

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BRIT		
FIRST NAME	CHONA	NAME EXTENSION (JR., SR) - - -	
MIDDLE NAME	AMPO		
3. DATE OF BIRTH (mm/dd/yyyy)	4/3/1975	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TUNGA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT 15 KILBOURNE DRIVE House/Block/Lot No. Street VSU Campus ViSCA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521-A
7. HEIGHT (m)	1.35 m	ZIP CODE	
8. WEIGHT (kg)	55 kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	323 GOMEZ STREET House/Block/Lot No. Street TUNGA LEYTE City/Municipality Province 6528
10. GSIS ID NO.	CRN-006-0063-8374-1	ZIP CODE	
11. PAG-IBIG ID NO.	1700-0027-9514		
12. PHILHEALTH NO.	13-000014954-4		
13. SSS NO.	06-1484307-7	19. TELEPHONE NO.	NONE
14. TIN NO.	901-123-416	20. MOBILE NO.	09216147704
15. AGENCY EMPLOYEE NO.	V00117	21. E-MAIL ADDRESS (if any)	chona.brit@vsu.edu.ph

II. FAMILY BACKGROUND

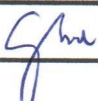
22. SPOUSE'S SURNAME	BRIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALLAN	NAME EXTENSION (JR., SR)	PAUL ANDRE A. BRIT	10/29/2003
MIDDLE NAME	MASUELA		CANDACE PAULINE A. BRIT	4/25/2011
OCCUPATION	LIVELIHOOD PROGRAM OFFICER			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF AGRICULTURE			
BUSINESS ADDRESS	PALO, LEYTE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	AMPO			
FIRST NAME	LUCRECIO	JR.		
MIDDLE NAME	ECO			
25. MOTHER'S MAIDEN NAME				
SURNAME	URIBE			
FIRST NAME	LINA			
MIDDLE NAME	MALUBAY			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	JARO SPED CENTER	PRIMARY EDUCATION	6/1/1983	4/1/1986	N.A.	1986	WITH HONORS
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	6/1/1986	4/1/1990	N.A.	1990	NONE
VOCATIONAL / TRADE COURSE	NONE	N.A.	N.A	N.A	N.A.	N.A.	NONE
COLLEGE	UNIVERSITY OF SAN-JOSE RECOLETOS	AB PSYCHOLOGY	6/1/1992	3/31/1996	N.A.	1996	NONE
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MAEd-GUIDANCE & COUNSELING	6/1/2005	3/31/2014	N.A.	2014	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/17/2022
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CIVIL SERVICE PROFESSIONAL ELIGIBILITY	84.59	2/8/1997	Cebu City	N.A.	N.A.
	GUIDANCE COUNSELOR LICENSURE EXAM	81.80%	8/18/2014	Metro Manila	0002561	4/3/2020 to 4/3/2023
	NON-PROFESSIONAL DRIVER'S LICENSE	N.A.	N.A.	Baybay City, Leyte	H-12-11001085	04/03/2017 to 2022

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	11/7/2022
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
Visca Educational Foundation, Inc. (VEFI)	7/1/2010	7/30/2012	4hrs/month	Board of Director
Holy Spirit Parish, Baybay City, Leyte	10/1/2014	12/31/2017	As needed	Service Group Leader
Visca Educational Foundation, Inc. (VEFI)	8/1/2019	Present	4hrs/month	Board of Director

(Continue on separate sheet if necessary)

# VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Online Clinical Interviewing: Intake Assessment and Alliance	6/27/2020		2	Technical	Philippine Association of Counselor Education Research and Supervision (PACERS, Inc.)
Quality of Life In Time of Crisis	6/25/2020		2	Technical	Philippine Guidance & Counseling Association
Virtual Roundtable: Tele-Counseling in the New Normal, How to Do it, How We Did It	6/20/2020		2	Technical	Philippine Association of Counselor Education Research and Supervision (PACERS, Inc.)
Mental Health: Lessons From the Masters	6/18/2020		2	Technical	Philippine Guidance & Counseling Association
Dealing with Grief During the Pandemic	6/11/2020		2	Technical	Philippine Guidance & Counseling Association
Science of COVID-19: Coping Behavior	6/4/2020		2	Technical	Philippine Guidance & Counseling Association
Resilience in the New Normal	5/28/2020		2	Technical	Philippine Guidance & Counseling Association
Making Sense in of the Pandemic: Psychological Impact on Clients and Communities	5/29/2020		2	Technical	Clearly Clinical, USA (Online)
Swiftly Transitioning to Online Therapy, Legally, Ethically, and Efficiently	5/27/2020		2	Technical	Clearly Clinical, USA (Online)
Getting Through COVID-19 Directives: Supporting Connection and Emotional Health	5/27/2020		2	Technical	Clearly Clinical, USA (Online)
The Grip of Grief: Processing and Continual Losses of the Pandemic	5/27/2020		2	Technical	Clearly Clinical, USA (Online)
Assessment and Intervention with Suicidal Clients	4/9/2020		2	Technical	American Counseling Association (Online)
Establishing Personal and Professional Boundaries	4/9/2020		2	Technical	American Counseling Association (Online)
Counselor Self Care	4/8/2020		2	Technical	American Counseling Association (Online)
COVID 19 and Telebehavioral Health: Ethical Considerations During a Public Health Emergency	4/7/2020		2	Technical	American Counseling Association (Online)
53rd Annual National Conference-Theme: "Advocating Change, Healing Lives"	5/17/2017	5/19/2017	24	Technical	Philippine Guidance & Counseling Association
52nd Midyear National Conference-Theme: "Counseling Practices for Global Competitiveness"	10/20/2016	10/21/2016	16	Technical	Philippine Guidance & Counseling Association
51st National Conference-Theme: Evidence-Based Counseling: Current Directions, Practices and Challenges	5/20/2015	5/22/2015	24	Technical	Philippine Guidance & Counseling Association
Training on Professional Development in Mental Health and Psychosocial Support	3/16/2015	3/18/2015	24	Technical	International Medical Corps

(Continue on separate sheet if necessary)

# VIII

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Counseling/Facilitating	NONE	Philippine Guidance and Counseling Association, Inc.
		Brotherhood of Christian Businessman and Professionals
		Philippine Association of Counselor Education Research and Supervision (PACERS, Inc.)

(Write sheet if necessary)

SIGNATURE	DATE
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p>     <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input checked="" type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: End of Contract &amp; Resignation</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES                      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:35%;">NAME</th><th style="width:35%;">ADDRESS</th><th style="width:30%;">TEL. NO.</th></tr></thead><tbody><tr><td>MARWEN A. CASTAÑEDA</td><td>Apt.4, VSU Campus, Visca, Baybay City, Leyte</td><td>0942-5321981</td></tr><tr><td>JUNITO A. PANONCE</td><td>Duplex, VSU Campus,Visca Baybay City,Leyte</td><td>0956-6530759</td></tr><tr><td>ELVIRA A. OCLARIT</td><td>Brgy. Guadalupe, Baybay City, Leyte</td><td>0943-3446086</td></tr></tbody></table> <p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>		NAME	ADDRESS	TEL. NO.	MARWEN A. CASTAÑEDA	Apt.4, VSU Campus, Visca, Baybay City, Leyte	0942-5321981	JUNITO A. PANONCE	Duplex, VSU Campus,Visca Baybay City,Leyte	0956-6530759	ELVIRA A. OCLARIT	Brgy. Guadalupe, Baybay City, Leyte	0943-3446086
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<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>VSU ID</td></tr><tr><td>ID/License/Passport No.:</td><td>V00117</td></tr><tr><td>Date/Place of Issuance:</td><td>January 2, 2010</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	VSU ID	ID/License/Passport No.:	V00117	Date/Place of Issuance:	January 2, 2010	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 80px; text-align: center; vertical-align: middle;"> Signature (Sign inside the box)</td></tr><tr><td style="text-align: center;">Date Accomplished <u>1/17/2022</u></td></tr></table> <div style="text-align: center; margin-top: 10px;"> Right Thumbmark</div>	 Signature (Sign inside the box)	Date Accomplished <u>1/17/2022</u>
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	VSU ID												
ID/License/Passport No.:	V00117												
Date/Place of Issuance:	January 2, 2010												
 Signature (Sign inside the box)													
Date Accomplished <u>1/17/2022</u>													
<p>SUBSCRIBED AND SWORN to before me this <u>24 JAN 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> ATTY. RYAN C. GUIMADOR VSU Chief Legal Officer</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 5px;">Person Administering Oath</div>													



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied for.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

- Duration: July 2020-Present
- Position: Guidance Counselor III & Head, Office of Student Welfare Services
- Name of Office/Unit: Office of Student Welfare Services
- Immediate Supervisor: Prof. Manolo B. Loreto, Jr.
- Name of Agency/Organization and Location: Visayas State University  
Visca, Baybay City, Leyte

- List of Accomplishments and Contributions

- Developed the ISO Procedures for Distance Counseling and Special Group Guidance Programs;
- Recruited core group for the Junior Department-Based Guidance Facilitators
- Conducted the Needs Assessment for SY 2020-2021 and Formulated an Intervention Program through online platforms due to the pandemic.

- Summary of Actual Duties

- Develop information materials affecting students, student's right, healthy lifestyle, etc;
- Design and deliver a comprehensive orientation program for the new, returning and continuing students especially those PWD's that would help students cope with the demands of student life;
- Plans, prepare the Guidance Program with other staff and ensure the proper implementation and evaluation of the Guidance Services;
- Provides guidance and counseling services to students and conducts case conference with the deans or academic heads, counselors, DBGF's, faculty, staff, parents and other stakeholders when necessary.

  
**CHONA A. BRIT**

(Signature over Printed Name  
of Employee/Applicant)

Date: \_\_\_\_\_