

CS Form No. 212
Revised 2017

2531

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 concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Seville		
FIRST NAME	Marily	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Villacorte	N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	12/8/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	WLPH, Baybay Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Claro M. Recto Street House/Block/Lot No. Street Zone 20 Bartolome Bartolini Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	
8. WEIGHT (kg)	45		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	Claro M. Recto Street House/Block/Lot No. Street Zone 20 Bartolome Bartolini Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1211-8489-5963		
12. PHILHEALTH NO.	03-050900299-8		6521
13. SSS NO.	06-2338630-5	19. TELEPHONE NO.	N/A
14. TIN NO.	435-387-365	20. MOBILE NO.	0909 882 1360
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mharimar1019@gmail.com

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	Seville		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Anastacio	NAME EXTENSION (JR., SR)	Anmari Joyce Villacorte Seville	2/17/2007
MIDDLE NAME	Puda	III	Marian Joy Villacorte Seville	3/28/2009
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Villacorte (Deceased)			
FIRST NAME	Antonio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Braga	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	Laurente			
FIRST NAME	Lilia			
MIDDLE NAME	Quinte			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Carlos P. Garcia Elem. School	N/A	1986	1993	N/A	1993	1st Honorable Mention
SECONDARY	Baybay National High School	N/A	1993	1997	N/A	1997	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Leyte State University (now Visayas State University)	Bachelor of Science in Agriculture major in Ag. Econ.	1997	2002	N/A	2002	Academic B Grant
GRADUATE STUDIES	N/A		N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	6/30/21
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
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	6/30/21
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A		N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	VSUCC Basic Cooperative Course Seminar	6/15/2019	6/15/2019	8	Technical	VSUCC, VSU, Visca, Baybay City, Leyte
	30th Joint VICARP and RRDEN Symposium	11/21/2018	11/23/2018	24	Technical	VICARP & RRDEN
	Workshop on Participatory Assessment of the Gains, Challenges and Opportunities in Piloting Effective Models of ISARD	11/19/2018	11/20/2018	16	Technical	SEARCA
	Fruit Trees Establishment and Validation of Farms	10/26/2018	10/26/2018	8	Technical	CHED / VSU / VICARP
	Training Course on Research and Development (R&D) Project Implementation Management	9/4/2018	9/7/2018	32	Technical	ISO 9001:2008/ VSU/ VICARP/ PHILARM
	Development of a Seasonal Precipitation Forecast for Region VIII, Eastern Visayas	8/31/2018	8/31/2018	8	Technical	Artur Kauter of Technische Hochschule Koln, Germany
	Identification and Tagging of Baybay Tall Coconut Varieties	7/19/2018	7/19/2018	8	Technical	VSU / PCA
	Ecological Research: Methods and Data Analysis	7/6/2018	7/6/2018	8	Technical	VSU, Visca, Baybay City, Leyte
	Seed Production and Conservation (Corn Germplasm Utilization through Advanced Research and Development - CGUARD)	12/6/2017	12/7/2017	16	Technical	DA / UP Los Baños / CGUARD
	Excellence in Your Workplace Seminar - 2005	10/1/2005	10/1/2005	8	Technical	OMF Literature, Inc.
	Course on Enterprise Development using the Competency-based Economies	11/29/2004	12/3/2004	40	Technical	CEV, Inc.
	Intensive Training for Enterprise Development Officer	5/25/2004	6/7/2004	112	Technical	CEV, Inc.
	Vacation Church School Teacher's Training Workshop	4/5/2004	4/7/2004	24	Technical	UCCP-SWLC, Maasin City
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Basic Computer Operations	N/A			Visayas State University Credit Coop. (VSUCC)	
	Geotagging				Baybay Women's Association	
	Sewing				Gamma Pi Epsilon	
	Listening to music				Christian Young Adult Fellowship (CYAF)	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	6/30/21	

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 supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ Resignation from service in the private sector/ End of contract in both pvt. & government sector												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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 candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____ On process												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Jose L. Bacusmo</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>0928 349 6536</td> </tr> <tr> <td>Ms. Miriam M. Dela Torre</td> <td>Brgy. Hipusngo, Baybay City, Leyte</td> <td>0935 947 2440</td> </tr> <tr> <td>Ms. Carmelita C. Tito</td> <td>Claro M. Recto St., Zone 20, Baybay City, Leyte</td> <td>0975 511 8206</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Jose L. Bacusmo	VSU, Visca, Baybay City, Leyte	0928 349 6536	Ms. Miriam M. Dela Torre	Brgy. Hipusngo, Baybay City, Leyte	0935 947 2440	Ms. Carmelita C. Tito	Claro M. Recto St., Zone 20, Baybay City, Leyte	0975 511 8206
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42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>SSS</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>06-2338630-5</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td></td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	SSS	ID/License/Passport No.:	06-2338630-5	Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; text-align: center; vertical-align: middle;"> Signature (Sign inside the box) 6/30/21 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 6/30/21 Date Accomplished	<div style="text-align: center;"> MARILY V. SEVILLE PHOTO </div> <div style="text-align: center; margin-top: 20px;"> Right Thumbmark </div>		
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 Signature (Sign inside the box) 6/30/21 Date Accomplished													

SUBSCRIBED AND SWORN to before me this 30 JUN 2021, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. MARILY V. SEVILLE VSU Chief Legal Officer
Person Administering Oath