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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate kes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2. SURNAME LLANO NAME EXTENSION (JR., SR) (NA) FIRST NAME LEMUEL MIDDLE NAME TIEMPO 3. DATE OF BIRTH 6.9.88 16. CITIZENSHIP **▼** Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4 PLACE OF BIRTH Brgy; Pangasugan Baybay city leyte If holder of dual citizenship Pls. indicate country: please indicate the details. 5. SEX **✓** Male Female Single **✓** Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS ■ Widowed House/Block/Lot No. Separated Street Brgy. Pangasugan Other/s: Subdivision/Village Barangay Baybay City Leyte 7. HEIGHT (m) 170cm City/Municipality Province 8. WEIGHT (kg) 72kg ZIP CODE 6521 18. PERMANENT ADDRESS B+ 9. BLOOD TYPE House/Block/Lot No. Street 10. GSIS ID NO. Brgy. Pangasugan NA Subdivision/Village Barangay Baybay City 11 PAG-IBIG ID NO 121201224703 City/Municipality Province 12. PHILHEALTH NO 13-02511398-5 ZIP CODE 6521 13 SSS NO NA 19. TELEPHONE NO. 14. TIN NO. 409-172-483 20. MOBILE NO. 09465362157 15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (if any) Ilano.lemuel31@gmail.com 22. SPOUSE'S SURNAME LLANO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) IAME EXTENSION (JR., SR) (NA) MARYCRIS PRINCESS LORRAINE D. LLANO FIRST NAME 7.27.12 ZACH AARON D. LLANO MIDDLE NAME DAING 5.11.16 OCCUPATION NA EMPLOYER/BUSINESS NA NA **BUSINESS ADDRESS** NA TELEPHONE NO 9465362157 24. FATHER'S SURNAME LLANO NAME EXTENSION (JR., SR) (NA) FIRST NAME FILADEL FO MIDDLE NAME SARGADO 25. MOTHER'S MAIDEN NAME GUARTE SURNAME LLANO AMADA FIRST NAME MIDDLE NAME TIEMPO (Continue on separate sheet if necessary) EDUCATIONAL B HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE SCHOLARSHIPI ACADEMIC HONORS RECEIVED LEVEL YEAR UNITS EARNED (Write in full) (Write in full) GRADUATED (if not graduated) From To ELEMENTARY PANGASUGAN ELEM. SCHOOL RIMARY SCHOOL Graduated MARCH 2001 NA 2001 1995 SECONDARY **BUNGA NATIONAL HIGH SCHOOL** SECONDARY SCHOOL Graduated 2005 NA 2001 2005 VOCATIONAL / NA NA NA TRADE COURSE NA COLLEGE NA NA NA NA NA NA **GRADUATE STUDIES** NA NA NA NA NA NA NA SIGNATURE DATE 24

CS FORM 212 (Revised 2017), Page 1 of 4

		R SERVICE ELIGIBILITY R SERVICE/ RA 1080 (BOARD/ BAR) RATING		DATE OF			LICENSE (if applicable)		
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
	-	N/A							,
			(Continue on separate s	heet if necessary)				
WORK	(EXPERI rivate em	ENCE ployment. Start from yo	our recent wo	rk) Description of (duties should be indicate	ed in the at	tached Wo	ork Experience	sheet.
INC	LUSIVE						SALARY/ JOB/ PAY GRADE (if		
	ATES //dd/yyyy) To	POSITION TITL (Write in full/Do not abl			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVIC
(mm From	/dd/yyyy)		breviate)	(Write in ful			applicable)& STEP (Format "00-0")/	STATUS OF	SERVIC (Y/ N)
(mm From	/dd/yyyy) To 12/31/201	(Write in full/Do not ab	NGER	(Write in ful	I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	JOB ORDER JOB ORDER	YES
(mm From 7/2011	/dd/yyyy) To 12/31/201 3 12/31/201	(Write in full/Do not abl	NGER	COLLEG	I/Do not abbreviate) E OF NURSING	4800.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A	STATUS OF APPOINTMENT JOB ORDER	YES
(mm From 7/2011	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER	COLLEG	E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES
(mm From 7/2011	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER	COLLEG	E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES
(mm From 7/2011 1/2013	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER	COLLEG	E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES
(mm From 7/2011	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER	COLLEG	E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES
(mm From 7/2011	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER	COLLEG	E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES
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(mm From 7/2011 1/2013	/dd/yyyy) To 12/31/201 3 12/31/201 8	(Write in full/Do not abl UTILITY MESSE UTILITY MESSE	NGER NGER NGER	COLLEG	E OF NURSING E OF NURSING E OF NURSING	4800.00 5720.00	applicable)& STEP (Format "00-0")/ INCREMENT N/A N/A	JOB ORDER JOB ORDER	YES YES

29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy) Number of Hours			POSITION / NATURE OF WORK		
(Write in full)	From			POSITION / NATURE OF WORK			
N/A			N	- 4			
					Mary Allendary Comments		
	2.						
			1				
			-				
	(Con	tinue on separate s	chapt if necessary				
VII. LEARNING AND DEVELOPMENT (L&D) IN				NDED			
Start from the most recent L&D/training program and include	only the relevant L&	D/training taken fo	the last five (5) year	rs for Division Chie	ef/Executive/Managerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATT (mr	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
Re-Orientation of Employees Duties Resposibilities ar	From 08/23/2021	08/23/2021	4hrs	managarial	ODUDE		
God Custome Service				managerial	ODHRM		
	11/29/2021	12/01/2021	16hrs	Technical	General Service		
3SL, Fire fighting and Rescue Training Gender Sensitivity Training and Anti Sexual Harrassm	07/04/2016	07/11/2016	40hrs	Technical	BFP		
Orientation	08/31/2016	08/31/2016	8hrs	managerial	ISRDS		
HIV in the Workplace Seminar	12/09/2016	12/09/2016	8hrs	managerial	VSU INFIRMARY		
Reserve Officers Training CORPS	03/09/2007	03/09/2007	8hrs	Supervisory	Visayas state University		
Basic Life Support (CPR & AED)	11/29/2017	11/29/2017	8hrs	Technical	American Safety Health Institute		
ROTC SUMMER CAMP TRAINING	04/16/2007	05/06/2007	168Hrs	Supervisory			
					Camp Downes Ormoc City		
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				Marie Services			
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	1 14 14 14		37 7 7 7 7 7				
	(Conti	nue on separate si	heet if necessary)				
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON		NCTIONS / RECOGN	ITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO		
Computer			le in full)		(Write in full)		
Computer		N/A	4	GBI(GUARDIANS BROTHERHOOD INC.)			
Driving			22	- 11			
Welding				- I			
Basic Plumming		DESCR	72 14 1	W. S. U			
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	87 s/s	at a series					
	100	SAL PRINTER					
	(Conti	nue on separate sh	eet if necessary)				
SIGNATURE	[-A		DA	TF	1/26/2022		

3/1				1.0	
	Are you related by consanguinity or affinity to the appointing				
- 1	chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	e supervision over you in the Office,	·		
	a. within the third degree?			,	
	within the fourth degree (for Local Government Unit - Car	per Employage)?	YES NO		
	5. Within the local degree (for 200al Government Offic - Oal	eer Employees)?	YES NO		
			If YES, give details:		
35. 8	a. Have you ever been found guilty of any administrative off	ense?	YES V NO		
			If YES, give details:		
,	b. Have you been criminally charged before any court?				
	s. Have you been diffillially charged before ally count?	☐ YES ☑ NO If YES, give details:			
			Date Filed:		
			Status of Case/s:		
	Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation b	y YES V NO		
8	any court or tribunal?	If YES, give details:			
	Have you ever been separated from the service in any of the		YES NO		
retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased of (abolition) in the public or private sector?			If YES, give details:		
	a. Have you ever been a candidate in a national or local ele-	ction held within the last year (except			
	Barangay election)?	outs is read within the last year (except	☐ YES ☑ NO If YES, give details:		
(Dod)		e three (3)-month period before the last		-	
 b. Have you resigned from the government service duri election to promote/actively campaign for a national or l 			☐ YES ☑ NO If YES, give details:		
39. H	Have you acquired the status of an immigrant or permanent	resident of another country?			
		and the second	YES NO If YES, give details (country):		
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Maç				
7	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:			
· A	Are you a member of any indigenous group?		☐ YES ☑ NO		
	Are you a person with disability?		If YES, please specify:		
,	nie 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:		
11. F	REFERENCES (Person not related by consanguinity or affinity to applicant)	/appointee)			
	NAME	ADDRESS	TEL. NO. ID picture taken within		
	JOEL REY U. ACOB	Albuera Leyte	9569161146 the last 6 months 4.5 cm. X 3.5 cm		
	JESUSA M. MAGNO	Carigara Leyte	(passport size) (passport size)		
			Computer generated		
	RAZA CRECIA L. MENESES	Tacloban City	9978673497 is not acceptable		
				- 1	
	declare under oath that I have personally accomplished	this Personal Data Sheet which is a	true, correct and		
C	complete statement pursuant to the provisions of pertin	It this Personal Data Sheet which is a ent laws, rules and regulations of the	true, correct and e Republic of the		
F	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu	It this Personal Data Sheet which is a ent laws, rules and regulations of the entative to verify/validate the contents sta	true, correct and e Republic of the ated herein.		
F	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe	It this Personal Data Sheet which is a ent laws, rules and regulations of the entative to verify/validate the contents sta	true, correct and e Republic of the ated herein.	<u> </u>	
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Gov PLE Gov	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me. Avernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance TIN icense/Passport No.: 409-172-483 averlace of Issuance: 06/03/11	Signature (Sup inside the Date Accomplished ATTY, RYSAN C. GUINOC	true, correct and a Republic of the ated herein. I use the filing of PHOTO Right Thumbmark Total Correct and PHOTO Right Thumbmark Total Correct and PHOTO PHOTO		
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WORK EXPERIENCE SHEET

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

- 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 from most recent first
- Duration: January 2011 to Present
 Position: utility messenge 11db Ade

Name of Office/Unit: College of Nuvering
 Immediate Supervisor: Dr. Joel Rey U. Acab

Name of Agency/Organization and Location: Duilding

List of Accomplishments and Contributions (if any)

Summary of Actual Duties

· manages and maintains cleanliness and orderliness of the college and Stills Laboratory Room, Mock Wards, OF/DR and Central Supply Room and Classrooms.

> (Signature over Printed Name of Employee/Applicant)

Date: 1/14/2022