

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	TABROSA		
FIRST NAME	LUCILYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LIONG		
3. DATE OF BIRTH (mm/dd/yyyy)	11/2/1973	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	Baybay City, 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	A. Bonifacio St.
7. HEIGHT (m)	1.23m	House/Block/Lot No.	Street
8. WEIGHT (kg)	70 kg.	Subdivision/Village	Barangay
9. BLOOD TYPE	"O"	Baybay City	Leyte
10. GSIS ID NO.	73110201394	City/Municipality	Province
11. PAG-IBIG ID NO.	130000574075	6521	
12. PHILHEALTH NO.		18. PERMANENT ADDRESS	A. Bonifacio St.
13. SSS NO.		House/Block/Lot No.	Street
14. TIN NO.	186-774-863	Subdivision/Village	Barangay
15. AGENCY EMPLOYEE NO.	V000651	Baybay City	Leyte
		City/Municipality	Province
		6521	
		19. TELEPHONE NO.	
		20. MOBILE NO.	09064421091
		21. E-MAIL ADDRESS (if any)	lucilyn.tabrosa@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TABROSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RAFAEL	NAME EXTENSION (JR., SR)	Justine John Rafael L. Tabrosa	6/24/1999
MIDDLE NAME	MARBA		Jasper Jude L. Tabrosa	10/27/2000
OCCUPATION	NONE		Josh Rafael L. Tabrosa	6/16/2003
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	LIONG			
FIRST NAME	LUCIANO	JR.		
MIDDLE NAME	GUCELA			
25. MOTHER'S MAIDEN NAME	HOYLA			
SURNAME	LIONG			
FIRST NAME	BELINA			
MIDDLE NAME	HOYLA			

(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	SCHOLARS HIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Baybay South Central School	Elementary Diploma	1985	1986		1986	2nd Hon.
SECONDARY	Franciscan College of the Immaculate Conception	High School Diploma	1989	1990		1990	
VOCATIONAL / TRADE COURSE							
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Accountancy	1994	1995		1995	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]







(Continue on separate sheet if necessary)

SIGNATURE	<i>Ht Aaron</i>	DATE	1/15/19	CS FORM 212 (Revised 2017), Page 2 of 4
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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			
None						
(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			
	Target Setting Workshop	Aug. 20, 2018	Aug. 21, 2018	16		Visayas State University
	Laws and Rules of Government Expenditures	June 25, 2018	June 28, 2018	32		Commission on Audit
	Procurement Act Orientation	Sept. 15, 2017	Sept. 15, 2017	4		Supply Office
	Procurement Planning Workshop	Sept. 15, 2017	Sept. 15, 2017	4		Supply Office
	Orientation on Basic Customer Service and Work Values	Sept. 5, 2017	Sept. 5, 2017	8		ODA-HRMDO
	Workshop to Review and Improve Citizens' Charter	Sept. 1, 2016	Sept. 1, 2016	4		ODA-HRMDO
	per CSC MC No. 14, s. 2016					
	Procurement Act Orientation	Sept. 9, 2016	Sept. 9, 2016	4		Supply Office
	Procurement Planning Workshop	Sept. 13, 2016	Sept. 13, 2016	8		Supply Office
	2014 VSU Budget Review ands Workshop on the	Jan. 15, 2014	Jan. 15, 2014	4		OVPA
	Preparation of PMP					
	Briefing of Staff Involved in the Conduct of Teaching	Jan. 4, 2013	Jan. 4, 2013	8		ODA-HRMDO and OVPA
	Evaluation of Academic Staff					
	Seminar-Workshop on Crafting MFO's and Success	Sept. 4, 2013	Sept. 6, 2013	16		ODA-HRMDO
	Seminar on Personality Development for Frontliners	Sept. 20, 2013	Sept. 20, 2013	8		ODA-HRMDO
(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)	
	playing the organ/piano		none		none	
	watching movies					
(Continue on separate sheet if necessary)						
SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 3 of 4		

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1/15/19

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																				
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____																				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																					
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. ROSARIO P. ABELA</td><td>VSULHS</td><td>563-7027</td></tr><tr><td>DR. BYRON BARREDO</td><td>COLLEGE OF EDUCATION</td><td></td></tr><tr><td>PROF. LUCIA S. NORRIS</td><td>VSULHS</td><td>563-7027</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. ROSARIO P. ABELA	VSULHS	563-7027	DR. BYRON BARREDO	COLLEGE OF EDUCATION		PROF. LUCIA S. NORRIS	VSULHS	563-7027								
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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.																					
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SUBSCRIBED AND SWORN to before me this <u>JAN 21 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.																					
<table><tr><td colspan="2">ATTY. RYSAN C. GUINOCOR</td></tr><tr><td colspan="2">VSU LEGAL OFFICER</td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>		ATTY. RYSAN C. GUINOCOR		VSU LEGAL OFFICER		Person Administering Oath															
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