CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

	TO FILLING OUT THE PERSONAL DATA SH			HE PDS FOR	M. 1. CS ID No		(De not fill ur	. For CSC use only)	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIC		TVA II HOLAPPIICADIE. DO NOT	ADDREVIATE.		,, Q3 ID NG		(DO HOL HII UF	. , or odo use only)	
2. SURNAME	VERGARA								
FIRST NAME	RAFAEL NAME EXTENSION (JR., SR) JR.								
MIDDLE NAME	BARINA								
3. DATE OF BIRTH				1					
(mm/dd/yyyy)	04/07/1970	16. CITIZENSHIP		Filipir	10	Dual Citizenship			
4. PLACE OF BIRTH	Poblacion Badian, Cebu	If holder of dual citizenship.				☐ by birth ☐ by naturalization Pls. indicate country:			
			If holder of dual citizenship, please indicate the details.				-		
5. SEX	Male Female	· · · · · · · · · · · · · · · · · · ·							
6 CIVIL STATUS	☐ Single ☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	Kilbourne St. VSU, Visca, Bayba House/Block/Lot No.		/bay City, Leyte Street				
	Other/s:	rida, broussen alle	0.1	d: -ii 0 (ill		Brgy	y. Pangasu Barangay	gan	
7. HEIGHT (m)	165 cms.	the second of the second second second	Subdivision/Village Baybay City						
8. WEIGHT (kg)	74 kls.	ZIP CODE	City/Municipality		Province 6521				
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	Poblacion, Badian Cebu		autilize Elvalous Old				
3. BLOOD THE		Vissyon State Units	House/Block/Lot No.		Street				
10. GSIS ID NO.	CM 3884167	The second secon	Sub	odivision/Village		Barangay			
11. PAG-IBIG ID NO.	1700-0026-9233	sardem net selve franci	ghi a 13	office in the	91974	GRIFFIE V	Galleria and Transfer and Mary		
12. PHILHEALTH NO.	13-000015608-7	ZIP CODE	City/Municipality				Province		
13. SSS NO.	08-1306527-0	19. TELEPHONE NO.	(053) 563-9	Accesses to the second					
14. TIN NO.	917-640-666	20. MOBILE NO.	09565499591			2222	1 100110001 1461		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		jur	nvergara	2000@yahoo	o.com	100 E00	
II. FAMILY BACKGROUND							SATE OF DE		
22. SPOUSE'S SURNAME	SALUNDAGUIT	1	23. NAME of CHILDREN (Write full name and list			nd list all)	list all) DATE OF BIRTH (mm/dd/yyyy		
FIRST NAME	CAROLINA	NAME EXTENSION (JR., SR)	CARYL FAITH S. VERGARA				06/09/1996		
MIDDLE NAME	MATAS APRIL JOY S. VERGARA				RA	04/18/1998			
OCCUPATION	Community Development Officer		KENT S. VERGARA			10/13/2001			
EMPLOYER/BUSINESS NAME	Coalition of Services of the Elderly		N/A			N/A			
BUSINESS ADDRESS	Quezon City	N/A				N/A			
TELEPHONE NO.	None	N/A				N/A			
24. FATHER'S SURNAME	VERGARA	NAME EXTENSION (JR., SR)	N/A				N/A		
FIRST NAME	RAFAEL	SR.	N/A				N/A		
MIDDLE NAME	EMPLEO		N/A				N/A		
25. MOTHER'S MAIDEN NAME			N/A			N/A			
SURNAME	BARINA		N/A			N/A		N/A	
FIRST NAME	DULCESIMA		N/A			N/A			
MIDDLE NAME	BATOMALAQUE		(Continue on separate sheet if necessary)				essary)		
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONOR RECEIVED	
ELEMENTARY	BADIAN CENTRAL ELEM. SCHOOL	ELEMENTARY		June 1977	April 1982		1982	3rd Honorable	
SECONDARY	BADIAN NATIONAL HIGH SCHOOL	SECONDARY		June 1982	April 1986		1986	Diploma	
VOCATIONAL / TRADE COURSE	None	N/A		N/A					
COLLEGE	University of San Jose Recoletos	Bachelor of Arts-majo Pol. Sci.	r in	June 1987	April 1991		1991	Diploma	
GRADUATE STUDIES	Franciscan College of Immaculate Conception	Master in Education		June 2012	June 2013	23 Units		SIGNATUL	
		(Continue on separate sheet if n	ecessary)		Cella.				
SIGNATURE	The state of the s	DATE	J	uly 8, 2019		CS FORM 2	12 (Revised 201	7), Page 1 of 4	

CAREE		80 (BOARD/ BAR) UNDER	RATING	DATE OF	DI ACT OF THE	ATION (CONTEST	AENT	LICENSE (if ap	
BAF		IS/ CES/ CSEE Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
Care	er Services Su	b- Professional	80.26%	11/27/1994	Cebu City				
							70.0		
	XPERIENCE	it. Start from your recei		Continue on separate sheet		ed Work Expe	erience sheet.		
INCLU	/SIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/ N)
13/2013	Present	Administrative	e Aide IV	Visayas S	Visayas State University		3.000	Permanent	Yes
1/2008	1/31/2012	Administrative	e Aide III	Visayas S	tate University	10,000.00		Permanent	Yes
1/1999	1/1/2008	Administrative	e Aide III	Visayas S	tate University	8,000.00		Casual	Yes
2/1/1998	1/1/1999	Community Develo	pment Officer	Municipal Solar i	nfrastructure Project	12,000.00		Contractual	No
1/1996	1/30/1997	Enumera	ator	Department of We	elfaree for Urban Poor	7,000.00		Contractual	No
/5/1997	12/30/1998	Sales Supe	rvisor	Dunk	Dunkin' Donut			Temporary	No
/6/1993	4/30/1996	High School	Teacher	Our Lad	y's Academy	7,000.00		Temporary	No
			100 4 10 0 YOL						
			4						
						4.52			
				77733773					
SIGNA	ATURE	(A)	X	Continue on separate sheet	if necessary) July 8, 2019	13 - 16 V	CS FORM	212 (Revised 2017), F	Page 2 of

. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	DLUNTARY O	RGANIZATIOI	V/S	
29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES			
(Write in full)		(mm/dd/yyyy) From To		3 (16K m. 3 × 5), 46	POSITION / NATURE OF WORK
IDE Management Corporation, Isabel, Leyte (Livelihood Training Nata de Coco)		11/18/2006	8 hrs.		Training Facilitator
			Egy Ant		
Barrana Barrana					
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PI		TENDED			
tart from the most recent L&D training program and include only the relevant L&D training taken for 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTEN (mm/d	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) NUMBER OF HOURS Type of LD (Managerial/ Supervisory/		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY (Write in full)
ecture-Demonstration Workshop on Production of Biofuels	5/22/2019	5/22/2019	8 hrs.	Technical	REERC
orkshop in Preparation for Level III Phase 2 AACCUP Accreditation	6/20/2017	6/21/2017	16 hrs.	Technical	VSU
ull Awaremess Training Course ISO 9001:2015	1/26/2017	1/27/2017	16 hrs.	Technical	AJA
SO 9001:2015 Seminar- Workshop on Internal Audit	3/2/2017	3/3/2017	16 hrs.	Technical	VSU
rocurement Planning Workshop	9/13/2016	9/13/2016	8 hrs.	Technical	VSU
Procurement Act Orientation	9/9/2016	9/9/2016	8 hrs.	Technical	VSU
QGIS Training- Workshop	6/6/2016	9/8/2016	24 hrs.	Technical	DGE/ COE
Anti-Sexual Harassment Orientation for Faculty and Staff	6/15/2016	6/15/2016	8 hrs.	Technical	VSU
Planning Workshop on the Preparation & Processing of Documents	05/27/2015	05/28/2015	8 hrs.	Technical	VSU
Schools Project Closeout Workshop	12/08/2011	12/10/2011	24 hrs.	Technical	ICTO-DOST
CT SKILLS TRAINING	07/08/2011	07/09/2011	16 hrs.	Technical	VSU
Reorientation Seminar of Frontliners	07/07/2011	07/07/2012	8 hrs.	Management	VSU
ASIC COMPUTER AND INTERNET LITERACY COURSE	12/02/2008	12/06/2008	40 hrs	Technical	DepED
raining of Electronic Spreadsheet as a Tool for Class Record Managemen	t 02/16/2008	02/16/2008	8 hrs.	Technical	Vsū
raining of Electronic Spreadsheet as a Tool for Class Record Managemen	t 06/23/2007	02/30/2007	16 hrs.	Technical	VSU
raining on Office Productivity Tools	05/07/2007	05/11/2007	40 hrs.	Technical	VSU
(Co	ntinue on separate	sheet if necessary)		
	N-ACADEMIC DISTI (Wri	NCTIONS / RECOG	SNITION	1 00 00 00 00 00 00	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Singing Certificate of Appreciation (Ass 2007)	istance Extend	ed during the (GSIS E-card da	ted April 13-16,	Couples' for Christ
Dancing Certificate od Appreciation (Tra	ining Facilitato	r during the Li	velihood Train	ing on Nata de	Knight of Columbus
	ntinue on separate	sheet if necessary			
SIGNATURE	stainime à néi	DATE		July 8, 2019	CS FORM 212 (Revised 2017), Page 3 of

34.	Are you related by consanguinity or affinity to the popointin chief of bureau or office or to the person who has immediate		0				
	Bureau or Department where you will be apppointed,	te supervision over you in the Onice,					
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Ca	YES NO					
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative of	☐ 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 a	any law decree ordinance or regulation		,			
30.	by any court or tribunal?	arry raw, doorsoo, ordinarioo or rogulation	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the	ne following modes: resignation					
	retirement, dropped from the rolls, dismissal, termination, e		☐ YES ☑ NO If YES, give details:				
	out (abolition) in the public or private sector?						
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: ☐ YES ☑ NO If YES, give details:				
	Dalangay Geolion):						
	b. Have you resigned from the government service during the						
	last election to promote/actively campaign for a national or	The second secon					
39.	Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO				
			If YES, give details (co	ountry):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	ona Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)		- 10 10 10 10 10 10 10 10 10 10 10 10 10				
a.	Are you a member of any indigenous group?		☐ YES	☑ NO			
b.	Are you a parson with disability O		If YES, please specify:				
j.	Are you a person with disability?	YES If YES, please specify ID	No.				
C.	Are you a solo parent?		✓ NO				
	1999 Resetted for any	a temporari eralimen	If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.	15 - 14 14 214			
Pro	of. WINSTON M. TABADA	VSU, Visca, Baybay, Leyte	(053) 563-7068	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm			
Dro	of. MANOLO B. LORETO		(050) 500 0040	(passport size)			
		VSU, Visca, Baybay, Leyte	(053) 563-2642	With full and handwritten name tag and signature over			
42.	I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, if			printed name			
	authorize the agency head / authorized representative to	verify/validate the contents stated herei	n. I agree that any	Computer generated			
	misrepresentation made in this document and its attachmagainst me.	nents shall cause the filing of administra	ative/criminal case/s	РНОТО			
	agamst me.		DIN (which is not suppressed to astronomy or 1996).				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: UMID Card CRN -006-0086-5830-1		All the second s				
ID	/License/Passport No.: Driver's License H03-03-050635	pox)					
Da	ate/Place of Issuance:		Right Thumbmark				
-		Date Accomplished		right Humbhurk			
	SUBSCRIBED AND SWORN to before me this	JUI 2019 , affiant exhibi	ting his/her validly issued gov	remment ID as indicated above.			
		M					
		/ Mari					
		ATTY RYSAN C. GUINOCOL					
		VSULE GAPerson Administering Oa					