CS Form No. 212

Revised 2017 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1 CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION 2 SURNAME ASILOM NAME EXTENSION (JR., SR) FIRST NAME VINCENT PAUL MIDDLE NAME CONCOLES 3. DATE OF BIRTH 11/17/1988 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY LEYTE If holder of dual citizenship Pls. indicate country: please indicate the details. 5 SEX ✓ Male ☐ Female Single ✓ Married 7. RESIDENTIAL ADDRESS 6 CIVIL STATUS JOSE P. LAUREL House/Block/Lot No. ☐ Widowed ☐ Separated DOMINGO C VELOSO Other/s: Subdivision/Village Barangay BAYBAY LEYTE 5'7" 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 66 ZIP CODE 6521-A 9. BLOOD TYPE "B" 18. PERMANENT ADDRESS JOSE P. LAUREL House/Block/Lot No. Street DOMINGO C. VELOSO 10. GSIS ID NO. NONE Subdivision/Village Barangay 11. PAG-IBIG ID NO. BAYBAY I FYTE 1212-0167-9140 City/Municipality 13-201223255-5 12 PHILHEALTH NO ZIP CODE 13. SSS NO. NONE 19. TELEPHONE NO. NONE 14. TIN NO. 482-439-671 20 MOBILE NO 09759748501 15. AGENCY EMPLOYEE NO V01132 21. E-MAIL ADDRESS (if any) asilomvincent88@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME **DE LOS SANTOS** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) III FIRST NAME **JOMALYN** MARY MAILYN D. ASILOM GARLIAN MIDDLE NAME 9/1/2012 MARY PAULYN D. ASILOM OCCUPATION **BRGY. TREASURER** 9/1/2012 VINCE MANVIR D. ASILOM EMPLOYER/BUSINESS NAME 10/21/2019 **BUSINESS ADDRESS** TELEPHONE NO. NONE 24. FATHER'S SURNAME ASILOM NAME EXTENSION (JR., SR) SENIOR FIRST NAME ANTONIO BORINAGA MIDDLE NAME MOTHER'S MAIDEN NAME CONCOLES SURNAME FIRST NAME CORAZON MIDDLE NAME VILLAR (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** HIGHEST LEVEL/ NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL YEAR ACADEMIC UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS RECEIVED (if not graduated) From To ELEMENTARY **BAYBAY SOUTH CENTRAL SCHOOL** PRIMARY EDUCATION 1995 2001 2001 NONE SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 2001 2005 2005 NONE VOCATIONAL / TESDA SMAW NCI AUG.2011 NOV. 2011 TRADE COURSE COLLEGE NONE NONE **GRADUATE STUDIES** NONE SIGNATURE DATE 06-08-21

27. CARE		80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
DRIVER'S LICENSE NON-PRO			NON-PROF	6/9/2020	LTOI	LTO BAYBAY		H-12-20-001942	11/17/2024
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V WORK	XPERIENCE		(Cor	itinue on separate sheet if	necessary)				
		Start from your recent	work) Description	of duties should be in	ndicated in the attached	d Work Experi	ience sheet.		
28. INCLU	JSIVE DATES			The second			SALARY/ JOB/ PAY GRADE (if		GOVT
	m/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY No not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	То						INCREMENT		ransar orang da
NOV. 2012	DEC.2013	LABORE	R	VISAYAS STA	TE UNIVERSITY	220/D		JO	YES
JAN.2014	MAY.2014	UTILITY/WELDI	ER AIDE	VISAYAS STA	TE UNIVERSITY	240/D		JO	YES
JULY.2014	NOV.15, 2018	WELDER/MESENG	ER/UTILITY	VISAYAS STA	TE UNIVERSITY	300/D		JO	YES
NOV.16,2018	DEC.31,2019	ADMIN. All	DEI	VISAYAS STA	TE UNIVERSITY	503.09/DAY	J. J. S.	CASUAL	YES
JAN.1,2020	DEC.31,2020	ADMIN. All	DEI	VISAYAS STATE UNIVERSITY		529.05/DAY	Part CM2 T	CASUAL	YES
JAN.1,2021	PRESENT	ADMIN. All	DEI	VISAYAS STA	TE UNIVERSITY	547.00/DAY	745(1.00	CASUAL	YES
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				103.4086		10331			
			(Cor	tinue on separate sheet if	necessary)				
	ATURE	3	A		DATE		06-08		

IV. CIVIL SERVICE ELIGIBILITY

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT / I	PEOPLE / VOLUNTARY OF	RGANIZATION/S	
29. NAME & ADDRESS OF C (Write in fu		INCLUSIVE DATES (mm/dd/yyyy) From To	NUMBER OF HOURS	POSITION / NATURE OF WORK
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	-2.2			
		tinue on separate sheet if necessa	y)	
VII. LEARNING AND DEVELOPMENT (L&D)			Phiat/Evenithia/Managarial position	al a
			NUMBER OF HOURS Type of LD (Manageria Supervisory	V CONDUCTED/ SPONSORED BY
(Internal		(mm/dd/yyyy) From To	Technical/et	
None				a salah salah garapatan jari (da)
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	(Con	tinue on separate sheet if necessa	ry)	
VIII. OTHER INFORMATION				
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTINCTIONS / RECO (Write in full)	GNITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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SIGNATURE	(Con	tinue on separate sheet if necessa	DATE	DI- 02-01
	//-	T	DAIL	06 - 08 - 21 CS FORM 212 (Revised 2017), Page 3 of

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be appointed,					
	a. within the third degree?	YES NO	,			
	b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑ NO				
		If YES, give details:				
			Marie and the second se			
35.	a. Have you ever been found guilty of any administrative offer	☐ 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 any	Dvec Dw)			
30.	any court or tribunal?	☐ YES ☑ NO If YES, give details:				
			Lo, giro dottilo.			
07	New years and the second secon	following medae: maionation				
3/.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end		☐ YES ☑ NO If YES, give details:	0		
	(abolition) in the public or private sector?	The second secon	ii i Lo, giro dotallo.			
38	a. Have you ever been a candidate in a national or local elect	tion held within the last year (except	☐ YES ☑!	NO		
	Barangay election)?		If YES, give details:			
	b. Have you resigned from the government service during the	three (3) month period before the last				
	election to promote/actively campaign for a national or local c		If YES, give details:			
200	Have you acquired the status of an immigrant or permanent in					
39.	riave you acquired the status of all infilligrant of perinahent i	☐ YES ☑ ! If YES, give details (countr				
			ii i Lo, give details (counti	y /·		
An	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr	na Carta for Disabled Persons (PA				
70.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p					
a.	Are you a member of any indigenous group?	•	☐ YES ☑	NO		
			If YES, please specify:			
b.	Are you a person with disability?		☐ YES ☑	NO		
			If YES, please specify ID No:			
G.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
			-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	ppointee)				
	NAME	ADDRESS	TEL. NO.			
	Mario Lilio P. Valenzona	VSU, PPO, Baybay City	9176341514			
	MARLON G. BURLAS	VSU, PPO, Baybay City	9176341520	100 m		
_	MINISTER O. DOILLIO	,,,,,				
1						
42.	I declare under oath that I have personally accomplished					
	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 represer agree that any misrepresentation made in this document.	native to verify/validate the contents state ment and its attachments shall caus	e the filing of	РНОТО		
	administrative/criminal case/s against me.	which is a control of the control of				
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II	//License/Passport No.: 13-201223255-5	ox)				
0	ate/Place of Issuance: BAYBAY CITY		Right Thumbmark			
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	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued governm	ent ID as indicated above.		
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		ATTY, RYSAN C. GUNNOCOR VSU Glad Consol Offices	16.			
	19-80-00	Person Administering Oa	ul			