CS Form No. 212 Revised 2017	PERSON	AL DAT	A SH	HEET			
READ THE ATTACHED GUIDE TO F	made in the Personal Data Sheet and the Work Experi FILLING OUT THE PERSONAL DATA SHEET (PDS) BE	FORE ACCOMPLISHING THE PL	DS FORM.		water than it was a second		
Print legibly. Tick appropriate box I. PERSONAL INFORMATI	es () and use separate sheet if necessary. Indic	ate N/A if not applicable. DO I	NOT ABBRE	MATE. 1, CS ID No.	(Do not fill up. For CSC use only		
					Talkobino sinon		
2. SURNAME	Estor NAME EXTENSION (JR., SR)						
FIRST NAME	Lovely Mae		-	NAME EATEN	N/A		
MIDDLE NAME	Jabines						
3. DATE OF BIRTH (mm/dd/yyyy)	11/06/1997	16. CITIZENSHIP		✓ Filipino □ Dual Citizenship □ by pirth □ by naturalization			
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citize	enship.	by birth by naturalization Pls, indicate country:			
		please indicate the d					
5. SEX	☐ Male ✓ Female			Philippines			
6. CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		ouse/Block/Lot No.	30 de Deciembre Street Street		
	Other/s:			ouse/Biock/Lot No.	Poblacion Zone 23		
				Subdivision/Village	Barangay		
7. HEIGHT (m)	1.51			BAYBAY City/Municipality	LEYTE Province		
8. WEIGHT (kg)	49.00	ZIP CODE		6521	e mali.		
9. BLOOD TYPE	0+	18, PERMANENT ADDRESS	H	ouse/Block/Lot No.	Street		
10. GSIS ID NO.	2005462306			Cub division Alillama	Derengev		
11. PAG-IBIG ID NO.	12123492541			Subdivision/Village	Barangay		
12. PHILHEALTH NO.	132503710009	ZIP CODE		City/Municipality	Province		
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A			
14, TIN NO.	350970027	20. MOBILE NO.		9093234740			
15. AGENCY EMPLOYEE NO.	V01094	21, E-MAIL ADDRESS (if any)		lovelymae.estor@vsu.edu.ph			
II. FAMILY BACKGROUN	D						
22 SPOLISEVS SLIRNAME	N/A		23 NAME of	CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		N/A	N/A		
MIDDLE NAME	N/A						
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME	N/A						
BUSINESS ADDRESS	N/A						
TELEPHONE NO.	N/A						
24. FATHERYS SURNAME	Estor						
FIRST NAME	Francisco	NAME EXTENSION (JR., SR)					
MIDDLE NAME	Marumas						
		T					
25. MOTHERYS MAIDEN NAME	Virginia Gucela Jab	Dines					
SURNAME	Estor						
FIRST NAME	Virginia						

SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HIGHEST LEVEL/UNITS EARNED NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full) PERIOD OF ATTENDANCE YEAR GRADUATED LEVEL To ELEMENTARY Baybay I Central School 2004 Elementary 2010 2010 SECONDARY Baybay National High School 2010 2014 2014 Secondary VOCATIONAL/ TRADE COURSE DOST/ Magna Cum Laude Bachelor of Science Secondary Education- Mathematic COLLEGE Visayas State University 2014 2018 2018 Cebu Normal University GRADUATE STUDIES Master of Science in Mathematics 2019 Precent SIGNATURE DATE 12/04/2020

Virginia

Jabines

MIDDLE NAME

(Continue on separate sheet it necessary)

SERVICE EL	IGIBILITY							-
			DATE OF				LICENSE (if a	pplicable)
7. CAREER SERVICE/ PA 1989 (BOARD/ BAR) UNIDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE Licensed Professional Teacher 88.8						RMENT	NUMBER	Date o Validity
			September 30, 2020	Tac	Tacloban City			01/07/20
Honor Graduate Eligibility		N/A	N/A		N/A	N/A		
					1 12			
		at work) Descript			d Work Exper	ience sheet		
SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not a	rLE bbreviate)	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 SERVIC (Y/N)
Present	Substitute Instruc	tor I	Visayas State University			12-1	Contractual	Υ
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	EXPERIENCE Experi	EXPERIENCE ate employment. Start from your recently following the follow	ER SERVICE/PA 1080 (BOARD/BAR) UNDER SPECIAL LAWS/ DES/ CSEE RANGAY ELIGIBILITY / DRIVER'S LICENSE Licensed Professional Teacher 88.8 Honor Graduate Eligibility N/A EXPERIENCE ate employment. Start from your recent work). Description of the professional professional teacher 10 percent works. Description of the percent works are professional teacher 10 percent works. Description of the percent works are percent works are percent works. Description of the percent works a	REPUBLIC PARTIES SPECIAL LAWS/CEN CENTER SPECIAL LAWS/CEN CENTER SPECIAL LAWS/CEN CENTER (PApplicable) PARTIES SPECIAL LAWS/CENTER LICENSE (PApplicable) PARTIES SPECIAL LAWS/CENTER LICENSE (PApplicable) PARTIES SPECIAL LAWS/CENTER LICENSE (PAPPLICAN LICENSE PARTIES SPECIAL LAWS/CENTER LICENSE PARTIES (PAPPLICAN LICENSE PARTIES LICEN	RECENTED FOR 1000 SCANDING UNDER SECUL LAWS CES CESE TYPE AND SECUL LAWS CES CESE (IMPORTED SECUL LAWS CES CES CES CES CES CES CES CES CES CE	The compact per year group and purple in the compact per year of the compact per year. Years year of the compact per year of the compact per year of years year of the compact per year. Years year of years year. Years year years year years year years year years year years year. Years year years year years year years years years years years years year. Years	SCRICK AND COLORS SCRICK AND C	

NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/dc		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A		N/A
936.257					
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	Continue on separat	sheet if necessary			
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING					
t from the most recent L&D/training program and include only the relevant L&D/training taken for TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTEN (mm/d	DATES OF DANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Title II w)	From	To	HOURS	Supervisory/ Technical/etc)	(Write in full)
8 International Convention of the Mathematics Leachers Association of the Philippines-Lertary Level	07725/2018	U//2//2018	24	Instruction	Mathematics Teachers Association of the Philippines-Terti Level
9 MTAP-TL Summer Lecture on MMW	05/18/2019	05/18/2019	8	Instruction	Mathematics Teachers Association of the Philippines-Terti Level
9 Summer Upgrading Program for Mathematics Teachers	05/30/2019	06/01/2019	24	Instruction	Mathematical Society of the Philippines
nhert W Function and Riemann Surfaces	10/21/2019	10/23/2019	24	Rosparch	Cebu Normal University
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II. OTHER INFORMATION	(Continue on separa	te sheet il necessa	y)		
The second secon	ON-ACADEMIC DI	STINCTIONS / RE	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT
N/A		VA			N/A
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			1444	0 0	
	(Continue on sepa	ate sheet il necessa	ury)		
SIGNATURE	0 000	MASTA	1111	ATE	12/04/2020

34.	Are you related by consanguinity or affinity to the appoint the chief of bureau or office or to the person who has in Office, Bureau or Department where you will be apppoint	nmediate supervision over you in the			
	a. within the third degree?	TYES	✓ NO		
	b. within the fourth degree (for Local Government Unit -	YES If YES, give details:	✓NO		
35.	a. Have you ever been found guilty of any administrative	☐\YE3 If YES, give details:	☑N0		
	b. Have you been criminally charged before any court?	TYES If YES, give details: Date Filed: Status of Case/s:	✓NO		
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	YES If YES, give details:	✓NO		
37.	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector?	YES If YES, give details:	√NO		
38,	a. Have you ever been a candidate in a national or loca (except Barangay election)?	YES If YES, give details	✓NO		
	b. Have you resigned from the government service during last election to promote/actively campaign for a national	YES If YES, give details	∷		
39.	Have you acquired the status of an immigrant or perma	YES If YES, give details (c	ountry):		
a. b.	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 Are you a member of any indigenous group? Are you a person with disability?	☐YES ✓NO If YES, please specify: ☐YES ✓NO If YES, please specify ID No			
	Are you a solo parent?	YES If YES, please specify	☑NO y ID No		
41.	REFERENCES (Person not related by consanguinity or affinity to app	licant (appointee)			
_	NAME	ADDRESS	TFI_NO.		
	Eusebio Lina Jr.	Visayas State University	09293697060		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repagree that any misrepresentation made in this document and administrative/criminal case/s against me.	inent laws, rules and regulations of the resentative to verify/validate the contents	Republic of the stated herein. I	LOVELY THAT I. ESTOR	
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, c.) PLEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHILHEALTH I/License/Passport No.: 132503710009 ate/Place of Issuance: 10/15/2018 / Baybay City, Leyte	90X)	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this 9 9	ATTY RYSAN C. GUINOCO		ued government ID as indicated above.	
		th			