CS Form No. 212									
Revised 2017		PERSO	NAL DAT	A SH	IEE1	_			
WARNING: Any misrepresenta	tion made in the Perso	nal Data Sheet and th	e Work Experience Sheet sh	all cause the	filing of adm	inistrative/	criminal case/s a	gainst the pe	rson
concerned. READ THE ATTACHED GUIDE								(De ant fill up F	
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIO		eet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)
2. SURNAME	RESTOR								
FIRST NAME	CHRISTAN MIKHAEL						NAME EXTENSION (JR.	., SR) N/A	
MIDDLE NAME	DIAZ								
3. DATE OF BIRTH		0/4000	40 OLITIZENOUID						
(mm/dd/yyyy)	10/10	6/1992	16. CITIZENSHIP		✓ Filipir	10	Dual Citizenship	□ h nati uni	nation
4. PLACE OF BIRTH	BAYB	AY CITY	If holder of dual citize	nship,			by birth by naturalization  Pls. indicate country:		
5. SEX	✓ Male	Female	please indicate the de		Dhilippings			- io. indicate country.	
	✓ Single	Married	17. RESIDENTIAL ADDRESS		Philippines Cottage #6		Sn	oillway Rotunda	
6 CIVIL STATUS	Widowed	Separated	17. RESIDENTIAL ADDRESS		ise/Block/Lot No			Street	Company of the second s
	Other/s:				U lower campu bdivision/Village		Bro	gy. Pangasugan Barangay	
7. HEIGHT (m)	1	1.73			Baybay City		and the second of the second o	Leyte Province	
8. WEIGHT (kg)		80	ZIP CODE		, , , , , , , , , , , , , , , , , , ,	,	6521a	r rovinos	
9. BLOOD TYPE		0+	18. PERMANENT ADDRESS	Ho	Cottage #6		Sp	Spillway Rotunda Street	
10. GSIS ID NO.	ı	N/A		House/Block/Lot No.  VSU lower campus  Subdivision/Village  Baybay City		Brg	Brgy. Pangasugan		
11. PAG-IBIG ID NO.	1212-0	914-1945				weekheer of the first of the control	Barangay Leyte Province		
12. PHILHEALTH NO.	12-05	1233407	ZIP CODE	City/Municipality 6521a		6521a			
13. SSS NO.	06-3408350-3		19. TELEPHONE NO.		563-7415				
14. TIN NO.	439-649-413		20. MOBILE NO.		N/A				
15. AGENCY EMPLOYEE NO.	None		21. E-MAIL ADDRESS (if any)	mikhael.restor@gmail.com					
II. FAMILY BACKGROUND		respectively.					ings, or of the second	T	1 1 1 1 1
22. SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR., SR)	23. NAME of Ch	HILDREN (Write	e full name and	list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	1	N/A	NAME EXTENSION (JR., 5K)			N/A		N/A	
MIDDLE NAME		N/A		N/A			N/A		I/A
OCCUPATION		N/A		N/A		N/A			I/A
EMPLOYER/BUSINESS NAME		N/A		N/A		N/A			I/A
BUSINESS ADDRESS		N/A		N/A		N/A		I/A	
TELEPHONE NO.		N/A		N/A		N/A	1		N/A
24. FATHER'S SURNAME		RESTOR	LANCE EXTENSION (ID. 00)		-				
FIRST NAME	BEN	IJAMIN	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME		LAGUNA							
25. MOTHER'S MAIDEN NAME									
SURNAME		DIAZ							7 8
FIRST NAME	WILMA								
MIDDLE NAME		BERDIJO			(C	ontinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND		mass fearer stable	Control of					
26. LEVEL		DF SCHOOL te in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	
FIFMENTADY	VICOA FOLINDATION	FI FMFNTARY CONTOC	A 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10		From	То			RECEIVED
ELEMENTARY	VISCA FOUNDATION	<b>ELEMENTARY SCHOOL</b>	GRADE 1-6		1999	2005	Graduated	2005	N/A

MIDDEE IVANE	DETABLE					n Separate Sheet in hecessary)			
II. EDUCATIONAL BACK	(GROUND								
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHI ACADEMIC HONORS RECEIVED		
			From	From To (if not					
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	GRADE 1-6	1999 20 2005 20		Graduated 2005		N/A		
SECONDARY	VISAYAS STATE UNIVERSITY- LABORATORY HIGHSCHOOL	HIGH-SCHOOL 1ST-4TH YEAR			Graduated	2009	N/A		
VOCATIONAL / TRADE COURSE	N/A	N/A							
COLLEGE	VISAYAS STATE UNIVERISTY (main campus)	BACHELOR OF SCIENCE IN COMPUTER SCIENCE	2009	2013	Graduated	2013	N/A		
GRADUATE STUDIES	RADUATE STUDIES  VISAYAS STATE UNIVERISTY (main campus)  MASTER IN MANAGEME BUSINESS MANAGEME		2015	2020	Graduated	2020	N/A		
	<b>1</b> (C	ontinue on separate sheet if necessary)							
SIGNATURE	1	1/2			Ji	June 4, 2021			

IV. CIVIL S	ERVICE ELIG	BILITY				<b>建筑加州</b>			
27. CARE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE  RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT					LICENSE (if applicable)			
BAI	BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)  EXAMINATION / CONFERMENT  CONFERMENT				NUMBER	Date of Validity			
	Nor	ne							
			-						
	-								
			10						
V. WORK E	XPERIENCE		(Con	tinue on separate sheet if	necessary)	ColeTRAD			
	CONTROL OF STREET STREET, STRE	nt. Start from your recen	t work) Description	n of duties should be	indicated in the attach	ed Work Exp			
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TI		DEPARTMENT / AGEN	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T		
From	То	(Write in full/Do not a	abbreviate)	(Write in full/Do not abbreviate)		SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
7/1/2020	PRESENT	Administrative	Aide III	Office of the Un	iversity Registrar	10000.00	N/A	CASUAL	YES
7/1/2017	6/30/2020	Information Technolog	y Support Staff		iversity Registrar	8000.00	N/A	JOB ORDER	YES
7/1/2014	6/30/2017	Administrative			ity Relations Office	7000.00	N/A	JOB ORDER	YES
1/1/2014	5/4/2014	Data Anal			of Companies				
					and Development	12000.00	N/A	TEMPORARY	NO
7/1/2013	1/1/2014	Autocadd Op	erator		oration	12000.00	N/A	TEMPORARY	NO
					-				
						-			
							7		
		-							
, , , , , , , , , , , , , , , , , , , ,									
				41-11-11-11-11-11-11-11-11-11-11-11-11-1					
SIGNA	ATURE		(Con	tinue on separate sheet if	DATE			June 4, 2021	
5,0,0			7-1		DATE			SFORM 212 (Revised 20	017), Page 2 of 4
		6							

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	/PEOPLE/	VOLUNTAR'	Y ORGANIZATIO	DN/S	1.60	
29. NAME & ADDRESS OF (Write in ft		INCLUSI (mm/c	VE DATES dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
None							
	, , , , , , , , , , , , , , , , , , , ,			+			
					-		
						7	
	(Con.	linue on separate	sheet if necessa	ry)			
VII. LEARNING AND DEVELOPMENT (L&L (Start from the most recent L&D/training program and inc.)	) INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED	STATE OF STATE	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in for		ATTEN	E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		recimoairetoj		
ADMINISTRATIVE A	AIDE III						
	S .						
	7						
			-	-			
				+			
			-	+			
				-			
			-				
			-				
	(Cor	tinue on separate	sheet if necessa	ary)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DIST (Wr	INCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SPORTS		No	ne			VSU VARSITY COACH	
MUSIC							
DESIGN							
		21	OS MUL	3 0			
						*	
		ntinue on separat		sary)			
SIGNATURE	/	7		D	ATE	June 4, 2021	
		()				CS FORM 212 (Revised 2017), Page 3 of	

34. Are year related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat "Bureau or Department where you will be appointed,"						
a. within the third degree?	YES V NO					
b. within the fourth degree (for Local Government Unit - Cal	reer Employees)?	☐ YES ☑ NO				
	If YES, give details:					
Buyers and a second						
35. a. Have you ever been found guilty of any administrative of	fense?	☐ YES ✓ NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		☐ YES ✓ NO	)			
5. Have you been communally changed belove any county		If YES, give details:	,			
		Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	YES V	0			
by any court or tribunal?		If YES, give details:				
37. Have you ever been separated from the service in any of th		✓ YES	0			
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:	need to go back home			
38. a. Have you ever been a candidate in a national or local ele	ction hold within the last year (except	Resignation, I need to go back home				
Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
h. Have you resigned from the government service during the	as three (2) month period before the last					
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>		☐ YES ☐ NO  If YES, give details:				
39. Have you acquired the status of an immigrant or permanent			<del></del>			
os. There you dequited the status of all limingfalls of politicality	resident of another country:	☐ YES ☑ NO If YES, give details (country):				
		ii 125, give details (count	ту).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?	[1] 그렇게 그렇게 그는 그렇게 되는 하는 하는데 얼마면 되는데 방문을 되었다. 그런 그렇게 하면 이 얼마를 하면 하는데 하면 하면 하면 하면 하면 하면 하는데 그렇게 되었다.					
h A		☐ YES  If YES, please specify:				
b. Are you a person with disability?	YES V					
c. Are you a solo parent?		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	:/appointee)					
NAME	ADDRESS	TEL. NO.				
Marwen A. Castañeda	Visca, Baybay City Leyte	9776295216				
Norma O. Villas	Visca, Baybay City Leyte		00			
Raul A. Abit			0			
	Visca, Baybay City Leyte					
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippings I authorize the provision of pertine	this Personal Data Sheet which is a tr	ue, correct and				
rillippines. I authorize the agency head/authorized repre	sentative to verify/validate the contents	stated horoin	HRISTAN MARKHAEL D. RESTOR			
agree that any misrepresentation made in this docu	ument and its attachments shall caus	e the filing of	PHOTO			
administrative/criminal case/s against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance			36770Mmm			
Government Issued ID:						
ID/License/Passport No.: VO (192						
Date/Place of Issuance:	x) 2:1					
	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	2 5 JUN 2021 afford subtilities	1: //				
- San and solid file tills	, affiant exhibitir	ng his/her validly issued governme	ent ID as indicated above.			
\	4.					
*1	Man					
	ATTY RYS C. GUINOCOR					
	Person Administering Oath					