CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	1EE1					
WARNING: Any misrepresenta concerned.	ation made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the f	filing of admir	nistrative/cr	iminal case/s ag	ainst the pe	rson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE () [] use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill u	o. For CSC use only	
I. PERSONAL INFORMATIO		Time applicable. Be not	OBREVIATE.				(50 1100 1111 0)	2. 1 di 000 di 00 di 11	
2. SURNAME	CRUZ								
FIRST NAME	WILLIAM		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	ALAAN								
DATE OF BIRTH (mm/dd/yyyy)	12/31/1998	16. CITIZENSHIP		✓ Filipino □		Dual Citizenship by naturalization			
4. PLACE OF BIRTH	MAASIN CITY	If holder of dual citizenship,		Pls. indicate country:			ountry:		
5. SEX	✓ Male ☐ Female	please indicate the d	etails.	Philippines				•	
6 CIVIL STATUS	☐ Single ☐ Married	17. RESIDENTIAL ADDRESS	Ио	N/A buse/Block/Lot No.			N/A		
engle ik om angala ngalasiris angala ni di	Widowed Separated Other/s:	and the designation of the property of the section of the		N/A			Street MARIA CLARA		
7. HEIGHT (m)	1.64			ubdivision/Village MAASIN CITY	erd i	SC	Barangay OUTHERN LEY	TE	
8, WEIGHT (kg)	63	ZIP CODE		City/Municipality 6600			Province		
		18. PERMANENT ADDRESS	A A	N/A			N/A		
9. BLOOD TYPE	AB		Но	use/Block/Lot No).		Street		
10. GSIS ID NO.	NONE	e a Alegania e de la calendario de la ca		ubdivision/Village		ensy water all planes planes as the copy to the copy of the legislation of the legislatio	Barangay	the Demonstration of the Control of Control	
11. PAG-IBIG ID NO.	9193-5397-3758		-	MAASIN CITY City/Municipality			SOUTHERN Province	LEYTE	
12. PHILHEALTH NO.	06-251294764-1	ZIP CODE		6600					
13. SSS NO.	NONE 19. TELEPHONE NO.			NONE					
14. TIN NO.	753-351-512	20. MOBILE NO.		09058039883					
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	williamalaancruz@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	REMOLTA		23. NAME of Ch	AME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	CORINNE FAITH	NAME EXTENSION (JR., SR) N/A		WYNNE CHE	ERISH R. CI	RUZ	01	/29/2024	
MIDDLE NAME	ROMERO					miles escolared by		Anna anna	
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CRUZ								
FIRST NAME	RUFO	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	RODRIGUEZ			A STATE OF THE STA					
25. MOTHER'S MAIDEN NAME									
SURNAME	ALAAN								
FIRST NAME	ASUNCION		7		1994	+			
MIDDLE NAME	LEYSON			· · · · · · · · · · · · · · · · · · ·	Continue on se	parate sheet if nece	ssary)		
III. EDUCATIONAL BACK	GROUND							I	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)		PERIOD OF A	To To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATE D	SCHOLARSHIP/ ACADEMIC HONOR: RECEIVED	
ELEMENTARY	Ma. Clara Elementary School	BASIC EDUCATI	ON	06/03/2005	03/28/2011	N/A	2011	FIRST HONORABLE	
SECONDARY	s Ichon National High School	SECONDARY EDUC	ATION	06/07/2011	04/09/2015	N/A	2015	N/A	
VOCATIONAL / TRADE COURSE	NONE	NONE		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VIŠAYAŠ ŠTATE UNIVERŠITY	TERTIARY EDUC	ATIÓN	06/06/2015	06/14/2019	N/A	2019	VARSITY	
GRADUATE STUDIES	NONE	N/A		N/A	N/A	N/A	N/A	N/A	
B		(Continue on separate sheet if n	ecessary)						
SIGNATURE			observation of a	DA	ATE		July 61,2028		

SPECIAL LOWINGESCONS PROPERTY LOCATION PROFESSIONAL DRIVERS LICENSE Professional DRIV	IV. CIVIL SE	ERVICE ELIGIE	BILITY						si e	
### AND PROFESSIONAL DRIVERS LICENSE 0/107/2019 LTO BAYBAY CITY, LEYTE H-2-19	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING					ITION / CONEE	OMENT	LICENSE (if applicable)		
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0107/2020								applicable)& STEP (Format *00-0*)/		SERVICE (Y/N)
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9. NAME & ADDRESS OF OI (Write in full		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
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 LEARNING AND DEVELOPMENT (L&D) art from the most recent L&D/training program and inclu 				nlef/Executive/Manag	gerial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTI (Write in full)		INCLUSIVE ATTENI (mm/de	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
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E TALKS: POSTHARVEST OPERATIONS AND LOSSES ON MAJO	OR CROPS OF THE PHILIPPINES	26/11/2019	27/11/2019	16	RESEARCH	RDE HALL, OVPRE, VISAYAS STATE UNIVERSITY	
GION 8 SUMMIT ON BIOCHAR		11/13/2018	11/13/2018	8	TECHNICAL	Ormoc City, Agriculture Office	
et JOINT VICARP AND RRDEN SYMPOSIUM AND 1st PHIIARM CO tining on identification of proper and complete items Technical S		26/11/2019	27/11/2019	16	RESEARCH	RDE HALL, OVPRE, VISAYAS STATE UNIVERSITY	
rchase request (PR) Module of the Supply properties procureme	nt management information system (SPPMIS)	08/28/2020	08/28/2020	8	RESEARCH	RDE HALL, OVPRE, VISAYAS STATE UNIVERSITY	
ining on Makapuno Embryo Culture Technology for VSU Faculty		09/08/2022	09/09/2022	16	RESEARCH	NCRC-V, VSU, BAYBAY CITY, LEYTE	
lustry and producer-driven sweetpotato research; past experienc	e, current trends, future outlook	10/04/2022	10/04/2022	8	RESEARCH	Philrootcrops, VSU, Baybay City, Leyte.	
Production		11/17/2022	11/19/2022	24	production	Farmtech Agricultural learning Center VSU-TBI	
treprenurial Bootcamp of the VSU-DA-BAR Technology Business	sincubator	10/26/2022	10/27/2022	16	Managerial	VSU-TBI	
asiness bevelopment Seminar-worksnop ab Safety and Equipment Care Workshop-Seminar		12/01/2022 01/23/2024	12/02/2022	16	Managerial TECHNICAL	Philrootcrops, VSU, Baybay City, Leyte.	
an Salety and Equipment Gale Workshop-Seminal	Les actions	01/23/2024	0112312024	•	TECHNICAL	Fillinootciops, v30, Baybay City, Leyte.	
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W. OTHER MECONATION	(Con	ntinue on separate	sheet if necessa	7 /)			
VIII. OTHER INFORMATION	NON	I-ACADEMIC DISTI	NCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
31. SPECIAL SKILLS and HOBBIES	32. (Write in full)					(write iii luii)	
MOUNTAINEERING	ÇO	CONSISTENT VARSITY SCHOLAR				KNIGHTS OF THE COLOMBUS	
CHESS						KARANCHO BAKTAS TAMOLAYAG	
			Control and Christian Christian	A CONTRACTOR OF THE PARTY OF TH	en servicione de la companya della companya de la companya della c	DANTAG TAMOLATAG	
	and the second control of the second control						
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	N ₁ (Gc	1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e sheet if necess	ary)			
SIGNATURE	TO TO				ATE	July 11, 2024	

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,	맛이 없어서 사람들은 학교에 가면 가장 하면 하지만 하지만 하면 하면 하면 하면 하면 하면 하면 하면 하면 하는데 하는데 하다.	
	a. within the third degree?	☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO	
			If YES, give details:
35.	a. Have you ever been found guilty of any administrative offer	YES NO	
		If YES, give details:	
100	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:	
		Date Filed:	
			Status of Case/s:
36.		ny law, decree, ordinance or regulation by	☐ YES ☑ NO
	any court or tribunal?		If YES, give details:
37.	Have you ever been separated from the service in any of the	e following modes: resignation, retirement,	YES NO
	dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	nished contract or phased out (abolition)	If YES, give details:
38.	a. Have you ever been a candidate in a national or local election and a local election and a local 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	HT (1) [HE 1] 1 [HE 1] HE 1	☐ 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 (country):
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),	사용하다 가게 하면 바람이 있는데 민준이는 하는 사람이 사용한 하면을 하게 열려가 되었다면 하는데	
a.	Are you a member of any indigenous group?		YES V NO
b.	Are you a person with disability?		If YES, please specify:
La Report			If YES, please specify ID No:
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)	
	NAME	ADDRESS	TEL. NO.
	JOSE L. BACUSMO	VISCA, BAYBAY CITY, LEYTE	09173108076
	LISA I. ARCE	BATO LEYTE	09273967451
	MARLON O. TAMOLS	VISCA BAY BAY CITY	0939 7203797
42.	. assiste arias, saar triat i have personally accomplished	I this Personal Data Sheet which is a tr	rue, correct and
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe	ent laws, rules and regulations of the entative to verify/validate the contents state	dharita I
	agree that any misrepresentation made in this docu	ment and its attachments shall cause	e the filing of WILLIAM A. CRUZ
100 - 211	administrative/criminal case/s against me.		
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		
1	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: DRIVERS LICENSE	24.	
H	/License/Passport No.: H12-19-000077	Copy	
-	ate/Place of Issuance: 01/07/2019	ox)	
L	ten lace of issuance. Ution/2019	Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued government ID as indicated above.
		MI	
		ALTY ASSINC GUMOCON	
		A20 Gray resignation	
		Person Administering Oath	

WORK EXPERIENCE SHEET

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

- 2. The duration 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.
- Duration: September 1, 2019- Present
- Position: Science Research Assistant
- Name of Office/Unit: Philrootcrops
- Immediate Supervisor: Dr. Jose L. Bacusmo
- Name of Agency/Organization and Location: Visayas State University VSU, Baybay City Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties

Assist in the maintenance of sweetpotato germplasm. Help in the collections, characterization and documentation of sweetpotato germplasm. Conduct single plant and unreplicated trials of F1 sweetpotato hybrids/genotypes. Assist in making reports of the project.

- Duration: July 1, 2020 Present
- Position: Science Research Assistant
- Name of Office/Unit: Philrootcrops
- Immediate Supervisor: Lisa I. Arce
- Name of Agency/Orcganization and Location: Visayas State University VSU, Baybay City Leyte
- Summary of Actual Duties

Manage Field Operations, assist in breeding Cassava and analyzed data gathered from experimental set-ups

(Signature over Printed Name of Employee/Applicant)

Date: 6-13-2024