CS	Form	No	212
	iland 20		

## PERSONAL DATA SHEET

Print legibly. Tick appropriate boxe  I. PERSONAL INFORMATION  I. PERSONAL INFORMATION  I. PERSONAL INFORMATION  II. PERSONAL INFORMATION  II. PERSONAL INFORMATION  III. PERSONAL INFO	s ( and use separate sheet if necessary. Indi	cate N/A if not applicable. DO NO	ABBREVIATE.		1. CS ID No		(Do not fill up.	For CSC use on
2 SURNAME	ISRAEL							
FIRST NAME	JOEL					NAME EXTENSION (J	R., SR)	
MIDDLE NAME	MORALES							
3. DATE OF BIRTH							-	
(mm/dd/yyyy)	July 22, 1972	16. CITIZENSHIP		✓ Fili	pino [	Dual Citizenship	by natura	lization
4. PLACE OF BIRTH	BRGY. HIBUNAWAN, BAYBAY LEY	entra con establishment	and delication of the same		100 1 100 to	Pls. indicate of	country:	
5. SEX	✓ Male Female	please indicate th	e details.	Philippin	es			•
6 CIVIL STATUS	Single	The second secon		ouse/Block/Lot I			Street Barangay	
7. HEIGHT (m)	5"1	R 205 (co. 10.235 AP 45.85)		BAYBAY			LEYTE	
8. WEIGHT (kg)	60	ZIP CODE		City/Municipality	VIII LE CIUS	6521-A	Province	1192.111
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		m api \ s	of an earth,	(A)	1707	3137 611
10. GSIS ID NO.	72072201150	VIII WYSSI OF THE SEQUENCE	He	ouse/Block/Lot f	Vo.		Street	200
11. PAG-IBIG ID NO.	1700-0025-1939	No solution to the public		Subdivision/Village AYBAY CI	feet and the second and the second se		Barangay LEYTE	
12. PHILHEALTH NO.	13-000015320-7	ZIP CODE		City/Municipality 6521	/ VII &		Province	
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A			110a L	
4. TIN NO.	153-545-376	20. MOBILE NO.	0	916-977-937	4			
5. AGENCY EMPLOYEE NO.	V000617	21. E-MAIL ADDRESS (if any)	imisr	ael1972@	)vahoo c	om/FB)		
I. FAMILY BACKGROUND			Maria Maria Maria	COTTO / LO	, junico.co	SHI(I D)		
22. SPOUSE'S SURNAME	GODOY	greensing osstal stypu	23. NAME of C	CHILDREN (Wri	te full name ar	id list all)	DATE OF BIR	TH (mm/dd/yyyy
FIRST NAME	JEANETTE	NAME EXTENSION (JR., SR)	JHEL JEAN	GODOY ISF	RAEL		May 2	27, 2001
MIDDLE NAME	MARTE	To Mind and a state of a 182 cover	JOELEH JA	AN GODOY IS	SRAEL		July 2	22, 2003
OCCUPATION	CHILD DEVELOPMENT WORKER		JHON JEO	GODOY ISR	AEL		Novemb	per 1, 2009
EMPLOYER/BUSINESS NAME	CITY SOCIAL WELFARE AND DEVELO	PMENT (CSWD)						
BUSINESS ADDRESS	BAYBAY CITY, LEYTE							
TELEPHONE NO.	335-2843	RESCRIPTION STREET OF SERVICE STREET						
24. FATHER'S SURNAME	ISRAEL	Lo son lo appe 10 Basic style	81/4	1	23014		Call (Car)	2000,1673
FIRST NAME	CORNELIO	SR						1
MIDDLE NAME	DERECHO							
5. MOTHER'S MAIDEN NAME								
SURNAME	MORALES							
FIRST NAME	PAULINA							
MIDDLE NAME	RABANOS			(С	ontinue on se	parate sheet if neces	ssary)	
CONTROL CONTRO	ROUND					na kakaban Paka a		
II. EDUCATIONAL BACKO		BASIC EDUCATION/DEC		PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONOF RECEIVED
	NAME OF SCHOOL (Write in full)	(Write in fu		The second of th	To			
26.		(Write in fu	CATE	1979	1985	GRADUATED	1985	N/A
26. LEVEL	(Write in full)	(Write in fu		1979				
ELEMENTARY  SECONDARY  VOCATIONAL /	(Write in full)  HIBUNAWAN ELEMENTARY SCHOOL  BAYBAY HIGH SCHOOL  FRANCISCAN COLLEGE OF THE	CHICAGO CONTROL (Write in fu	A	1979	1989	GRADUATED	1989	N/A
ELEMENTARY SECONDARY	(Write in full)  HIBUNAWAN ELEMENTARY SCHOOL  BAYBAY HIGH SCHOOL	DL ELEMENTARY CERTIFIED HIGH SCHOOL DIPLOM	A	1979				

7. CAF	REER SERVICE/ RA 1080 ( SPECIAL LAWS/ C		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	Tions	DINCAR	LICENSE (if a	1
E	BARANGAY ELIGIBILITY / [		(If Applicable)	CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	KMENI	NUMBER	Date o Validity
	None		None	None	N	one		None	None
			The region of the						
		200 1 × 1 × 1 × 1 × 1		we know a market was				To Sanaka (Str.	
								1	
								- 04	
			AND DESCRIPTION OF THE OWNER.	The state of the s			And the second		
		or stands and the stands	(Con	tinue on separate sheet	f necessary)				
	EXPERIENCE								
INC	LUSIVE DATES			of duties should be	indicated in the attache	d Work Exp	SALARY/ JOB/ PAY		
From (	mm/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
1/2017	present	Administrative	Aide III	Vineyee C	into University	3.2	INCREMENT		
/2016	12/31/2016	Administrative			tate University		3-1	Casual	Yes
/2014	12/21/2015	Administrative			tate University	9 10	3-1	Casual	Yes
/2013	12/21/2013	Administrative			ate University	21,127	3-1	Casual	Yes
1/2012	6/30/2013				ate University		3-1	Casual	Yes
/2011		Administrative			ate University	00048000	3-1	Casual	Yes
	12/31/2011	Administrative	ACC		ate University		3-1	Casual	Yes
/2008	6/30/2011	Administrative			ate University		3-1	Casual	Yes
/2007	6/30/2008	Administrative			ate University	Training	3-1	Casual	Yes
/2002	12/31/2006	Administrative	Aide III		te University		3-1	Casual	Yes
	12/31/2004	Clerk I			te University		3-1	Casual	Yes
/2000	12/31/2001	Clerk I			ollege of Agriculture		3-1	Casual	Yes
/1997	12/31/1999	Clerk I			llege of Agriculture		3-1	Casual	Yes
/1996	12/31/1996	Clerk I			llege of Agriculture		3-1	Casual	Yes
1/1995	12/31/1995	Clerk I			llege of Agriculture	27.5	3-1	Casual	Yes
/1994	12/31/1994	Clerk I	-		llege of Agriculture		3-1	Casual	Yes
/1992	12/31/1993	Clerk I		Visayas State Co	llege of Agriculture		3-1	Casual	Yes
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alak	IATURE	08.1	2	DATE	Janaury 3, 201	8	CS FORM 21	2 (Revised 2017), F	Page 2 of 4

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29. NAME & ADDRESS O (Write in		INCLUSIVE	LIMITO			
		(mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
None	148 1 2 2 1 1 1 1	From	То			Services and his relation
	2 4 4 77 1	None	None	None		None
				Tomash	i int i .	College common was a second section of the
	1-1 - 2-1				1	
			A short II accord		Ä	
II. LEARNING AND DEVELOPMEN	T (L&D) INTERVENTIONS/TRAIN		AMS ATTEN	DED		Carlon Colonian St. Carlon
Start from the most recent L&D/training program	and include only the relevant L&D/training	g taken for the las		or Division Chief/Exe		al positions)
30. TITLE OF LEARNING AND DEVELOPMENT (Write i		ATTENE (mm/do	DANCE Vyyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
IV int the Worrkplace Seminar	a control car y	From 12/9/2016	To 16/9/2016	4.0	Technical	Visayas State University
forksshop to Reviwe and Improve Citizens'	' Charter	9/1/2016	9/1/2016	8.0	Technical	Visayas State University
riefing on Staff Involved in the Conduct of		1/14/2013	1/14/2013	8.0	Technical	Visayas State University
tudents e-Orientation Seminar of Frontliner		7/7/2011	7/7/2011	8.0	Technical	Visayas State University
Seminar on Customer Service and Implemen	ntation of the Citizens' Charter	9/9/2009	9/9/2009	4.0	Technical	Visayas State University
		9/12/2008	9/12/2008	6.0	Technical	Department of Agriculture, Regional Field Unit No.
Prientation on Avian Influenza Protection Pr		4/24/2008	4/24/2008	8.0	Technical	8 (DA-RFU-8)  Southeast Asian fisheries Development Center (SEAFDEC) Aquaculture Department & Visayas
rientation and Breifing of Faculty Workload	property contract and the					State University, Visca, Baybay Leyte
valuation eminar on Swine Production and Managen		6/20/2005	6/20/2005	8.0	Technical	Leyte State University  FIL-AM Foods Inc. & Veterinary Students, Society
Redicine Week Celebration	237 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2/15/2005	2/15/2005	4.0	Technical	Visca, Baybay Leyte
Career and Personality Development for the	e Clerk and other Administrative Staff	5/19/2003	5/20/2003	16.0	Technical	Visayas State College of Agriculture, Baybay Leyl
/isca Credit Cooperative		7/10/2001	7/10/2001	8.0	Technical	Visayas State College of Agriculture, Baybay Leyi Civil Service Commission/Visayas State College of
/alue Orientation Seminar Workshop (VOW	3 3000 200 200	8/17/1998	8/18/1998	24.0	Technical	Agriculture, Baybay Leyte Civil Service Commission/Visayas State College of
Seminar Workshop on Accomplishing the P	Performance Evaluation Report Form	7/20/1994	7/20/1994	4.0	Technical	Agriculture, Baybay Leyte
raining on Strengthening the Capability of	VISCA Clerical Staff	6/17/1994	6/25/1994	24.0	Technical	Visayas State College of Agriculture, Baybay Leyt
		exed pelatic	neshoo Pin		acidices is	to metal and trade
	A STATE A STATE OF THE STATE OF					
	2	3.6			F-02.2.3	Carlo
Continue on separate sheet if necessary)		~ 10 to 301-				
VIII. OTHER INFORMATION  31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIO	NS / RECOGNITIO	DN .			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
successful and se	(vvrite in ruii)		2 7018	S MAI		(vvrre in ruii)
Lettering and Dancing	None					None
	AOGOR	N C. BUII	WEAN A	ALIE		
			The second second		THE REST STATES	
SIGNATURE	m.A.a.	(Continue on sep	arate sheet if ne		nuary 3, 201	(8 CS FORM 212 (Revised 2017), Page 3 oi

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chief of hureau or o	fine or to the norcen who has immedia		
		te supervision over you in the Office,	
	ent where you will be apppointed,		
a. within the third de		F	YES V NO
b. within the fourth of	legree (for Local Government Unit - Ca	areer Employees)?	YES V NO
			If YES, give details:
a. Have you ever be	en found guilty of any administrative o	ffense?	YES NO
			If YES, give details:
			YES V NO
b. Have you been o	riminally charged before any court?		If YES, give details:
			Date Filed:
			Status of Case/s:
6. Have you ever bee	convicted of any crime or violation of	any law, decree, ordinance or regulation by	YES NO
any court or tribuna			If YES, give details:
87. Have you ever bee	separated from the service in any of	the following modes: resignation, retirement,	YES NO
		, finished contract or phased out (abolition)	If YES, give details:
in the public or priva		A LANGER LANGE	
		lection held within the last year (except	YES NO
Barangay election)	16 17 BB3 18 16 16 10 10 1		If YES, give details:
b. Have you resign	ed from the government service during	the three (3)-month period before the last	YES NO
	actively campaign for a national or loc		If YES, give details:
39. Have you acquired	the status of an immigrant or permane	nt resident of another country?	TYES INO
			If YES, give details (country):
do The de tro \$ 100 de tro	The transfer of the same of th		
		agna Carta for Disabled Persons (RA 7277)	
and (c) Solo Parent	s Welfare Act of 2000 (RA 8972), pleas	se answer the following items:	
	of any indigenous group?		YES VIOLENCE OF STATE OF NO
a. Are you a member			If YES, please specify:
			If YES, please specify:
Are you a member     Are you a person w	ith disability?		If YES, please specify:  YES NO If YES, please specify ID No:
Are you a member     Are you a person w	ith disability?		If YES, please specify:
<ul><li>a. Are you a member</li><li>b. Are you a person w</li><li>c. Are you a solo pare</li></ul>	ith disability?	0.8 2006/01/2 CD0C/80/8 VC	If YES, please specify:  YES VNO  If YES, please specify ID No:  YES VNO
<ul><li>a. Are you a member</li><li>b. Are you a person w</li><li>c. Are you a solo pare</li></ul>	ith disability?	0.8 2006/01/2 CD0C/80/8 VC	If YES, please specify:  YES VNO  If YES, please specify ID No:  YES VNO
<ul> <li>a. Are you a member</li> <li>b. Are you a person w</li> <li>c. Are you a solo pare</li> <li>41. REFERENCES (Person</li> </ul>	ith disability? int? rot related by consanguinity or affinity to appli	o a describe described Vincines Vincine	If YES, please specify:  YES V NO  If YES, please specify ID No:  YES V NO  If YES, please specify ID No:
a. Are you a member b. Are you a person w c. Are you a solo pare 41. REFERENCES (Person r. LOTIS M. BALALA	ith disability? int? rot related by consanguinity or affinity to appli	cant /appointee)	If YES, please specify:  YES NO  If YES, please specify ID No:  YES NO  If YES, please specify ID No:
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a. Are you a member b. Are you a person w c. Are you a solo pare 41. REFERENCES (Person r. LOTIS M. BALALA r. MELVIN A. BAGOT r. SANTIAGO T. PEÑA	ith disability? ont? not related by consanguinity or affinity to appli NAME	ADDRESS  Visayas State University  Brgy. Guadalupe, Baybay City  Visayas State University	If YES, please specify:  YES NO If YES, please specify ID No:  YES, please specify ID No:  TEL. NO.  09345083300  09174729957  09210601535
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