

I. PERSONAL INFORMATION

2. SURNAME	AMORA		
FIRST NAME	ISABELLE MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	JADRAQUE		
3. DATE OF BIRTH (mm/dd/yyyy)	16/05/1993	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	ISABEL, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.53	17. RESIDENTIAL ADDRESS	CALACHUCHI LADIES' DORMITORY VSU House/Block/Lot No. Street VISCA Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	59.6	ZIP CODE	6521
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street ALIPASA MAHAYAG Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1211-2877-9102	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	12-051372953-2	20. MOBILE NO.	0905 471 6505
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	sab.amora@vsu.edu.ph
14. TIN NO.	319-084-410-000		
15. AGENCY EMPLOYEE NO.			

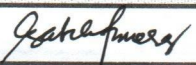
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AMORA			
FIRST NAME	TEOFILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BALLADARES			
25. MOTHER'S MAIDEN NAME				
SURNAME	JADRAQUE			
FIRST NAME	NELIA			
MIDDLE NAME	FANDIÑO		(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	DOANE BAPTIST SCHOOL	ELEMENTARY	01/06/2000	30/04/2006		2006	VALEDICTORIAN
SECONDARY	DOANE BAPTIST SCHOOL	SECONDARY	01/06/2006	30/04/2010		2010	VALEDICTORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN DEVELOPMENT COMMUNICATION MAJOR IN DEVELOPMENT JOURNALISM	01/06/2010	09/05/2014		2014	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN DEVELOPMENT COMMUNICATION, COGNATE IN DEVELOPMENT SOCIOLOGY	01/08/2017	PRESENT			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/20/19
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[illegible]

#### V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Robert J. Ford</i>	DATE	09/20/19
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

**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)

[illegible]







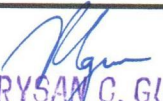
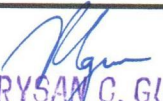
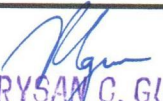
VIII. OTHER INFORMATION

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SIGNATURE	<i>Rafael P. May</i>	DATE	09/26/19
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CS FORM 212 (Revised 2017), Page 3 of 3



34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JED ASAPH D. CORTES</td><td>VSU, BAYBAY CITY, LEYTE</td><td>09199958990</td></tr><tr><td>ULDERICO B. ALVIOLA</td><td>ORMOC CITY, LEYTE</td><td>09778512000</td></tr><tr><td>CHRISTINA A. GABRILLO</td><td>VSU, BAYBAY CITY, LEYTE</td><td>09060519067</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JED ASAPH D. CORTES	VSU, BAYBAY CITY, LEYTE	09199958990	ULDERICO B. ALVIOLA	ORMOC CITY, LEYTE	09778512000	CHRISTINA A. GABRILLO	VSU, BAYBAY CITY, LEYTE	09060519067
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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><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>TIN</td></tr><tr><td>ID/License/Passport No.:</td><td>319-084-410-000</td></tr><tr><td>Date/Place of Issuance:</td><td>10/16/2014 / Cebu City</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:	TIN	ID/License/Passport No.:	319-084-410-000	Date/Place of Issuance:	10/16/2014 / Cebu City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>09/20/19</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	09/20/19	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>14 SEP 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER	Person Administering Oath								
													
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