTRATIV	E AIDE III	VISAYAS ST	ATE UNIVERSITY	9,628	03-1	Permanent	Yes
1/01/2012	02/28/2012	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	11,062		Casual	Yes
/01/2011	12/31/2010	ADMINISTRATIV	E AIDE III	VISAYAS ST	ATE UNIVERSITY	10,133		Casual	Yes
7/01/2008	12/31/2009	ADMINISTRATIV	E AIDE VI	VISAYAS STATE UNIVERSITY 9,20		9,204		Casual	Yes
7/01/2007	06/30/2008	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	8,367		Casual	Yes
8/16/2006	06/30/2007	ADMINISTRATIV	E AIDE VI	VISAYAS STATE UNIVERSITY		7,606	Maria Mali	Casual	Yes
1/16/2005	08/15/2006	ADMINISTRATI	/E AIDE	VISAYAS STATE UNIVERSITY		4,000		Job Order	Yes
9/01/2005	11/15/2005	ASSISTANT MA	NAGER	AQUA SERV REFILLING STATION		3,000	N/A	N/A	No
7/01/2005	09/30/2005	TRAINE		GLOBELII	NES TELECOM	N/A	N/A	N/A	No
							17.00		
							COLORS		
				MILE IN .					
					7				
	1				11 1 3 April 10 A 44				
			Market 1	in the same of the					
CICH	ATURE		v Mar and v	tinue on separate sheet it	necessary)	31 N			
SIGNA	ATURE		Moon		DATE		April 24	1, 2017 ORM 212 (Revised 201	

CIVIL SERVICE ELIGIBILITY

29. NAME & ADDRESS OF C		NT / PEOPLE / VOLUNTARY INCLUSIVE DATES		A STREET, SAID	POLICE RESIDENCE DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL S		
(Write in ful	0	From	n/dd/yyyy) To	NUMBER OF HOURS	200000 000	POSITION / NATURE OF WORK	
N/A		From	10			Texas him according	
		-	-	-			
			-		-		
			-				
	(Cor	ntinue on separat	e sheet if necessar	n)			
VII. LEARNING AND DEVELOPMENT (L&D Start from the most recent L&D training program and inclu							
social and most recent case of all may program and incide	or day the relevant LGD training taken for		VE DATES OF	niet Executive Mar			
 TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full 		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
OL. IS						(Write in full)	
Scholarships for Graduate Studies (SGS)-Higher Edu Session	cation Institution Information	02/24/2017	02/24/2017	8.0	Clerical	Commission on Higher Education Region VI	
HIV in the Workplace Seminar		12/09/2016	12/09/2016	4.0	Health Awarenes	Visayas State University	
Re-orientation of Department Office Secretaries	January III	11/15/2016	11/15/2016	4.0	Clerical	Visayas State University	
Drientation-Workshop on AY 2016-2017 HEMIS Data	Collection using the CHED Electronic		+				
Collection and Knowledge (CHECK) System Drientation on AY 2013-2014 CHED HEMIS Data Colle		09/09/2010	09/09/2016	4.0	Technical	Commission on Higher Education Region VIII	
CHECK System)	The state of the s	07/25/2013	07/25/2013	8.0	Technical	Commission on Higher Education Region VIII	
	21.0						
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The second secon	er a sentali ir Ves		-				
	(Con	tinue on separate	sheet if necessar	n			
/III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					
MS OFFICE - WORD, EXCEL, POWERPOINT			VISYAS STATE UNIVERSITY ADMINISTRAT				
			PERSONNEL ASSOCIATION				
HTML; MS FRONTPAGE; C++							
ADOBE PAGEMAKER; ADOBE PHOTOSHOP							
MS VISUAL BASIC 6.0; MS VISUAL FOXPRO	UAL BASIC 6.0; MS VISUAL FOXPRO						
COOKING and BAKING		N/A					
	(Cont		sheet if necessary)			
	SIGNATURE TANDON						
SIGNATURE	TANDON	-		DA	ATE	April 24, 2017	

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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 Bureau or Department where you will be apppointed,				
a. within the third degree?		☐ YES ☑ NO		
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO			
		If YES, give details:		
35. a. Have you ever been found guilty of any administrative offer	ense?	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:		
36. Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation	☐ YES ☑ NO)	
by any court or tribunal?	If YES, give details:			
37. Have you ever been separated from the service in any of the		☐ YES ☑ NO	0	
retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	31900409 1900400	If YES, give details:		
38. a. Have you ever been a candidate in a national or local election. Barangay election.	ction held within the last year (except	☐ YES ☑ If YES, give details:	NO	
b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES 🗇 I	NO	
election to promote/actively campaign for a national or local	candidate?	If YES, give details:	Maria	
39. Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO If YES, give details (country):		
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 				
a. Are you a member of any indigenous group?	please answer the following items:			
		YES If YES, please specify:	NO	
b. Are you a person with disability?		YES J	NO	
c. Are you a solo parent?		If YES, please specify ID No:	NO.	
		If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant				
NAME EDGARDO E. TULIN	ADDRESS	TEL. NO.		
ELIEZER L. VELASCO	VSU, Baybay City, Leyte	563-7067	90	
MA. CLEOFE VELOSO	VSU, Baybay City, Leyte	563-7428	17	
42. I declare under oath that I have personally accomplished	this Porsonal Data Choot which is a t	335-4250		
complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the		
Philippines. I authorize the agency head/authorized repre-	esentative to verify/validate the content	s stated herein.	Albaman	
I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ument and its attachments shall cause	e the filing of	AN ROSEMARIE A. BANZON	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		in the second		
Government Issued ID: VSU ID	iA boom			
ID/License/Passport No.: V000570	ox)			
Date/Place of Issuance: January 2, 2010/VSU Baybay City, Leyte	APRIL 24, 2017 Date Accomplished	200	Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	PR 2. 5 2017 , affiant exhib	ting his/her validly issued government	nent ID as indicated above.	
	11			
	Mari			
	ATTY. RYSAN C. GUINO			
TING AND ALL STATES	NO TPerson Administering Oat	7		
	IBP 1030924 - TAGI ORAN CITY	E -1/12/17	CS FORM 212 (Revised 2017), Page 4 of	
	ROLL OF ATTORNEYS NO. 57	467		