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 concerned.

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

I. PERSONAL INFORMATIO	N	With the applicable. 20 Her			1. C3 ID NO.]			or coc use only)	
2. SURNAME	AMIHAN								
FIRST NAME	GUADA FE NAME EXTENSION (JR., SR) N/A						íA .		
MIDDLE NAME	DALA								
DATE OF BIRTH (mm/dd/yyyy)	December 13, 1982	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ [by naturaliz	by naturalization	
4. PLACE OF BIRTH	Manila	If holder of dual citize	nship,	Pls. indicate					
5. SEX	☐ Male ☐ Female	please indicate the details.		Philippines			•		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village				Zone 4 Street Guadalupe Barangay		
7. HEIGHT (m)	5'3	eda e o alle e e e	Baybay City				Leyte		
8. WEIGHT (kg)	72 kgs	ZIP CODE	Cit	City/Municipality			Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS		Barrier Commence of the Commen			Zone 4		
10. GSIS ID NO.	N/A	No. 518 Simple state wat	House/Block/Lot No. Subdivision/Village Baybay City				Street Guadalupe		
11. PAG-IBIG ID NO.	1670-0103-1907	enciaciones entilescos					Barangay Leyte		
12. PHILHEALTH NO.	13-050060739-5	ZIP CODE	Ci	City/Municipality 6521			Province		
13. SSS NO.	06-2559362-0	19. TELEPHONE NO.		N/A					
14. TIN NO.	249-907-227-000	20. MOBILE NO.		4.2	09179606	6135/09991714163	HARLEST.	4959	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	guadafe	amihan	@vsu.ed	u.ph / sweetie	efei88@gr	nail.com	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	HICH ASSOCIATION	23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy			
FIRST NAME		NAME EXTENSION (JR., SR)			N/A		N	I/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A	N/A							
TELEPHONE NO.	N/A					video de Colonia de Colonia			
24. FATHER'S SURNAME	AMIHAN								
FIRST NAME	MONICO	NAME EXTENSION (JR., SR) JR.							
MIDDLE NAME	CANTEGA								
25. MOTHER'S MAIDEN NAME	DALA								
SURNAME	AMIHAN								
FIRST NAME	DOGINA							And the street	
MIDDLE NAME	TABO			(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEM. SCHOOL	PRIMARY EDUCA	ATION	1988	1995	N/A	1995	N/A	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOO)L	1995	1999	N/A	1999	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A MAJOR IN BUSINESS MA		1999	2004	N/A	2004	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
CICHATURE	Control of the Contro	Continue on separate sheet if nec	essary)				-10110	00	
SIGNATURE	Mon	haw		DA	TE	CSF	ORM 212 (Revised	1 2017), Page 1 of 4	

7. CARE		080 (BOARD/ BAR) UNDER	RATING	DATE OF			63 9	LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	RMENT	NUMBER *	Date o	
	Civil Service E			August 7, 2022				N/A	N/A
								N/A	
	XPERIENCE ate employmer	nt. Start from your recen		tinue on separate sheet it n of duties should be		ned Work Exp	erience shee	<i>t</i> .	
B. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TO (Write in full/Do not	TLE	DEPARTMENT / AGEN	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ !NCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
7/04/2006	08/01/2009	Sales Sta	aff	Newman Chem	nicals Corporation	N/A	N/A	Permanent	N
10/26/2009	06/02/2010	Customer Service R			nilippines Inc.	N/A	N/A	Permanent	N
8/2010	03/30/2017	Customer Service R			act Centers and BPO	N/A	N/A	Permanent	N
03/11/2018	31/12/2018	Admin St	aff	VSU - Re	cords Dept.	300/DAY	N/A	JOB ORDER	Y
1/16/2018	16/01/2019	Admin Aide/	Clerk	VSU INTE	GRATED HS	300/DAY	N/A	JOB ORDER	Y
1/16/2019	16/01/2020	Admin Ai	de	VSU INTEGRATED HS		9659.35	N/A	JOB ORDER	Υ
1/16/2020	1/31/2022	Admin Ai	de	VSU INTEGRATED HS		553.40/day	N/A	JOB ORDER	Y
02/01/2023	present	Admin Aid	e III	VSU INTEGRATED HS		667.18	N/A	CASUAL	Y
		- AN - AN							
3"	0								
	ATURE		Manife and	tinue on separate sheet it	necessary) DATE		T	35 2023 S FORM 212 (Revised 2)	

b	OLVEMENT IN CIVIC / NON-GOVERNME	AND RESIDENCE OF THE PARTY OF T				The second secon	
29. NAME	ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		her ixers	POSITION / NATURE OF WORK	
		From	То			feetge cold all miller.	
	NONE		1,000	of John Co		Elicipies of histography and a working	
					TO BE THE RE	The polymon tables and the not being	
					A., 50		
		Continue on separate	sheet if necessary)			
VII. LEARNING AND DEVELOR	MENT (L&D) INTERVENTIONS/TRAINING					The second second second second second	
Start from the most recent L&D/training p	rogram and include only the relevant L&D/training take		MINISTER OF THE PARTY OF THE PA	nief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DE	VELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
THE OF ELFANIONED DE	(Write in full)		(mm/dd/yyyy)		Supervisory/	(Write in full)	
		From	То		Technical/etc)		
QMS Risk Assessment and ISO Docu	mentation Training	01 /16 /2019	01 /17/2019	16 hours	DdRC	AGF Training and Consulting Group- Philippines	
Orientation-Workshop for JO Clerks	and Laboratory Technicians	01 / 15 /2019	01 / 15 /2019	8 hours	Administrative	VSU-ODAHRD	
Training on Identifcation of proper a						(10000000000000000000000000000000000000	
Technical Specification and parameter Purchase Request (PR) Module		08 /28 /2020	08 /28 /2020	8 hours	Administrative	BAC	
ISO 9001:2015 Awareness/Re-awaren	ess Webinar	27/11/2020	11 / 27 /2020	8 hours	DdRC	QAC	
Re-orientation of Employees' Duti	s and Responsibilities and Good Customer Servi	ce 23/09/2021	10/ 23 /2021	8 hours	Administrative	ODHRM	
Ne-orientation of Employees Dutie	and Responsibilities and Good Gustonier Servi	23/03/2021	10/ 23 /2021	onours	Auministrative	ODTINA	
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VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and H	DBBIES 32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33.				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
COMPUTER SKILL	S	N/A				N/A	
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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 appointed,						
	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	fense?	☐ YES ☑ NO				
00.		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:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?		YES NO If YES, give details:				
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:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local						
39.	Have you acquired the status of an immigrant or permanent	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),						
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:				
C.	Are you a solo parent?		YES NO If YES, please specify ID No: 432				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	ROSARIO P. ABELA	VSU, ViSCA, Baybay City, Leyte	(+63) 918 364- 1159				
	CHARIS B. LIMBO-RIVERA	VSU, ViSCA, Baybay City, Leyte	09485105847				
42	SHALOM GRACE C. SUGANO	VSU, ViSCA, Baybay City, Leyte	09753403552				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the F esentative to verify/validate the contents	Republic of the stated herein.				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
Go	vernment Issued ID: TIN No.	March					
ID/License/Passport No.: 249-907-227-000 Signature (Sign inside the bo			AW COX)				
Da	te/Place of Issuance: Mandaue City	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this 2 4 JL	1 2023affiant exhibit	ing his/her validly issued government ID as indicated above.				
	Person Administering Oath						