CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation 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 SHEE	ET (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.			ot the person	001100111001	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate N/	/A if not applicable. DO NOT ABE	BREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only)	
2. SURNAME	VEGA								
FIRST NAME	MARIA LILIA								
MIDDLE NAME	PABON								
3. DATE OF BIRTH	4/25/1967	AC OUTSTANCING	Anna Carana Maria						
(mm/dd/yyyy)	4/23/196/	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship						
4. PLACE OF BIRTH	BAYBAY	If holder of dual citizen	of dual citizenship,				zauon		
5. SEX	☐ Male ☑ Female	☐ Female please indicate the details.				ed-a-control of the property		and the second	
6 CIVIL STATUS	☐ Single ✓ Married	17. RESIDENTIAL ADDRESS				Purok 3			
The first section of the section of	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No.		Street STA. CRUZ				
7. HEIGHT (m)	5'3'	SIN FOR THE REPORT OF THE SECOND SECO	JEAN SAME IN INC.		ubdivision/Village BAYBAY CITY			Barangay LEYTE	
8. WEIGHT (kg)	60KG		City/Municipality		Province 6521				
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	1 (12)	Purok 3					
10. GSIS ID NO.	NA NA	TMEMINAGED	Нои	ise/Block/Lot N	ło.	Street STA_CRUZ		AC BLUE LOS	
11. PAG-IBIG ID NO.	12069 390	L ACARI-ORDON	Su	bdivision/Villag		1/1 / 21	Barangay LEYTE	000000	
<u> </u>	1212-76808072	- LINGGOOM SAIDA	С	ity/Municipality		Province		FIRESHALL.	
12. PHILHEALTH NO.	19-000065560-4	ZIP CODE	1,1805400	6521				200103	
13. SSS NO.	0111-7251401-2	19. TELEPHONE NO.		N/A					
14. TIN NO.	218-049-835-00	20. MOBILE NO.		09617605332					
15. AGENCY EMPLOYEE NO.	21. E-MAIL ADDRESS (if any)		ma.lilia.vega@vsu.edu.ph						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	MAME SYTEMSION / ID		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME			VEGA, JUNKEN			AUG. 6, 1989		6, 1989	
MIDDLE NAME	CABEL		VEGA, JANINE			5/24/1989			
OCCUPATION			VEGA, JEROME			DEG. 2, 1993		2, 1993	
EMPLOYER/BUSINESS NAME				VEGA, JEMUEL			5/4/1996		
BUSINESS ADDRESS									
TELEPHONE NO.	- Sinov								
24. FATHER'S SURNAME FIRST NAME	PABON	NAME EXTENSION (JR., SR)			Maria de la companya				
MIDDLE NAME	PIRST NAME WIARCIAL								
25. MOTHER'S MAIDEN NAME	HIPOLITO			***************************************					
SURNAME			and the periods	t john og egere ge					
FIRST NAME	ROSA				***************************************				
MIDDLE NAME	CASTIL			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BUNGA ELEMENTARY SCHOOL	PRIMARY EDUCATION		1974	1974	GRADUATED	1974	NA	
SECONDARY	BUNGA BARANGAY HS, NOW BUNGA NATIONAL HS	SECONDARY EDUCATION		1974	1983	GRADUATED	1983	NA	
VOCATIONAL / TRADE COURSE	The second secon					The control of the co	Parada and AMS		
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE now VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN D		1983	1988	GRADUATED	1988	NA	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT ma MANAGEMENT		2013	2019	GRADUATED	2019	NA	
		Continue on separate sheet if nece	ssary)						
SIGNATURE	Ima	h		DA	ATE	March	23,20	27	

7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATIN		RATING	DATE OF	PLACE OF EXAMINATIO	N / CONECDATE	UT.	LICENSE (if app		
В		YS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATIO	N / CONFERME	NI I	NUMBER	Date of Validity
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and the Year							30.7		
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							: (5)		
			(Contir	ue on separate sheet if ne	ocessary)			1	
	EXPERIENCE	t. Start from your recen				l Work Exper	ience sh	eet.	
8. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/N)
From 3/2021	To 12/31/2021	ADMINISTRATIVE	OFFICER 1	QUALITY AS:	SURANCE OFFICE	20,000.00	(Format *00- 0*)/ GRAD E 11	JOB ORDER	Υ
/1/2020	12/31/2020	MEDIA PRODUCTIO	N ASSISTANT	DEPARTME	NT OF DEVCOM	15, 000.00		JOB ORDER	Υ
/2009	02/30/2015	ADMINISTRATIVE	OFFICER 1	ACIAR HORTIC	CULTURE PROJECT	15, 000.00		JOB ORDER	Υ
/2015	12/31/2019	ACIAR PROGRAM O	CORRDINATOR	ACIAR HORTIC	ACIAR HORTICULTURE PROJECT			JOB ORDER	Υ
1/1995	6/30/2004	COMMUNITY AFFA	IRS OFFICER I	CITY GOVERNMENT OF PARANAQUE		12, 000.00	GRAD E 12	CASUAL	Υ
			207 - Dept.		1000				
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			•		ALL SECTIONS			Anna Caragray Company	
	Comp. Service Inc. (1) 12.								
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SIG	NATURE		Much		DATE	1010	N CM	23,202	Y

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT. 29. NAME & ADDRESS OF ORGANIZATION			INCLUSIVE DATES				
NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	NA STATE		S (SSECTAR)	ro than a la	phenone i	rac i," mij negotovi ne i i milije i.	
	stag de Cort						
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II. LEARNING AND DEVELOPMENT (L&D) IN		NAME AND ADDRESS OF TAXABLE PARTY.	e sheet if necessa TTENDED	19)	Service Control of the Control		
tart from the most recent L&D/training program and include o	only the relevant L&D/training taken for t			ief/Executive/Manage	rial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERV	VENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)		From	To		Technical/etc)	(varie il tuli)	
uality Customer Relations/Customer Service Excellen	ce	10/19/2021	10/19/2021	8.0	Managerial	TÜV RHEINLAND	
60 9001-2015 AWARENESS SEMINAR		9/13/2021	9/13/2021	4.0	Staff	Visayas State University Angel G. Fernandez, Jr. Principal	
Corrective Action Reporting Training	1469 STEEL	7/29/2021	7/29/2021	8.0	Supervisory	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
ive of the Key Audit Point sin conducting QMS		7/9/2021	7/9/2021	1.0	Supervisory	Consultant, Founder & CEO	
Inderstanding the New ISO 10013-2021		7/2/2021	7/2/2021	1.0	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
low to implement business Process Improvement	And the second s	5/21/2021	5/21/2021	1.0	Staff	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
Correcting Corrective Actions		5/28/2021	5/28/2021	1.0	Staff	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
To Document or Not To Document? Documents and	Records Management Must-Know	5/4/2021	5/4/2021	1.0	Staff	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
isk-Based Thinking Explained		5/7/2021	5/7/2021	1.0	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
raining on Open Date Kit (ODK)		5/7/2018	5/7/2018	8.0	Staff	VISERDAC, VSU	
raining Series on Advanced Quantitative Approaches to Project Impacts	83 17 1	12/3/2018	12/7/2018	40.0	Supervisory	VISERDAC, VSU	
Fraining Series on Advanced Quantitative Approaches Project Impacts	to	12/3/2018	12/7/2018	40.0	Supervisory	VISERDAC, VSU	
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						Managarina and the action of the control of the con	
	(Co	ontinue on separa	ite sheet if necess	ary)			
VIII. OTHER INFORMATION		and Branch					
31. SPECIAL SKILLS and HOBBIES	32. NC		STINCTIONS / REC Vrite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)	
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SIGNATURE	CAD DAY	magn			DATE	Mouch No. 70	

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34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,						
-	a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☐ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ 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:					
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end (abolition) in the public or private sector?	✓ YES If YES, give details: COTERMINUS	□ NO				
38.	a. Have you ever been a candidate in a national or local election and a local election and a local election are set of the set of th	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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: SEPARATED					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t/appointee)					
	NAME	ADDRESS	TEL. NO.				
	CHRISTINA A. GABRILLO	SOUTHERN, LEYTE	9470069304				
L	JOSE L. BACUSMO	VISCA, BAYBAY CITY, LEYTE	9192136283				
	LILIAN B. NUNEZ	GABAS, BAYBAY CITY, LEYTE	975255910				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the native to verify/validate the contents state	Republic of the ed herein.	MARIA LILIA P. VEGA			
P	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID-19-0000655560-4						
۱ŀ	O/License/Passport No.:	ox)					
L	late/Place of Issuance:		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	APR 2022 , affiant exhibiting	g his/her validly issued gov	vernment ID as indicated above.			
		ATTY, RYSAN J. GUINOCOR VSU Chief Legal Officer					
		h					