CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET				
WARNING: Any misrenresenta	ntion made in the Personal Data Sheet and th	e Work Fynerience Sheet st	nall cause the	filing of adm	ninistrative/	rriminal case/s a	rainst the ner	rson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE					omma casars a	gamot are per	Son
Print legibly. Tick appropriate boxes	(and use separate sheet if necessary. Indicate to				1. CS ID No.		(Do not fill up. F	For CSC use on
I. PERSONAL INFORMATIO								
2. SURNAME	SINGSON					NAME EXTENSION (JR	SR)	1
FIRST NAME	ARGIE					TOWNE EXTENSION (OF	., 514	
MIDDLE NAME	PALER							
DATE OF BIRTH (mm/dd/yyyy)	02/04/1971	16. CITIZENSHIP		☑ Filipin	no [Dual Citizenship		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citiz	anahin				by naturaliz	zation
		please indicate the				Pls. indicate c	ouruy.	
5. SEX	☑ Male ☐ Female						terior construction	
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Н	ouse/Block/Lot N	lo.		Street	
	Other/s:	e de este de la comunicación en el maner de la comunicación de la comu		TIO TAB-AN ubdivision/Village			KILIM Barangay	
7. HEIGHT (m)	5'6"			BAYBAY City/Municipality			LEYTE Province	
8. WEIGHT (kg)	78kg	ZIP CODE		Скулишистранц		6521-A	PTOVINCE	
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS		SITIO TAB-ANG			KILIM	
10. GSIS ID NO.	021-1581-1036-2		Ho	BAYBAY	lo.		Street LEYTE	
			S	ubdivision/Villag	le		Barangay	
11. PAG-IBIG ID NO.	916-048312-203			City/Municipality	,		Province	
12. PHILHEALTH NO.	13-000103555-0	ZIP CODE			10 mg mm	6521-A		
13. SSS NO.	061461388-3	19. TELEPHONE NO.				N/A		
4. TIN NO.	188-261.488	20. MOBILE NO.						
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)						
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	SINGSON		23. NAME of C	HILDREN (Write	e full name and	l list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME	MARIALYN	NAME EXTENSION (JR., SR)	JAMESLEE	M. SINGSOI	N		12/10	0/1999
MIDDLE NAME	MENDOZA		JEMAR M.	SINGSON			04/0:	3/2002
OCCUPATION	HOUSEWIFE		ANNALEA	M. SINGSO	N		11/18	8/2005
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A					-		
24. FATHER'S SURNAME	SINGSON		1 2					
FIRST NAME	JAIME	NAME EXTENSION (JR., SR)						
MIDDLE NAME	FERNANDEZ							
25. MOTHER'S MAIDEN NAME								
SURNAME	PALER							
FIRST NAME	ARSINIA							1
MIDDLE NAME	MAROHOMSIAR		(Continue on separate sheet if necessary)					
II. EDUCATIONAL BACKG	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)		PERIOD OF ATTENDANCE HIGHEST LEVEL UNITS EARNED (if not graduated)		YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	KILIM ELEMENTARY SCHOOL	PRIMARY EDUCA	TION	1978	1984	GRADUATED	1985	N/A
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION (FCIC)	SECONDARY EDUCATION	N GRADUATE	1985	1989	GRADUATED	1989	N/A
VOCATIONAL / TRADE COURSE	HILONGOS NATIONAL VOCATIONAL SCHOOL	VOCATIONAL		1991	1993	GRADUATED	1993	N/A
COLLEGE	N/A	N/A						
GRADUATE STUDIES	N/A	MA	E 22 1 1 1 4 4 1 1 1 1 1				Jan K. S	

	RVICE ELIG			DATE OF				LICENSE (if ap	plicable)
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / PLACE OF EXAMINATION / CONCERMENT			MENT	NUMBER	Date of	
BARA	ANGAT ELIGIBIL	111 / URIVER'S LICENSE		CONFERMENT					Validity
				magazini da ganganin da da		399		*	
			= ==						
			ar er er til er er er						
		1							
			(Co	ntinue on separate sheet if	necessary)				
	KPERIENCE								
	te employme SIVE DATES	nt. Start from your recent	work) Description	of duties should be in	idicated in the attached	Work Experi	ence sheet. SALARY/JOB/PAY		
	n/dd/yyyy)	POSITION TI (Write in full/Do not			ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(White Hirldings hot	aborevialey				(Format "00-0")/ INCREMENT		(Y/ N)
11/02/2015	Present	PLUMBING FOREMAN		The same of the sa	NIVERSITY/GENERAL VISION - WSSMU	15,818.00	8	CASUAL	YES
06/04/2004	06/01/2008	PLUMBER		VISAYAS STATE U	NIVERSITY/GENERAL VISION - WSSMU	8,140.00	N/A	JOB ORDER	YES
11/01/1998	03/31/2001	BARANGAY PLUMBER			ATER DISTRICT	3,000.00	N/A	CONTRACTUAL	YES
		-							
	- = 7		7. * y						
		-			-	-			
		-				-	6.7		-
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		-							
						-			
			/C	ontinue on separate sheet i	f necessary)				
			The second secon	The state of the s	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	-			THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT /	PEOPLE / VOL	UNTARY OR	GANIZATION/S		
29. NAME & ADDRESS OF ORG	SANIZATION	INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in full)		From	То			Appendition and appropriate
N/A					M/	4
					The goal of	
VII. LEARNING AND DEVELOPMENT (L&D) IN		ntinue on separate s OGRAMS ATTE		0		
(Start from the most recent L&D/training program and include				nie#Executive/Mana	gerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTER	EVENTIONS/TRAINING PROGRAMS	ATTEN	DATES OF DANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)		(mm/d	d/yyyy) To	NORDER OF FROMS	Supervisory/ Technical/etc)	(Write in full)
NC11 NATIONAL CERTIFICATE IN PLUMBING		09/21/2006	09/21/2006	16 HRS	TECHNICAL	TECHNICAL EDUCATION AND SKILLS
MAINPOWER SKILL TRAINING WORKSHOP		01/15/1995	01/15/1995	08 Hps	TECHNICAL	DEVELOPMENT AUTHORITY (TESDA) TECHNICAL EDUCATION AND SKILLS
	a 2022 P			0 11101		DEVELOPMENT AUTHORITY (TESDA)
			A. Joseph		TOTAL TOTAL	
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		-				
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	70.50					1 44 1,53 141 1-151 15 4 1 50
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V 3 1/2			orane.			
		node in Sci	8, 112.3		2,00,00	
				Seattle 1		
	(Co	ntinue on separate	sheet if necessar	y)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DISTII	NCTIONS / RECO	GNITION	TO MEDIA	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
4/4	14,					LSU, ADMINISTRATIVE PERSONNEL
////	/*/	7				ASSOCIATION
					-	14-74-14-14-14-14-14-14-14-14-14-14-14-14-14
to a series of the series of t			CCDC N	IA E O	enganten in de	2. (2. (2. (2. (2. (2. (2. (2. (2. (2. (
			16 2022	JA B []		
				The second second second		
		*				
		ontinue on separate	sheet If page 2	vi		
SIGNATURE	M	manus on separate	Sheet ii necessar	Andrew Constitution	ATE	June 15, 2022
	770					CS FORM 212 (Revised 2017), Page 3 of

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,	일이 있는 사람이 되었다면 한 경험을 받았다면 살아왔다면 하는 사람들이 얼마를 하면 하는데 되었다면 하는데 되었다.		* **			
	a. within the third degree?	YES V	NO				
	b. within the fourth degree (for Local Government Unit - Care	b. within the fourth degree (for Local Government Unit - Career Employees)?					
			If YES, give details:	NO			
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES 🗸] NO			
			If YES, give details:	A			
	b. Have you been criminally charged before any court?		YES Sif YES, give details:	NO NO			
		Date Filed:					
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the	e following modes: resignation,	YES	✓ NO			
	retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	If YES, give details:					
38.	a. Have you ever been a candidate in a national or local election)?	YES If YES, give details:	☑ NO				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO				
		If YES, give details (o					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	nna Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
1.	Are you a member of any indigenous group?		YES	✓ NO			
			If YES, please specify:				
	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
	Are you a solo parent?						
	Ale you a solo paletit:		YES If YES, please specify I	✓ NO No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)		y -			
	NAME	ADDRESS	TEL. NO.				
NO	GR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341514	Gen			
N(GR. MARLON G. BURLAS	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341520				
NO	GR. ROBERTO C. GUARTE	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-3108078				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	AREIZ P. SINGSON			
	iovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
H	LEASE INDICATE ID Number and Date of Issuance	990					
H	overnment Issued ID: VSU ID	100					
IC	//License/Passport No.: V000896	Signature (Sign inside the b	ox)	15) 11 55			
D	ate/Place of Issuance: 02/20/2017 BAYBAY CITY, LEYTE		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	4 AUG 2022 , affiant exhibiti	ng his/her validly issued go	vernment ID as indicated above.			
		ATTY, RYSAN J. GUIMOCOR VSU Chie Legal Officer					
	2						
		Person Administering Oa	ın				