CS Form No. 212 Revised 2017

## PERSONAL DATA SHEET

WARNING: Any misinterpretate	tion made in the Personal Da	ta Sheet and the V	Vork Experience Sheet shall	cause the filin	g of admir	nistrative/cri	minal case/s agai	nst the perso	n concerned.
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe					PDS FORM	1. CS ID No.		(Do not fill up. F	For CSC use only)
I. PERSONAL INFORMATION	ON	V Verilla							
2. SURNAME	POSAS		•						
FIRST NAME	JERRY				Letter.		NA		
MIDDLE NAME	BANTACULO				100				
DATE OF BIRTH (mm/dd/yyyy)	05 – 17 – 1970		16. CITIZENSHIP		⊠ Filipir	no 🗆	Dual Citizenship	7	
4. PLACE OF BIRTH	BARAGAY MARCOS BAYBAY	Y CITY, LEYTE	If holder of dual citize	nship,			D by birth Pls. indicate c	by naturaliza ountry:	ation
5. SEX	⊠ Male	Female	please indicate the d	etails.	7				
6 CIVIL STATUS	Single Widowed Other/s:	<ul><li>☑ Married</li><li>☐ Separated</li></ul>	17. RESIDENTIAL ADDRESS	This begins	, 789 se/Block/Lot N MARCOS odivision/Village			MARCOS Street MARCOS Barangay	
7. HEIGHT (m)	5 " 10				BAYBAY			LEYTE	
8. WEIGHT (kg)	82 Kgs	no.	ZIP CODE	Ci	ty/Municipality	/		Province	
9. BLOOD TYPE		KIR Y I'V I	18. PERMANENT ADDRESS		789	at a		MARCOS	1-002
	70051701389	The state of the s	En and an Charles	Hou	se/Block/Lot N	Vo.		Street	28632
10. GSIS ID NO.	70051701389			MARCOS Subdivision/Village		ge		MARCOS Barangay	
11. PAG-IBIG ID NO.	1700-0025-8866			BAYBAY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-0000142	13-2	ZIP CODE	6521	,				
13. SSS NO.	none		19. TELEPHONE NO.	563-7064	563-7064				
14. TIN NO.	116-626-533		20. MOBILE NO.	09058528754					
15. AGENCY EMPLOYEE NO.	001394498		21. E-MAIL ADDRESS (if any)	jerryposas@ymail.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	POSAS			23. NAME of CHI	LDREN (Writ	te full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)
SIG FIRST NAME	ROSANA		NAME EXTENSION (JR., SR)	LEO CLAIF	RE S. PO	SAS		11 -09	9 -1992
MIDDLE NAME	SURINGA			GERALD S	MITH S.	POSAS		05 -20	0 -1995
OCCUPATION	HOUSEWIFE			JOSEPH J				09 - 1	7 -2002
EMPLOYER/BUSINESS NAME	NA.			CARNEL E			AS	12 -1	5 -2009
BUSINESS ADDRESS	MARCOS BAYBAY C	ITY, LEYTE				P			
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	POSAS	The same of the sa		P. 11 11	4				
FIRST NAME	LEODEGARIO		NAME EXTENSION (JR., SR)	Parameter					
MIDDLE NAME	BAGARINAO								
25. MOTHER'S MAIDEN NAME									
SURNAME	POSAS				2				
FIRST NAME	ROMANITA			- 4					
MIDDLE NAME	BANTACULO				10	Continue on se	parate sheet if neces	sarv)	
III. EDUCATIONAL BACK				NAME OF TAXABLE	MAGN	Simulation 30	, and side in neces		
26.	NAME OF SCHOOL		BASIC EDUCATION/DEGREE/C	OURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/
LEVEL	full) (Write in full)			(Write in			UNITS EARNED (if not graduated)	GRADUATED	ACADEMIC HONORS RECEIVED
EL EMENTA DV					From To				
ELEMENTARY	PANGASUGAN ELEMENTA	ARY SCHOOL	ELEMENTARY GRA		1977	1982	GRADUATED	1982	NONE
SECONDARY	BUNGA NATIONAL HIGH S	BUNGA NATIONAL HIGH SCHOOL		ADUATE	1982	1986	GRADUATED	1986	NONE
VOCATIONAL/ TRADE COURSE	VISAYAS STATE COLLEGE	OF AGRICULTURE	FOREST RANGER CO	DURSE	1986	1988	21 UNITS		NONE
COLLEGE	A NOTED TO								
GRADUATE STUDIES	The state of		in the resulting		S. M. [ 2]			KANG	
		(0	Continue on separate sheet if nec	essary)	1-1				
SIGNATURE	Throm				D	ATE	April o	012017	

SPECIAL LA	SERVICE/ RA 1080 (BC WS/ CES/ CSEE NGAY ELIGIBILITY / DR		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ON / CONFERM	et man	NUMBER	Date of Validity
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J									Gignly
WORK EX	(PERIENCE		(Co	ontinue on separate sheet i	if necessary)	Wales See	*		
lude priva	te employment. S	tart from your rece	nt work) Descripti	on of duties should b	e indicated in the attach	ed Work Exp			SERVICE
(mm	n/dd/yyyy) .	TION TITLE not abbrev	(Write in full/Do		CY / OFFICE / COMPANY (Write not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	
From	To Present	ADM.AID	OF III		President for Research	11,488/month		REGULAR	YES
	20004	ADM. All		Office of the Vice	Extension President for Research	10,000/month	-	REGULAR	YES
	2007	MESSEN		Office of the Dire	Extension ector for Research and	8000/month		CASUAL	YES
	1993	LABOR			A RESEARCH CENTER	800 /month		JOB ORDER	YES
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				(Continue on separate she	eet if necessary)				

VI. VÖLUNTARY WORK OR INVOLVEMENT IN	CI NON-GOVERNMENT			ORGANIZ.	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		From	(mm/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
THE THE PARTY.			States.				
NA		NA NA	NA	NA		NA	
	1 12 City 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1			
	or and all all all all all all all all all al					To the total of the sale of the sale and	
II. LEARNING AND DEVELOPMENT (L&D) II		tinue on separate s		1)			
tart from the most recent L&D/training program and include o		the last five (5) year	rs for Division Ch	nief/Executive/iManag	nerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTI		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
(Write in fu	")	(mm/d	ld/yyyy) To		Supervisory/ Technical/etc)	(Write in full)	
articipating in the 26th Joint Vicarp and RRDEN Region xtension symposium	nal Research Development and	March 17	18/ 15	16 Hours		VICARP - RRDCC	
so 9001 – 2008 Orientation & Writeshop Among Clerk &	Secretaries	Sept. 21 /2015	18/ 15	8 Hours		ODAHRD	
Gender Sensitivety Training		Sept. 11,2014		8 Hours		ODAHRD	
Rice and Rice- Based Technologies for Areas Affected b	by Super - Typhoon Yolanda	May 20	27 /2014	64 Hours	en jennige Programa	PHILIPPINE RICE RESEARCH INSTITUT	
Oath Taking and Orientation of Newly Hired/Promoted A		July 29,2013		8 Hours		BIDANI	
Consultation Planning – Workshop on Oporationalizing Project Tool of the State University and College (SUCs	BIDANI as and Extension Program	10/22/2017	24 /2012	24 hours		ODAHRD	
		-3500000					
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	(Co)	ntinue on separate	sheet if necessa	ry)			
VIII. OTHER INFORMATION	32. NON-ACADEMIC DISTINCTIONS /	RECOGNITION				MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (W	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS	necoonmon	(Write in ful	11)		in full)	
BASKETBALL		KAC (MIC)				YOUNG ONCE	
VOLLEYBALL	F0					KNIGH OF COLUMBOS	
STRUMMING GUITAR		- 1 T	100 m		Am as a	BAP / FIBA	
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		11					
	S. GUINOCOR	MARKE	YTTA				
	(C	ontinue on separate	e sheet if necess	ary)			

Are you related by consanguinity or affinity to the a nting of	or recommending authority, or to the					
chief of bureau or office or to the person who has immediate s Bureau or Department where you will be appointed,	supervision over you in the Office,					
a. within the third degree?		☐ YES ⊠ NO				
b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES 🗵 NO				
		If YES, give details:				
a. Have you ever been fo	ound guilty of any administrative offense?	☐ YES ☑ NO				
		If YES, give details:				
		☐ YES ☑ NO				
b. Have you been criminally charged before any court?		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
Have you ever been convicted of any crime or violation of arby any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:				
Have you ever been separated from the service in any of the	e following modes: resignation,	☐ YES ☒ NO				
retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	If YES, give details:				
a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES ☑ NO				
Barangay election)?		If YES, give details:	The control of the Co			
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:					
9. Have you acquired the status of an immigrant	or permanent resident of another country?	☐ YES ⊠ NO	0			
	If YES, give details (country	1):				
D. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	), please answer the following items.					
Are you a member of any indigenous group?		☐ YES ☑ N If YES, please specify:				
Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
Are you a solo parent?		YES N	10			
		If YES, please specify ID No:				
11. REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)	1	A ST OF ST			
NAME	ADDRESS	TEL. NO.				
DR. OTHELLO B. CAPUNO	VISCA BAYBAY CITY, LEYTE	563 8935	3.5			
R. JOSE L. BACUSMO	VISCA BAYBAY CITY, LEYTE	563-7215				
DR . EFREN B. SAZ	VISCA BAYBAY CITY, LEYTE	563-1307				
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this do administrative/criminal case/s against me.	inent laws, rules and regulations of the sentative to verify/validate the contents sta	Republic of the ted herein.	Jignum Jekky B posas			
GOVERNMENT ISSUED ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of			AND COMPANY OF THE PARK OF THE			
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Issuance Government Issued ID: V000418	Th. /					
	Signature (Sign inside the	hox)				
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Government Issued ID: V000418  ID/License/Passport No.: H03-97-028282  Date/Place of Issuance: VSU, Visca Baybay City, Leyte	Signature (Sign inside the 4 – 19 – 201 Date Accomplished	7	Right Thumbmark			
Government Issued ID: V000418  ID/License/Passport No.: H03-97-028282	Signature (Sign inside the 4 – 19 – 201 Date Accomplished					
Government Issued ID: V000418  ID/License/Passport No.: HO3-97-028282  Date/Place of Issuance: VSU, Visca Baybay City, Leyte	Signature (Sign inside the 4 – 19 – 201 Date Accomplished , affiant exhit	7 biting his/her validly issued government				
Government Issued ID: V000418  ID/License/Passport No.: H03-97-028282  Date/Place of Issuance: VSU, Visca Baybay City, Leyte	Signature (Sign inside the 4 – 19 – 201 Date Accomplished	7 biting his/her validly issued government				
Government Issued ID: V000418  ID/License/Passport No.: H03-97-028282  Date/Place of Issuance: VSU, Visca Baybay City, Leyte	Signature (Sign inside the 4 – 19 – 201 Date Accomplished , affiant exhit	7 DCOR				