CS Form No. 212 Revised 2017	PE	ERSO	NAL DATA	SHI	3-15-140 2 (2001) (2003) (2012) <b>2                                    </b>	OS, WENTARY (OCHTS) BAC GROUP (FUR, 1981)	6 H438H6 (1) 10.00 HA
	ation made in the Personal D	ata Sheet and ti	ne Work Experience Sheet sha	ll cause the fil	ing of administrative/crimina	i case/s against ti	ne person
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERS	ONAL DATA SHE	EET (PDS) BEFORE ACCOMPL	ISHING THE P			
	And provide the latter to be successful to the successful to the second	ecessary. Indicate	N/A if not applicable. DO NOT ABE	BREVIATE.	1. CS ID No.	(Do not fill	up. For CSC L
I. PERSONAL INFORMATIO	POSAS						
2. SURNAME					NAME EXT	ENSION (JR., SR)	
FIRST NAME	MARICAR			1			NA
MIDDLE NAME	BAGARINAO						
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 0/ 19//		16. CITIZENSHIP		Filipino Dual Citizenship		
4. PLACE OF BIRTH	BAYBAY, LI	EYTE	If holder of dual citizenshi	ip,	Pls. ir	ndicate country:	
5. SEX	☐ Male	☑ Female	please indicate the detail	ls.			
6 CIVIL STATUS	☑ Single ☐ Widowed	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	· House/!	Block/Lot No.	ILANG ILA Street MARCOS	Tevelot Sign
	Other/s:		3504		ision/Village	Barangay	
7. HEIGHT (m)	1.5	. looris@s	6521	The state of the s	YBAY ON A DUTTER	LEYTE Province	Land
8. WEIGHT (kg)	80	1	ZIP CODE		Store	1000000	1.013.5
9. BLOOD TYPE	"O" 00.880,F		18. PERMANENT ADDRESS	House	Block/Lot No.	ILANG ILA	ANG
10. GSIS ID NO.	N/A 40 481.8	100(108	ethaniam to entro		ision/Village	MARCOS Barangay	
11. PAG-IBIG ID NO.	121045720662	e School 1	subs (3 ) 6521 (17)	В	AYBAY funicipality	Province	1/2020
12. PHILHEALTH NO.	030500706763	locals8 :	ZIP CODE	(	5521 ALLO	09/31/20	/2020
13. SSS NO.	33-6943383-6 0000	Senoo!	19. TELEPHONE NO.		NONE Data Encode	12/31/2019	12013
14. TIN NO.	01109918 na onca	Jeonal a	20. MOBILE NO.	09155992609		/2018	
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any) posasricafire@yahoo.com/r		afire@yahoo.com/mar	naricar.posas@vsu.edu.r	
II. FAMILY BACKGROUN	)						
22. SPOUSE'S SURNAME	N/A		23	3. NAME of CHILD	RÉN (Write full name and list all)	DATE OF	BIRTH (mm/
FIRST NAME	N/A		NAME EXTENSION (JR., SR)	FIF	RHEY P. CAYUNDA	6	/19/2007
MIDDLE NAME	N/A						
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME	N/A						
BUSINESS ADDRESS	N/A						
TELEPHONE NO.	N/A		e de la companya de				
24. FATHER'S SURNAME	POSAS						
FIRST NAME	OSCAR		NAME EXTENSION (JR., SR)				
MIDDLE NAME	BAGARINAO						
25. MOTHER'S MAIDEN NAME	MARTINA GODINE	S BAGARIN	IAO				
SURNAME	BAGARINAO		1.2				
FIRST NAME	MARTINA				·		
MIDDLE NAME	GODINES			(Continue on separate sheet if necessar			
III. EDUCATIONAL BACK	CPOUND						

From To RECEIVED VISCA FOUNDATION PRIMARY EDUCATION ELEMENTARY 6/1/1984 3/1/1990 NA graduated **ELEMENTARY SCHOOL EXPERIMENTAL RURAL HIGH** SECONDARY EDUCATION NA SECONDARY 6/1/1990 3/1/1994 1994 graduated SCHOOL VOCATIONAL / TRADE COURSE N/A VISAYAS STATE COLLEGE BACHELOR OF ANIMAL SCIENCE MAJOR IN ANIMAL HEALTH COLLEGE 6/1/1994 10/1/1998 graduated 1998 NA OF AGRICULTURE NA GRADUATE STUDIES

Containe on separate sheet it increasily)

SIGNATURE

DATE

June 4, 2021

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	(PERIENCE te employment St:	art from your recent work) Descriptio	n of duties should be in	ndicated in the attached	Work Evnerience sk	neet		
	DATES (mm/dd/yyyy)			ATTEN HERMAN	TOTA Experience St	SALARY/ JOB/ PAY GRADE (if		GOVT
	205,263	POSITION TITLE (Write in full/Do not abbreviate)		ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	SERVICE (Y/N)
From F/2/24	To	EDUCATION RESEARCH	055	Ometro C. C.		INCREMENT.		
5/3/21	present	ASSISTANT	Office of the	Graduate School	18, 784.04	US	CASUAL	YES
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VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT / F	PEOPLE / VOL	.UNTARY OF	RGANIZATION/S		
29. NAME & ADDRESS OF ORG (Write in full)	ANIZATION		/E DATES d/yyyy)	NUMBER OF HOURS	Marc are as	POSITION / NATURE OF WORK
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VII. LEARNING AND DEVELOPMENT (L&D) IN						
(Start from the most recent L&D/training program and include	only the relevant L&D/training taken for	INCLUSIV	E DATES OF	Chief/Executive/Mana	Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS		NDANCE dd/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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VIII. OTHER INFORMATION		I ACADEMA DICE	INCTIONS (DEC	CONTION		MEMBEDONIN IN ACCOUNT ON TO THE SECOND
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST (Wr	ite in full)	JONITION	70.4.2	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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SIGNATURE	~ Q	ntinue on separati	sneet if necessi		ATE	June 4, 2021
	()	ari seta A most	39			CS FORM 212 (Revised 2017), Page 3 of

E	Are you related by consanguinity or affinity to the appointin thief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,		HERE CHANGE OF PESSE, July 8 THERE CAN A STATE OF THE STA			
	a. within the third degree?  b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a	n. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:				
b	. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:  Date Filed: Status of Case/s:				
	lave you ever been convicted of any crime or violation of a any court or tribunal?					
re	lave you ever been separated from the service in any of the etirement, dropped from the rolls, dismissal, termination, eabolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  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?			☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO			
	lave you acquired the status of an immigrant or permanen	If YES, give details:  VES NO If YES, give details (country):				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?			☐ YES ☑ NO  If YES, please specify: ☐ YES ☑ NO  If YES, please specify ID No: ☐ YES ☑ NO  If YES, please specify ID No:			
11. R	EFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
R.	ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9173064899			
R.	JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076			
R.	EDITHA G. CAGASAN	VSU, BAYBAY CITY, LEYTE	9155913358			
o P a	declare under oath that I have personally accomplishe omplete statement pursuant to the provisions of perting thillippines. I authorize the agency head/authorized represerve that any misrepresentation made in this document	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ad herein.			
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	SUBSCRIBED AND SWORN to before me this	, affiant exhibitir	ng his/her validly issued government ID as indicated above.			
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