CS Form No. 212 Revised 2017

## PLRSONAL DATA SHEET

5 ACC ( 6 E )	tion made in the Personal Data Sheet and t		all cause the fi		nistrative/cr	iminal case/s aga	inst the pers	on concerned.	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	E TO FILLING OUT THE PERSONAL DATA as ( and use separate sheet if necessary. Indic	SHEET (PDS) BEFORE ACCOUNTS	MPLISHING TO	HE PDS FOR	M. 1 CS ID No	IANCE	/Do not fill un	. For CSC use only	
I. PERSONAL INFORMATI			ADDITION OF THE PROPERTY OF TH				(DO HOT HIS OP	. For OSO use on	
2. SURNAME	POLE								
FIRST NAME	LUCIO					NAME EXTENSION (	JR., SR) JR.		
MIDDLE NAME	CARTA								
DATE OF BIRTH     (mm/dd/yyyy)	07/23/1973	16. CITIZENSHIP		✓ Filip	nino [	Dual Citizenship			
					The L	by birth	by natura	alization	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citiz				Pls. indicate	country:		
5. SEX	✓ Male Female	please indicate the	details.		Anna sa	ar also as a second	celosoffice runs edifficional	-	
6-CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separate ☐ Other/s:			House/Block/Lot N	i deserva		Street HIPMS NG	ne)	
7. HEIGHT (m)	5'5 a m a	nan one care data.		Subdivision/Village BAYBAY	ALLIOTTIES		Barangay LEYTE	obumo)	
8. WEIGHT (kg)	64 KG	ZIP CODE		City/Municipality	V to a called to	6521-A	Province	- Promotel	
9. BLOOD TYPE	GENERAL "O"		. V 3.	AINTENANC	M JUAN	0021-A	RESENT	302/2015	
10. GSIS ID NO.	2004796898	MOUNT CANDES DAY OF THE CONTROL OF T	H	House/Block/Lot N	Vo.	<u>yakiznon</u>	Ctenad	2	
27Y RETROPUS	A18 1:008,5	LOURY CENTYPE		Subdivision/Villag		MAMERO	HIPWSPE Barangay	19412009 G	
11. PAG-IBIG ID NO.	916195161091			BAYBAY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-200413033-6	ZIP CODE				6521-A			
13. SSS NO.	3339426129	. 19. TELEPHONE NO.				N/A			
14. TIN NO.	947-762-563	20. MOBILE NO.				N/A			
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)				N/A			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	POLE			CHILDREN (Writ	te full name ar	nd list all)	DATE OF BIF	RTH (mm/dd/yyyy)	
FIRST NAME	ANGELITA	NAME EXTENSION (JR., SR)	ALLANA M	ALLANA MAE P. POLE			12/18/2002		
MIDDLE NAME	OMAPAS		JUNJIE P. POLE				01/27/1999		
OCCUPATION	HOUSE WIFE		ANGELICA P. POL					03/25/1997	
EMPLOYER/BUSINESS NAME	N/A		ARDE JOH	N P. POLE			11/0	08/1995	
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	POLE	NAME EXTENSION (JR., SR) SR				,-	- 1		
FIRST NAME	LICIO	NAME EXTENSION (JR., SR) SR							
MIDDLE NAME	NEMENCIO								
25. MOTHER'S MAIDEN NAME									
SURNAME	CARTA								
FIRST NAME	EUTIQUIA								
MIDDLE NAME  III. EDUCATIONAL BACKG	FLORES			(Co	ontinue on se	parate sheet if neces	ssary)		
26.								SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION G	RADUATE	1981	1987		1987	N/A	
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY EDUCATION	GRADUATE	1987	. 1991		1991	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A_							
COLLEGE	N/A	N/A							
GRADUATE STUDIES	N/A	N/A							
Sanction Condition (Management State) (Conditions		(Continue on separate sheet if nec	essary)	as the organization					

A

SIGNATURE

	ERVICE ELIC					<b>*</b>	No.	0	144
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  TESDA NCII ELECTRICAL INSTALLATION &		RATING	DATE OF EXAMINATION /	TION / CONFE	RMENT	LICENSE (if a	pplicable)  * Date of		
		(17,77)	CONFERMENT		tunos o 9 s	digit and appet	NUMBER	Validity	
-	MAINTE		N/A MACHER PERFORM	March 7, 2016	CALUBIAN, NATIONAL	VOCATION	AL SCHOOL	16083702002288	March 2021
Minister De la Companya (Minister Managara) Managarah Managaran (Minister Managara) Managarah Managaran (Minister Managara)			2000 PM 12 00 PM	MBSAJON OG AMEN	AN CHECK THE				es as more
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			(Co	ontinue on separate shee	t if necessary)				
	XPERIENCE		ent work) Description	on of duties should	be indicated in the attach	ed Work Evr	perience she		
INCLU	SIVE DATES	POSITIO					SALARY/ JOB/ PAY GRADE (if		GOVT
From	n/dd/yyyy) To	(Write in full/Do	not abbreviate)		ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVIC (Y/N)
1/02/2015	PRESENT	CONSTRUCTION AND	MAINTENANCE	VISAYAS STATE	UNIVERSITY/GENERAL		INCREMENT	e es actividad de la composition della compositi	v=/=/
a production		FOREMAN	A to Season and	SERVICES DIVISION VISAYAS STATE UNIVERSITY/GENERAL		15,840.00	8	CASUAL	YES
7/01/2009	10/31/2015	FOREMAN	BAYBAY		CES DIVISION	8,800.00	N/A	JOB ORDER	YES
	27.42		Remarks Commence				3.2004130		
		521-A							
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		AVA			California (Salara)		200000000000000000000000000000000000000		
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CS FORM 212 (Revised 2017), Page 3 of 4 June 28, 2019 SIGNATURE **NOITAIDOSSA** AIN AN LSU, ADMINISTRATIVE PERSONNEL (Iluf ni stinW) SPECIAL SKILLS and HOBBIES 35 MEMBERSHIP IN ASSOCIATION/ORGANIZATION NON-ACADEMIC DISTINCTIONS / RECOGNITION VIII. OTHER INFORMATION for GSD Staff VISAYAS STATE UNIVERSITY Customer Service sunou 8 01/19/2010 01/19/2010 WORKSHOP ON PUBLIC ACCOUNTABILITY, CUSTOMER SERVICE & PMS-OPES LAND TRANSPORTATION OFFICE Technical 8 hours 10/26/2016 10/26/2016 SEMINAR ON DEFENSIVE DRIVING VISAYAS STATE UNIVERSITY HOSPITAL Prevention 8 hours 12/09/2016 12/09/2016 HIN WORKPLACE SEMINAR THE VICE PRESIDENT Managerial 16 hours 02/16/2017 02/15/2017 STRATEGIC PLANNING WORKSHOP NISAYAS STATE UNIVERSITY JOFFICE OF (conscenerc) CONDUCTED/ SPONSORED BY (Write in full) Type of LD (Managerial)
Supervisory)
Technical(ofc) (ωωγασίγγγγ) (Mut ni stinW) NUMBER OF HOURS ATTENDANCE TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS INCLUSIVE DATES OF "וו. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED AIN AIN AIN A/N AIN 01 Hrom-POSITION / NOTIRE OF WORK (Mrite in full) (mm/dd/yyyy) NUMBER OF HOURS NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES OVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

V		
4. Are you related by consanguinity or affinity to the	nting or recommending authority, or to the	Y
chief of bureau or office or to the person who has imme		
Bureau or Department where you will be apppointed,	a system to the system of the	(Hall (1994)
a. within the third degree?		YES NO
b. within the fourth degree (for Local Government Unit -	Career Employees)?	YES NO NO
· Committee of the comm		If YES, give details:
5. a. Have you ever been found guilty of any administrative	e offense?	☐ YES ☑ NO
*		If YES, give details:
The second secon		-
b. Have you been criminally charged before any court?		YES V NO
		If YES, give details:
		Date Filed:
		Status of Case/s:
6. Have you ever been convicted of any crime or violation	of any law, decree, ordinance or regulation by	☐ YES ☑ NO
any court or tribunal?	If YES, give details:	
	The second secon	and the control of the second
7. Have you ever been separated from the service in any o	of the following modes: resignation	
retirement, dropped from the rolls, dismissal, termination		☐ YES ☑ NO If YES, give details:
(abolition) in the public or private sector?	energy   Street   Secure	SOHEAROA RANNA 13 DIBELLA
8. a. Have you ever been a candidate in a national or local	l election held within the last year (except	YES VO RANGE STATE OF THE STATE
Barangay election)?		If YES, give details:
b. Have you resigned from the government service during	ng the three (3)-month period before the last	☐ YES ☐ NO
election to promote/actively campaign for a national or I	2017-101-122-2017-122-2017-2017-2017-201	If YES, give details:
9. Have you acquired the status of an immigrant or perma	nent resident of another country?	
, That's you do quitou allo datas of all mining and or poma		☐ YES ☑ NO  If YES, give details (country):
		ii 1EG, give details (country).
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 89		
Are you a member of any indigenous group?		☐ YES ☑ NO
	And the second s	If YES, please specify:
Are you a person with disability?		YES NO
		If YES, please specify ID No:
Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:
and the second s		IT TES, please specify ID No.
1. REFERENCES (Person not related by consanguinity or affinity to appli	icant /appointee)	
NAME	ADDRESS	TEL. NO.
R. JOSE L. BACUSMO	VISAYAS STATE UNIVERSITY, BAYBAY	9173108076
	CITY, LEYTE	
NGR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9176341514
NGR. MARLON G. BURLAS	VISAYAS STATE UNIVERSITY, BAYBAY	9176341520
2. I declare under oath that I have personally accomplishe	CITY, LEYTE	prirect and complete
statement pursuant to the provisions of pertinent lay		
authorize the agency head / authorized representative	e to verify/validate the contents stated herein	n. I agree that any
misrepresentation made in this document and its atta	achments shall cause the filing of administra	tive/criminal case/s PHOTO
against me.	Committee of the Commit	the state of the supplementary and the state of the state
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	A STATE OF THE STA	The state of the s
PLEASE INDICATE ID Number and Date of Issuance	A CONTRACTOR AND ASSESSED ASSESSED	
Government Issued ID: VSU ID	OK L	
ID/License/Passport No.: V000895	All Vie	
	Signature (Sign inside the bo	(X)
Date/Place of Issuance: BAYBAY CITY, LEYTE	Date Accomplished	Right Thumbmark .
	2 9 JUL 2019	
SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.
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