CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

READ THE ATTACHED GUIDE	ation made in the Personal Data Sheet and to	SHEET (PDS) BEFORE ACCOM	PLISHING THE		1			_ 240
Print legibly. Tick appropriate boxe. I. PERSONAL INFORMATIO	es () a use separate sheet if necessary. Indica	ate N/A if not applicable. DO NOT Al	BBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only
2. SURNAME	SINON							
FIRST NAME	LAMP FOREIGNAV (B. 20)							
						JR		
MIDDLE NAME 3. DATE OF BIRTH	LABRADOR							
(mm/dd/yyyy)	11/27/1995	16. CITIZENSHIP	☑ Filipino		ino [☐ Dual Citizenship ☐ by naturalization		
4. PLACE OF BIRTH	HILONGOS BAPTIST HOSPITAL	If holder of dual citize	If holder of dual citizenship,		Pls. indicate co			
5. SEX	☑ Male ☐ Female	please indicate the d	dicate the details. Philippines				Name of the last o	~
6 CIVIL STATUS	✓ Single ☐ Married ☐ Widowed ☐ Separate ☐ Other/s:		TIAL ADDRESS APARTMENT 32 House/Block/Lot No. VISAYAS STATE UNIVERSITY Subdivision/Village		Vo. ERSITY	KILBOURNE ST. Street PANGASUGAN Barangay		
7. HEIGHT (m)	1.73			BAYBAY CITY			LEYTE	
8. WEIGHT (kg)	63	ZIP CODE	City/Municipality		/	Province 6521-A		
9. BLOOD TYPE	Энон	18. PERMANENT ADDRESS	APARTMENT 32		2	KILBOURNE ST.		
10. GSIS ID NO.	Heric		House/Block/Lot No. VISAYAS STATE UNIVERSITY Subdivision A Village		ERSITY	Street PANGASUGAN		
11. PAG-IBIG ID NO.			Subdivision/Village BAYBAY CITY			Barangay LEYTE		
12. PHILHEALTH NO.	13-000124426-5	ZIP CODE		City/Municipality		Province 6521-A		
13. SSS NO.		19. TELEPHONE NO.		(053) 563 7328				
14. TIN NO.	357-7041-902	20. MOBILE NO.		+63 939 447 7500				
15. AGENCY EMPLOYEE NO.	V01049	21. E-MAIL ADDRESS (if any)		feihlsinon@gmail.com feihl.sinon@vsu.			.edu.ph	
II. FAMILY BACKGROUND		•						
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	HILDREN (Writ	e full name and	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	NAME EXTENSION (JR., SR)		N/A			1
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	SINON							
FIRST NAME	FELICIANO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	GUNO							
25. MOTHER'S MAIDEN NAME			4					
SURNAME	LABRADO	R			***************************************			
FIRST NAME	ROWEN	ROWENA						
MIDDLE NAME	GONZAGA			(C	ontinue on se	parate sheet if neces	sary)	
II. EDUCATIONAL BACKG	ROUND			e and the				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	E/COURSE PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	ALPHA CHRISTIAN SCHOOL			From 2002	To 2008	Graduated	2008	RECEIVED
SECONDARY	VISAYAS STATE UNIVERSITY - LABORATORY H SCHOOL	HIGH		2002	2012	Graduated	2012	
VOCATIONAL / TRADE COURSE								
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL EN	GINEERING	2012	2017	Graduated	2017	
GRADUATE STUDIES	N/A							
	Ą	(Continue on separate sheet if nece	ssary)					
SIGNATURE	Nour			DA	TE	1/1 =21.	1010	1730

7. CAREE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/CES/CSEE			(If Applicable)	EVANDATION / DI ACE OF EVANDA			RMENT	NUMBER	Date of Validity
AGRICULTURAL ENGINEERING LICINSURE EXAM		80.27	8/1/2017 PRC, SAMPALO			LA	0009134	11/27/202	
	XPERIENCE ate employment.	Start from your recent (ntinue on separate sheet if n		ed Work F	vnerience she	at .	
. INCLU	SIVE DATES n/dd/yyyy)	POSITION TITL (Write in full/Do not abl	E	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
4/10/2017	PRESENT	INSTRUCTO	RI	DEPARTMENT OF AGRICULTURAL AND BIOSYSTEMS ENGINEERING, COLLEGE OF ENGINEERING, VISAYAS STATE UNIVERSITY			SG 12	SUBSTITUTE	Y
			Jus- (Co	ntinue on separate sheet if n	ecessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY (ORGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)			POSITION / NATURE OF WORK
* N/A	From	То			
(Cor	ntinue on separate	sheet if necessar	1		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PA	ROGRAMS AT	TENDED			
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the			ef/Executive/Manage	erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Organizational Meeting cum Workshop of the AFMechRDEN, HEIs/SUCs offering Agricultural Engineering / Agricultural and Biosystems Engineering	02/27/2019	02/28/2019		TECHNICAL	AFMECH
69th National Philippine Society of Agricultural Engineering Convention	04/22/2019	04/26/2019		TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL
Hands-on Training and Encoding of AFMechRDEN Database and Information Systems for HEIs	6/12/2018	6/12/2018		TECHNICAL	ENGINEERS AFMECH
Training-Workshop on the Development of Integrated OBE and K-12 Compliant BSABE	09/17/2018	09/21/2018			AFRICON
Curricululm Patent Search and Patent Drafting Writeshop				TECHNICAL	
68th National Philippine Society of Agricultural Engineering Convention	10/9/2018	09/14/2018		TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL
	04/23/2018	04/27/2018		TECHNICAL	ENGINEERS PHILIPPINE SOCIETY OF AGRICULTURAL
67th National Philippine Society of Agricultural Engineering Convention	04/23/2017	04/29/2017		TECHNICAL	ENGINEERS
66th National Philippine Society of Agricultural Engineering Convention	04/24/2016	04/30/2016		TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL ENGINEERS
4th Philippine I Transform! Young Leaders Convention	09/18/2015	09/21/2015		MANAGERIAL	
					1 47 9
	10,775				
	angeright still				
and the second s					
	tinue on separate s	heet if necessary)			
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32. NON-	ACADEMIC DISTIN (Write	CTIONS / RECOGI	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Layout Artist					Philippine Society of Agricultural Engineers
Video Editing					- Amppine essiety of Agricultural Engineers
Leadership					
Computer Operation					
Communication					
			- 90		
	(e				
/2 (Confi	inue on separate si	heet if necessary			
SIGNATURE Sugar		JUNE DE LES	DA	TE	14 Feb 2020
					CS FORM 212 (Revised 2017), Page 3 of 4

chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a 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, in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local ele 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 active.	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Maand (c) Solo Parents Welfare Act of 2000 (RA 8972), please a. Are you a member of any indigenous group? b. Are you a person with disability? c. 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	nt /appointee)				
NAME	ADDRESS	TEL. NO.			
PROF. ARTHUR IT. TAMBONG DR. ROBERTO C. GUARTE	Visayas State University Visayas State University	6 6			
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ad herein.			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	//				
Government Issued ID: PRC ID	Luor				
ID/License/Passport No.: 0009134	oox)				
Date/Place of Issuance: 09/20/2017 PRC, TACLOBAN	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibition of the state of the sta	oiting his/her validly issued government ID as indicated above.			