| CS Form No. 212  | 1   |   |   |                              |                 |  |                        |   |  |
|--|---|---|---|------------------------------|-----------------|--|------------------------|---|--|
| Revised 2017   | PERSO   | NAL DATA                                    | SH  | EET                          | Γ               |  |                        |   |  |
| WARNING: Any misrepresenta<br>concerned.                       | ation made in the Personal Data Sheet and the | e Work Experience Sheet shall o             | ause the fi   | iling of adm                 | inistrative/    | criminal case/s a                                    | gainst the pe          | rson  |  |
| READ THE ATTACHED GUIDE  | TO FILLING OUT THE PERSONAL DATA SHE          | EET (PDS) BEFORE ACCOMPLIS                  | HING THE  | PDS FORM                     | 1. CS ID No.    |  | (Do not fill up. Fo    | or CSC use only                               |  |
| Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATION | s ( )   | N/A if not applicable. DO NOT ABB           | REVIATE.  |                              | 1, 63 10 110.   |  | (bo not ill up. 1      | 51 000 aso only                               |  |
| 2, SURNAME   | PAMAOS  |   |   |                              |                 |  |                        |   |  |
| FIRST NAME   | LES ANDRE                                     |   | -   |                              |                 | NAME EXTENSION (JR., SR)                             |                        |   |  |
| MIDDLE NAME  | BAGA  |   |   |                              |                 |  |                        |   |  |
| 3. DATE OF BIRTH   | 11/30/1993                                    | 16. CITIZENSHIP                             |   | C Filtra                     |                 | Deal Citizenship                                     |                        |   |  |
| (mm/dd/yyyy)   | 11/30/1333                                    | IV. OTTIZZINOTII                            |   | ✓ Filipir                    | 10              | ☐ Dual Citizenship ☐ by birth ☐ by naturalization    |                        |   |  |
| 4. PLACE OF BIRTH  | SAINT BERNARD, SOUTHERN LEYTE                 | If holder of dual citizenship               | ) <b>,</b>  |                              |                 | Pls. indicate country:                               |                        |   |  |
| 5. SEX   | ☐ Male ✓ Female                               | please indicate the details                 |   |                              |                 |  |                        |   |  |
| 6 CIVIL STATUS   | ✓ Single Married                              | 17. RESIDENTIAL ADDRESS                     |   |                              |                 |  |                        |   |  |
| Sincol (100  | ☐ Widowed ☐ Separated                         |   |   | se/Block/Lot No<br>PUROK 5   | ).              | M  | Street<br>AHAYAHAY     |   |  |
|  | Other/s:                                      |   |   | division/Village             | V-4             | SOLI   | Barangay<br>THERN LEYT | F   |  |
| 7. HEIGHT (m)  | 5'0   |   | CONTRACTOR OF THE PARTY OF THE | y/Municipality               |                 |  | Province               |   |  |
| 8. WEIGHT (kg)   | 48 kg   | ZIP CODE                                    |   |                              |                 | 6616   |                        |   |  |
| 9. BLOOD TYPE  | N/A   | 18. PERMANENT ADDRESS                       | Hous  | se/Block/Lot No              | 0.              |  | Street                 |   |  |
| 10. GSIS ID NO.  | N/A   |   |   | PUROK 5 adivision/Village    | 9               | M  | Barangay               |   |  |
| 11. PAG-IBIG ID NO.  | 1211-3690-6178                                |   | SAIN  | NT BERNAF<br>ty/Municipality |                 | SOU  | THERN LEYT Province    | E   |  |
| 12. PHILHEALTH NO.   | 12-051401759-5                                | ZIP CODE                                    |   |                              |                 | 6616   |                        |   |  |
| 13. SSS NO.  | 0111-4846698-7                                | 19. TELEPHONE NO.                           | N/A   |                              |                 | N/A  | 4                      |   |  |
| 14. TIN NO.  | 454810898000                                  | 20. MOBILE NO.                              | 091   |                              |                 | 163845414  |                        |   |  |
| 15. AGENCY EMPLOYEE NO.  | N/A   | 21. E-MAIL ADDRESS (if any)                 |   | lesa                         | andre.par       | maos@vsu.e   | du.ph                  |   |  |
| II. FAMILY BACKGROUNI  | D   |   |   |                              |                 |  |                        |   |  |
| 22. SPOUSE'S SURNAME   |   |   | NAME of CHI   | ILDREN (Write                | e full name and | list all)  | DATE OF BIRT           | TH (mm/dd/yyyy                                |  |
| FIRST NAME   | N/A   | NAME EXTENSION (JR., SR)                    |   |                              | N/A             |  | N/A                    |   |  |
| MIDDLE NAME  | N/A   |   |   |                              |                 |  |                        |   |  |
| OCCUPATION   | N/A   |   |   |                              |                 | 1  | A                      |   |  |
| EMPLOYER/BUSINESS NAME   | N/A   |   |   |                              |                 |  |                        |   |  |
| BUSINESS ADDRESS   | N/A   |   |   |                              |                 |  |                        |   |  |
| TELEPHONE NO.  | N/A   |   |   |                              |                 |  |                        |   |  |
| 24. FATHER'S SURNAME   | PAMAOS  |   |   |                              |                 |  |                        |   |  |
| FIRST NAME   | ESMERALDO                                     | NAME EXTENSION (JR., SR)                    |   |                              |                 |  |                        |   |  |
| MIDDLE NAME  | PULVERA                                       |   |   |                              |                 |  |                        |   |  |
| 25. MOTHER'S MAIDEN NAME                                       |   |   |   |                              |                 |  |                        |   |  |
| SURNAME  | BAGA  |   |   |                              |                 |  |                        |   |  |
| FIRST NAME   | LEONILA                                       |   |   |                              |                 |  |                        |   |  |
| MIDDLE NAME  | TALABOC                                       |   |   | (C                           | ontinue on se   | parate sheet if neces                                | sary)                  |   |  |
| III. EDUCATIONAL BACK  | GROUND  |   |   |                              |                 |  |                        | 0011017.55                                    |  |
| 26. LEVEL  | NAME OF SCHOOL<br>(Write in full)             | BASIC EDUCATION/DEGREE/C<br>(Write in full) | OURSE   | PERIOD OF                    | ATTENDANCE To   | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED      | SCHOLARSHIF<br>ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY   | MAHAYAHAY ELEMENTARY SCHOOL                   | ELEMENTARY                                  | er CHILBON CLASS  | 2000                         | 2006            | N/A  | 2006                   | 2ND HON.                                      |  |

| II. EDUCATIONAL BAC          | KGROUND                           |   |                      |         |                                |                   |                                   |
|------------------------------|-----------------------------------|---|----------------------|---------|--------------------------------|-------------------|-----------------------------------|
| 26. LEVEL                    | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full)     | PERIOD OF ATTENDANCE |         | HIGHEST LEVEL/<br>UNITS EARNED | YEAR<br>GRADUATED | SCHOLARSHIP<br>ACADEMIC<br>HONORS |
|                              |                                   |   | From                 | То      | (if not graduated)             |                   | RECEIVED                          |
| ELEMENTARY                   | MAHAYAHAY ELEMENTARY SCHOOL       | ELEMENTARY  | 2000                 | 2006    | N/A                            | 12006             | 2ND HON.<br>MENTION               |
| SECONDARY                    | CRISTO REY REGIONAL HIGH SCHOOL   | HIGH SCHOOL                                       | 2006                 | 2010    | N/A                            | 2010              | N/A                               |
| VOCATIONAL /<br>TRADE COURSE | N/A                               | N/A   | N/A                  | N/A     | N/A                            | N/A               | N/A                               |
| COLLEGE                      | VISAYAS STATE UNIVERSITY          | BACHELOR OF SCIENCE IN<br>AGRIBUSINESS            | 2010                 | 2014    | N/A                            | 2014              | N/A                               |
| GRADUATE STUDIES             | VISAYAS STATE UNIVERSITY          | MASTER OF MANAGEMENT MAJOR IN BUSINESS MANAGEMENT | 2019                 | PRESENT | 15 UNITS                       | N/A               | N/A                               |
| <b>可能的特殊的数单对是</b>            | (C                                | ontinue on separate sheet if necessary)           |                      |         |                                |                   |                                   |

SIGNATURE

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DATE

| 7. CAF       | REER SERVICE/ RA 108                 | 0 (BOARD/ BAR) UNDER                    | RATING            | DATE OF  |  |                   |  | LIÇENSE (if a            | oplicable)                 |
|--------------|--------------------------------------|---|-------------------|--|--|-------------------|--|--------------------------|----------------------------|
| В            | SPECIAL LAWS<br>BARANGAY ELIGIBILITY |   | (If Applicable)   | EXAMINATION / PLACE OF EXAMINATION / CONFERMENT * CONFERMENT |  |                   |  | NUMBER                   | Date o<br>Validity         |
| CAREER       | SERVICE PROFES                       | SIONAL ELIGIBILITY                      | 81.5              | 06/08/17 SJC, MAASIN CITY, SOUTHERN LEYTE                    |  |                   |  |                          |                            |
| , ,          |                                      |   |                   |  |  |                   |  |                          |                            |
| . WORK       | EXPERIENCE                           |   | (Co)              | ntinue on separate sheet in                                  | fnecessary)                                  |                   |  |                          |                            |
|              |                                      | Start from your recent                  | work) Description | n of duties should be  | indicated in the attach                      | ed Work Exp       | salary/JOB/PAY                               |                          |                            |
| (            | LUSIVE DATES<br>mm/dd/yyyy)          | POSITION TIT<br>(Write in full/Do not a |                   |  | NCY / OFFICE / COMPANY<br>Do not abbreviate) | MONTHLY<br>SALARY | GRADE (if applicable)& STEP (Format *00-0*)/ | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICI<br>(Y/ N) |
| From 6/17/19 | PRESENT                              | ADMIN. AID                              | FIII              | VISAYAS ST   | ATE UNIVERSITY                               | 13,808.13         | SG3  | CASUAL                   | Υ                          |
| 1/09/16      | 06/16/19                             | CLERK                                   |                   |  | ATE UNIVERSITY                               | 9,659.37          | N/A  | JOB ORDER                | Y                          |
| 8/02/15      | 03/19/16                             | TREASURY ASS                            | <del></del>       | SM HYPERMARK   | ET, LAPU-LAPU CITY,                          | 10,400.00         | N/A  | REGULAR                  | N                          |
|              |                                      |   |                   |  | EBU  |                   |  |                          |                            |
| 3 (a)        |                                      |   |                   | ***  |  |                   |  |                          |                            |
|              |                                      |   |                   |  |  |                   |  |                          |                            |
|              |                                      |   |                   |  |  |                   |  |                          |                            |
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|              |                                      |   |                   |  |  |                   |  | 44.8                     |                            |
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|              |                                      |   |                   | <u>a</u>   |  |                   |  |                          |                            |
|              |                                      |   |                   |  |  |                   |  |                          |                            |
|              |                                      |   |                   |  | 5. 7   |                   |  |                          |                            |
| V-1-4-3      |                                      |   |                   |  |  |                   |  |                          |                            |
|              |                                      |   | (Co               | ntinue on separate sheet                                     | T necessary)                                 |                   | اه. ا .                                      | 2020                     |                            |

| VI. VOLUNTARY WORK OR INVOLVEMENT   | T IN CIVIC / NON-GOVERNMEI | NT / PEOPLE  | /VOLUNTAR           | Y ORGANIZATI              | ON/S                           |  |  |  |
|---|----------------------------|--|---------------------|---------------------------|--------------------------------|--|--|--|
| 29. NAME & ADDRESS OF C   | ORGANIZATION               | ZATION INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS  |                     | POSITION / NATURE OF WORK |                                |  |  |  |
| N/A   |                            | N/A  | N/A                 | N/A                       | N/A                            |  |  |  |
|   |                            | THE STATE OF THE S | III/A               |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
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|   |                            |  |                     |                           | 0.1                            |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
| VII. LEARNING AND DEVELOPMENT (L&L<br>(Start from the most recent L&D/training program and incl | ) INTERVENTIONS/TRAINING   | PROGRAMS   |                     |                           | nagerial positions)            |  |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS                           |                            | INCLUSIVE DATES OF ATTENDANCE  |                     |                           | Type of LD (Managerial/        | CONDUCTED/ SPONSORED BY                    |  |  |
| (Write in fu  |                            | (mm/dd/yyyy)   |                     | NUMBER OF HOURS           | Supervisory/<br>Technical/etc) | (Write in full)                            |  |  |
| Orientation on Preparation of Documents for t   | he Internal Audit          | 07/26/17   | 07/26/19            | 8 HRS                     |                                | VSU  |  |  |
| Target Setting Workshop   |                            | 08/20/18   | 08/21/18            | 16 HRS                    |                                | VSU  |  |  |
| Gender Sensitivity Training for the Administra  | tive and Support Staff     | 11/09/18   | 11/09/18            | 8 HRS                     |                                | vsu  |  |  |
| Orientation Workshop Among JO Clerks & Lab  | poratory Technicians       | 01/15/19   | 01/15/19            | 8 HRS                     |                                | vsu  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
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|   | . 4.1.                     |  |                     |                           |                                |  |  |  |
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|   |                            |  |                     |                           |                                |  |  |  |
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|   | F F 1                      | 1,15.8   |                     |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
|   | , <u>(</u>                 |  |                     |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
| VIII. OTHER INFORMATION   | (C                         | ontinue on separa  | te sheet if necessa | iry)                      |                                |  |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32. NO                     |  | TINCTIONS / RECO    | OGNITION                  |                                | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION |  |  |
| COMPUTER SKILLS (MS WORD, EXCEL,  |                            |  | /rite in full)      |                           |                                | (vvrite in full)                           |  |  |
| POWERPOINT)   | N/A                        |  |                     |                           |                                | N/A  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
|   | Will G S                   |  |                     |                           |                                |  |  |  |
|   |                            |  |                     |                           |                                |  |  |  |
|   |                            | - /  |                     |                           |                                | 1.7  |  |  |
|   | 3.5                        |  |                     | ATTH                      |                                |  |  |  |
|   | , (6                       | ontinue on separa  | te sheet if necessa | ry)                       |                                |  |  |  |
| SIGNATURE   | 7.                         |  |                     | DA                        | ATE                            | 6/18/2020                                  |  |  |
|   |                            |  |                     |                           | (A) (B) (B) (B) (B) (B) (B)    | CS FORM 212 (Revised 2017), Page 3 of 4    |  |  |

| 34.      | Are you related by consanguinity or affinity to the appointing 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?  b. within the fourth degree (for Local Government Unit - Car         | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:   |                    |       |  |  |  |  |
|----------|--|---|--------------------|-------|--|--|--|--|
| 35.      | a. Have you ever been found guilty of any administrative off   | ☐ 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 by any court or tribunal?  | ☐ YES ☑ NO If YES, give details:  |                    |       |  |  |  |  |
|          | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?  | YES VINIT YES, give details:  | NO                 |       |  |  |  |  |
| 38.      | a. Have you ever been a candidate in a national or local ele<br>Barangay election)?  | ☐ YES ☑ NO If YES, give details:  |                    |       |  |  |  |  |
|          | b. Have you resigned from the government service during to last election to promote/actively campaign for a national or  | ☐ YES ☑ NO If YES, give details:  |                    |       |  |  |  |  |
| 39.      | Have you acquired the status of an immigrant or permanen   | ☐ YES ☑ NO If YES, give details (country):  |                    |       |  |  |  |  |
| a.<br>b. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972); Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?   | If YES, please specify:  YES  YES  If YES, please specify ID No                     | NO                 |       |  |  |  |  |
| 41.      | REFERENCES (Person not related by consanguinity or affinity to applicant   | /appointee)   |                    |       |  |  |  |  |
|          | NAME   | ADDRESS   | TEL. NO.           |       |  |  |  |  |
|          | DR. EDGARDO E. TULIN   | VISAYAS STATE UNIVERSITY  | 563-7067           |       |  |  |  |  |
|          | DR. SANTIAGO T. PENA JR.   | VISAYAS STATE UNIVERSITY  | 563-7067           |       |  |  |  |  |
|          | MS. ERALYN PIUS  | SM HYPERMARKET, LLC, CEBU   | 09264429095        |       |  |  |  |  |
| 42       | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized reprint I agree that any misrepresentation made in this document administrative/criminal case/s against me. | ent laws, rules and regulations of the<br>resentative to verify/validate the conten | its stated herein. | PHOTO |  |  |  |  |
|          | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PASSPORT ID  D/License/Passport No.: P3627851A  | e box)  |                    |       |  |  |  |  |
|          | Date/Place of Issuance: 07/10/2017 TACLOBAN CITY   |   | Right Thumbmark    |       |  |  |  |  |
| -        | SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.  |   |                    |       |  |  |  |  |
|          | ATTY. RYSAN GUINOCOR  VSUI 507  Person Administering Oath  |   |                    |       |  |  |  |  |