Revised 2017	DEDSOI	MAI DAT	A CL	EE				
WARNING: Any misrepresentat	TERSOI tion made in the Personal Data Sheet and the	Work Experience Sheet she				criminal case/s a	gainst the pe	erson
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	PLISHING THE	E PDS FOR	RM.			
Print legibly. Tick appropriate boxes	( ) and use separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up. I	For CSC use only)
I. PERSONAL INFORMATIO		<b>支票是证券的企业</b>						
2. SURNAME	VERGIS					NAME EXTENSION (JF	L SR)	
FIRST NAME	ALBERT					THAT EXTENSION (OF	., 019	
MIDDLE NAME	MUAÑA							
DATE OF BIRTH     (mm/dd/yyyy)	01/27/1992	16. CITIZENSHIP		✓ Fil	lipino	Dual Citizenshi	by natura	alization
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizen	nship,			Pls. indicate of	country:	
5. SEX	✓ Male Female	please indicate the de	tails.					•
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS	POBL	House/Block/Lot No.			MAGSAYSAY AVENUE Street Y. GODOFREDO MODINA Barangay	
7. HEIGHT (m)	1.65		Ci	BAYBAY ty/Municipality	V		LEYTE Province	
8. WEIGHT (kg)	73.5	ZIP CODE	- Cit	унисторан			Trovince	Table Table Ive. No. 1000
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Hous	se/Block/Lot I	Vo.	R. MA	GSAYSAY AVE	NUE
10. GSIS ID NO.	NONE		POBL	ACION ZON	E 16	BRGY. 0	Barangay	ODINA
11. PAG-IBIG ID NO.	MID:1211-3298-2013		Ci	BAYBAY ty/Municipality	V		LEYTE Province	
12. PHILHEALTH NO.	13-025154491-4	ZIP CODE				6521	7 7 2	
13. SSS NO.	NONE	19. TELEPHONE NO.				NONE		
14. TIN NO.	466-464-980	20. MOBILE NO.	(+63) 996-711-4987					
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	albe	rt.vergis@	@vsu.edu.p	oh or albert_ve	rgis@yahoo	.com
II. FAMILY BACKGROUND			克里里		養養養			
22. SPOUSE'S SURNAME	VERGIS		23. NAME of CHI			d list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	VALERIE	NAME EXTENSION (JR., SR)		١	IONE			
MIDDLE NAME	YAMON	- <sub>FE</sub>						
OCCUPATION	OFFICE STAFF							
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			×				
BUSINESS ADDRESS	BRGY. PANGASUGAN, VISCA, BAY	BAY, LEYTE						
MOBILE NO.	(+63) 995-698-6060							
24. FATHER'S SURNAME	VERGIS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	CALONIA							
25. MOTHER'S MAIDEN NAME	MUAÑA		100					
SURNAME	VERGIS							
FIRST NAME	ANTONIA		7					
MIDDLE NAME	TORCINO			(0	continue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND	and the t	137 1			<b>人名马</b> 斯		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	E/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	C.P. GARCIA ELEMENTARY SCHOOL	ELEMENTARY		From 1997	To 2003		2003	RECEIVED N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	SECONDARY		2003	2008			N/A
VOCATIONAL / TRADE COURSE	CONCERNON					ac al re		
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE	BACHELOR OF SCIENCE IN BUS		2008	2013		2013	N/A
GRADUATE STUDIES	CONCEPTION  VISAYAS STATE UNIVERSITY /	MAJOR IN FINANCIAL I MASTER OF MANAGEMENT IN A			-	00.112-12-2	2013	
STANDONTE GLODIES	La Colonia de la	MANAGEMENT ontinue on separate sheet if neces		2013	PRESENT	33 UNITS		N/A
SIGNATURE		<b>≠</b>	A. Artely	DA	ATE	02/20	6/201	9
***	100		101/4			THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	THE RESIDENCE OF THE PERSON NAMED IN	d 2017), Page 1 of 4

NAME OF TAXABLE PARTY.	ERVICE ELIG	IBILITY							
27. CARE		080 (BOARD/ BAR) UNDER NS/ CES/ CSEE	RATING	DATE OF	DI ACE OS SYAUSINI	TION LOCALET	MENT	LICENSE (if a	
BA		TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENI	NUMBER	Date of Validity
CIVIL	SERVICE PROF	FESSIONAL LEVEL	80.04%	03/18/2018	ORMO	C CITY		N/A	N/A
									9
							To a		
							*		
									21 38 3
/ WORK	EXPERIENCE		(Co	ontinue on separate sheet	if necessary)			<b>爱多有可能</b>	
			nt work) Descripti	on of duties should	be indicated in the attack	ned Work Ex	perience she	et.	
8. INCLU	USIVE DATES nm/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T
From	То	(Write in full/Do not	abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
08/01/2013	01/31/2019	PROPERTY CU	STODIAN		MAN KINETICS-VISYAS UNIVERSITY	7,040.00	N/A	JOB ORDER	N
06/01/2015	03/31/2018	EVENING COLLEGE	INSTRUCTOR	FRANCISCAN	COLLEGE OF THE TE CONCEPTION	4,050.00	N/A	PART-TIME	N
				IWIWIACOLA	TE CONCEPTION				
		1000							
				-					
W			· · ·						
			1/						
0/04	ATURE		(C	ontinue on separate sheet	THE RESERVE AND ASSESSMENT OF THE PERSON NAMED ASSESSMENT OF THE PERSON NA		20/00	10010	7
SIGN	ATURE		JIM.		DATE		12/26	12019 S FORM 212 (Revised 2	017), Page 2 of

VI. VO	LUNTARY WORK OR INVOLVEMENT IN CIVIC	NT / PEOPLE /	VOLUNTARY	Y ORGANIZATI	d			
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm	SIVE DATES //dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK		
KABAL	IKAT CIVICOM BAYBAY CHAPTER - 938 STATION	From 11/15/2017	PRESENT	N/A	OPERATIVE/N	WEMBER (REGULAR)		
KNIGH	TS OF COLUMBUS (KOF C) MT. PANGASUGAN CHAPTER 7507	12/1/2017	PRESENT	N/A	MEMBER/MU:			
		12112011	TALOLIT	INA	MEMBER WHO	OIO IMINOTAT		
			-	e shello exist	zolikope. v tis i			
		-	-					
	191							
	3-8 <sup>2</sup> -985							
VII. LE	CARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	ontinue on separat PROGRAMS /	e sheet if necessa ATTENDED	ary)				
	m the most recent L&D/training program and include only the relevant L&D/training taker	for the last five (5)	years for Division	n Chief/Executive/M	anagerial position	is)		
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	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)					(Write in full)		
SOCCE	R FOR SOCIAL IMPACT	5/4/2015	5/8/2015	40	COACHING	COACHES ACROSS CONTINENT AND INSTITUTE OF HUMAN KINETICS-VSU		
PROCU	REMENT ACT ORIENTATION	9/9/2016	9/9/2016	8	TECHNICAL	VISAYAS STATE UNIVERSITY		
	9-1 SW 1 FF 1 BY	a progression	3 (2000)	id as as topical	augischer	a a security say		
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		AF BUSINES		12 22 (25 / 10 ) (				
	69.63					25-27-27-2		
	and a straight and a finish							
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	2.3				67047			
		1		-		(A192.4) (4.00) (4.00)		
					Carterine a propried All March			
VIII. C	THER INFORMATION	Continue on separat	e sneet if necessa	ary)	411			
31.		ON-ACADEMIC DIST		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
-			rite in full)	U VIIA		(write in full)		
		NGUI MULL	GAL OFF			KABALIKAT CIVICOM		
	DRIVING	and the second s	tribus Stanza la bas	ent decreases and the		KNIGHTS OF COLUMBUS		
	INTERNET SURFING							
	COMPUTER LITERATE	7						
		ontinue on separa	te sheet if necess	ary)				
	SIGNATURE (D)			D	ATE	02-26-2019		
		V				CS FORM 212 (Revised 2017), Page 3 o		

Bureau or Department where you will be apppointed,	supervision over you in the Office,	and the second of the second o		
		□ vrs □ No		
a. within the third degree?	FIn-man \2	YES V NO		
b. within the fourth degree (for Local Government Unit - Can	eer Employees)?			
		IT FES, give details.		
35. a. Have you ever been found guilty of any administrative offer	ense?	YES NO		
		If YES, give details:		
		YES NO		
b. Have you been criminally charged before any court?		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	e following modes: resignation,	YES / NO		
retirement, dropped from the rolls, dismissal, termination, er	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	ction 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 V NO		
election to promote/actively campaign for a national or local	candidate?	If YES, give details:		
39. Have you acquired the status of an immigrant or permanent	resident of another country?	YES NO		
		If YES, give details (country):		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).	, please answer the following items:	The second section of the second section of the second section		
Are you a member of any indigenous group?		If YES, please specify:		
b. Are you a person with disability?		YES V NO		
7 to you a potoon was alloubility.		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	nt /appointee)			
NAME	ADDRESS	TEL. NO.		
PROF. ARGINA M. POMIDA	VISCA, BAYBAY, LEYTE	(+63)977-771- 3855		
MR. RICARIDO C. NANGGAN	DUMAGUITE, NEGROS OCIDENTAL	(+63)935-751- 0033		
SR. M. EMILIE IGANO, OSF	A. BONIFACIO, BAYBAY, LEYTE	(063)-053-563- 7270		
	the same of the sa			
42. I declare under oath that I have personally accomplished		rue, correct and		
complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	rue, correct and Republic of the		
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doc administrative/criminal case/s against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
complete statement pursuant to the provisions of pertinic Philippines. I authorize the agency head/authorized reprosentation made in this document agree that any misrepresentation made in this document administrative/criminal case/s against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
complete statement pursuant to the provisions of pertining Philippines. I authorize the agency head/authorized representation made in this doctor administrative/criminal case/s against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VOTER'S ID	ent laws, rules and regulations of the esentative to verify/validate the content	rue, correct and Republic of the s stated herein.		
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complete statement pursuant to the provisions of pertining Philippines. I authorize the agency head/authorized representation made in this doctor administrative/criminal case/s against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VOTER'S ID	ent laws, rules and regulations of the esentative to verify/validate the content ument and its attachments shall cause	rue, correct and Republic of the s stated herein. se the filing of ALBERT M. VERGIS		
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complete statement pursuant to the provisions of pertining Philippines. I authorize the agency head/authorized representation made in this doctor administrative/criminal case/s against me.  Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VOTER'S ID  ID/License/Passport No.: 3708-0041A-A2792AMV10000	ent laws, rules and regulations of the esentative to verify/validate the content ument and its attachments shall cause Signature (Sign inside the total Date Accomplished	Republic of the s stated herein. See the filing of ALBERT M. PERGIS		
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## WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: August 1, 2013 January 31, 2019
- Position: Property Custodian (Job Order Status)
- Name of Office/Unit: Institute of Human Kinetics
- Immediate Supervisor: Mary Jean M. Sapan
- · Name of Agency/Organization and Location: Visayas State University, Baybay Leyte
  - List of Accomplishments and Contributions (if any)
  - Summary of Actual Duties
    - Type's communications, memos and other clerical works, Receives and issues athletic supplies and equipment for use of the faculty, coaches, varsity and students, records all incoming and outgoing institute properties. Assist in annual physical inventory conducted by COA and Property Office and determining the Institute need in terms of supplies, materials and equipment intended for instruction and other purposes, helps prepare and lay-out other sports facilities during the University Student Games, Faculty/Staff Sport fest and other sports activities of the University, prepares report to Property Office such as transfer, loses and report of waste materials for proper condemnation and disposition, helps maintain cleanliness of IHK buildings and its vicinity, perform other functions pertaining to the office of the Director of IHK
- Duration: June 1, 2015 March 31, 2018
- Position: Part-time Evening College Instructor
- Name of Office/Unit: Department of Business Administration
- Immediate Supervisor: Sister M. Emilie Igano, OSF
- Name of Agency/Organization and Location:

Franciscan College of the Immaculate Conception, Baybay Leyte

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties

Teaches with the following courses:

- Human Behavior in Organization
- Social Responsibility and Good Governance
- Income taxation and Labor Laws
- Marketing Principles

(Signature over Printed Name of Employee/Applicant)

Date: 02 26 2019