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. Print legibly. Tick appropriate boxes () a use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only PERSONAL INFORMATION 2 SURNAME TABROSA FIRST NAME LUCILYN NA MIDDLE NAME LIONG 3. DATE OF BIRTH 16. CITIZENSHIP (mm/dd/yyyy) **▼** Filipino Dual Citizenship 11/2/1973 by birth Dby naturalization 4 PLACE OF BIRTH **BAYBAY CITY, LEYTE** If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX ☐ Male **▼** Female Single ✓ Married 17. RESIDENTIAL ADDRESS NA A. Bonifacio St. 6 CIVIL STATUS ☐ Widowed ✓ Separated House/Block/Lot No Street NA Other/s: Subdivision/Village Barangay 7. HEIGHT (m) **Baybay City** 1' 54' Leyte City/Municipality Province 58kg 8. WEIGHT (kg) ZIP CODE 8521 18. PERMANENT ADDRESS 9. BLOOD TYPE NA A. Bonifacio St. 0+ House/Block/Lot No. Street 10. GSIS ID NO. NA CRN-006-0102-3584-4 NA Subdivision/Village Barangay 11. PAG-IBIG ID NO. **Baybay City** 170000287152 Leyte City/Municipality Province 12. PHILHEALTH NO 130000574075 ZIP CODE 6521 13 SSS NO NA 19. TELEPHONE NO. NA 14 TIN NO 186-774-864 20 MOBILE NO 09064421091 15. AGENCY EMPLOYEE NO. V00064 21. E-MAIL ADDRESS (if any) lucilyn.tabrosa@vsu,edu.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME **TABROSA** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME RAFAEL JUSTINE JOHN RAFAEL LIONG TABROSA 6/24/1999 MIDDLE NAME MARBA JASPER JUDE LIONG TABROSA 10/27/2000 OCCUPATION NONE JOSH RAFAEL LIONG TABROSA 6/16/2003 EMPLOYER/BUSINESS NAME NONE BUSINESS ADDRESS NONE TELEPHONE NO NONE FATHER'S SURNAME LIONG JR FIRST NAME LUCIANO MIDDLE NAME **GUCELA** MOTHER'S MAIDEN NAME HOYLA SURNAME LIONG FIRST NAME BELINA MIDDLE NAME HOYLA (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP NAME OF SCHOOL PERIOD OF ATTENDANCE HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE LEVEL ACADEMIC UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To ELEMENTARY **BAYBAY SOUTH CENTRAL SCHOOL ELEMENTARY DIPLOMA** 1985 1986 NA 1986 NA FRANCISCAN COLLEGE OF THE SECONDARY **IMMACULATE CONCEPTION** HIGH SCHOOL DIPLOMA 1989 1990 NA 1990 NA NA TRADE COURSE NA NA NA FRANCISCAN COLLEGE OF THE COLLEGE **IMMACULATE CONCEPTION BS IN ACCOUNTANCY** 1994 1995 NA 1995 NA GRADUATE STUDIES NA NA NA NA NA NA Harron

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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,		400.000 (M	20.292.500° S He C		
	a. within the third degree?	ment .	YES	☑ NO		
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35	a. Have you ever been found guilty of any administrative offer	nse?	☐ YES	☑ NO		
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36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	☐ 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	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
a. b.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	DR. SHALOM GRACE C. SUGANO	VSU HIS	1074			
-	DR. CHARIS B. LIMBO	IHK DEPARTMENT	1046			
10	DR. LEO A. MAMOLO	VSU HIS	1074			
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 represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the	Republic of the	LUCILYN LIONG TABROSA		
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	SUBSCRIBED AND SWORN to before me this	Date Accomplished 7 APR 2022 , afflant exhibit	ing his/her validly issued	government ID as indicated above.		
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WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. Theduration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998–Present. Work experience should be listed from most recent first.

Sample: If applying to Supervising Administrative Officer

- Duration: January 16, 2018 present
- · Position: Accounting Aide IV
- · Name of Office/Unit: Accounting Office
- Immediate Supervisor: Nick Freddy R. Bello
- Name of Agency/Organization and Location: Accounting Office, Admin. Bldg., Visca, Baybay City Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - o Pre-audited vouchers, payroll and purchase orders
- Duration: January 16, 2018 to present
- Position: Administrative Officer IV
- Name of Office/Unit: Accounting Office
- Immediate Supervisor: Nick Freddy R. Bello
- Name of Agency/Organization and Location: Accounting Office, Admin. Bldg., Visca, Baybay City Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties

Pre-audit vouchers, payroll and purchase orders

(Signature over Printed Name of Employee/Applicant)

Date: 3/21/Wm/