CS Form No. 212 Revised 2017	DEDGG	MAL DATA					
	PERSO	NAL DATA	1 51	1EET			
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	Work Experience Sheet shall ca	use the fili	ng of administrative/cri	minal case/s again	st the person o	concerned.
	TO FILLING OUT THE PERSONAL DATA SH			PDS FORM.			
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	s ( and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT ABBR	REVIATE.	1. CS ID No		(Do not fill up. F	or CSC use only
2. SURNAME	MUAÑA						
FIRST NAME	ROGER				NAME EXTENSION (J	R., SR) SENIOR	
MIDDLE NAME							
3. DATE OF BIRTH	TORCINO						
(mm/dd/yyyy)	03/01/1973	16. CITIZENSHIP		☑ Filipino [	Dual Citizenship		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizens	hin		☐ by birth ☐ by naturalization  Pls. indicate country:		
		please indicate the deta			i io. indicato country.		
5. SEX	☑ Male ☐ Female	47. PERIODENTAL APPRECA	i manananan darah		4-90-11-0	angel State of the last	_ Y
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Н	ouse/Block/Lot No.		Street	
WW.	☐ Other/s:		S	SITIO LONOY Subdivision/Village		SAN ISIDRO Barangay	
7. HEIGHT (m)	1.63		- 4V	BAYBAY City/Municipality		LEYTE Province	
8. WEIGHT (kg)	64	ZIP CODE		Скулисторанту	6521-A	Province	
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS					
10. GSIS ID NO.	021-1942-5911-4	- Martin Carry	Н	ouse/Block/Lot No. SITIO LONOY		Street SAN ISIDRO	
11. PAG-IBIG ID NO.	915232591031	Private Control	Subdivision/Village BAYBAY			Barangay LEYTE	
Frank III			City/Municipality			Province	
12. PHILHEALTH NO.	13-0500062862-7	ZIP CODE	6521-A		Albert Pill		
13. SSS NO.	06-2325840-4	19. TELEPHONE NO.	NONE				
14. TIN NO.	286-657-374	20. MOBILE NO.		14450 C 847	09263177821	SER TO	rar i
15. AGENCY EMPLOYEE NO.	V00844	21. E-MAIL ADDRESS (if any)	NONE				
II. FAMILY BACKGROUND		num Anagares on Carlotte Season Carlotte Carlotte		or Albanda and			Andrews was
22. SPOUSE'S SURNAME	MUAÑA	ANGEL PROPERTY OF THE PERSON O	3. NAME of C	HILDREN (Write full name ar	<b>建设</b>	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	ELMA	NAME EXTENSION (JR., SR) III		REGINNE D. MUAÑA	200	06/11/2002	
MIDDLE NAME	DALANON			SARAH JEAN D. MUAN		07/08/2005	
OCCUPATION	HOUSEWIFE		CHARISE D. MUAÑA			03/01/2013	
EMPLOYER/BUSINESS NAME	N/A			CHARLINE D. MUAÑA	4	12/08	/2016
BUSINESS ADDRESS	N/A	WINDS TO BUILDING AND THE PARTY.		CHILD TO THE VEH	- 481	- 1000	U-817
TELEPHONE NO.	N/A				1		
24. FATHER'S SURNAME	MUAÑA						
FIRST NAME	TOMAS	NAME EXTENSION (JR., SR) SENIOR					
MIDDLE NAME	BASARTE						
25. MOTHER'S MAIDEN NAME					1		
SURNAME	TORCINO						
FIRST NAME	ANGELITA						
MIDDLE NAME	SURINGA		antico de la composición del composición de la c	(Continue on s	eparate sheet if nece	ssary)	
III. EDUCATIONAL BACKO	GROUND			Andrew Company			
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ (Write in full)	/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

ELEMENTARY CARLOS P. GARCIA ELEMENTARY SCHOOL PRIMARY EDUCATION 1980 1986 1986 NONE SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 1986 1990 1990 NONE VOCATIONAL / TRADE COURSE CONCORD TECHNICAL INSTITUTE AUTOMOTIVE MECHANIC 1993 1994 1994 NONE COLLEGE NONE GRADUATE STUDIES NONE

MAAAA

11-04-21

27. CARE		080 (BOARD/ BAR) UNDER VS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	MENT	LICENSE (if ap	
BA		TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Date of Validity
N	C II AUTOMOTIV	/E SERVICING	PASSED	11/04/2013	TESDA, CAL	TESDA, CALUBIAN, LEYTE			11/04/2013
	- 18		Amp on permanent			2015 T 18	r Pic parls	DAY:	411 71
		AND REAL PROPERTY.				2004,4	10.00		
			(Co	ntinue on separate sheet i	f necessary)		277742776		
	EXPERIENCE		used) Description	af duff a sharfel ba					
	USIVE DATES	t. Start from your recent			The second secon	Work Experi	SALARY/ JOB/ PAY		COUNT
	nm/dd/yyyy)	POSITION TI (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From 1/01/2021	PRESENT	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	P16,200.00	INCREMENT 6	TEMPORARY/	YES
1/01/2020	12/31/2020	ADMINISTRATIV	E AIDE VI		ATE UNIVERSITY	P15,524.00	6	REGULAR TEMPORARY/	YES
1/01/2019	31/12/2019	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	P14,847.00	6	REGULAR TEMPORARY/	YES
1/07/2018	31/12/2018	ADMINISTRATIV	E AIDE VI	VISAYAS ST	ATE UNIVERSITY	P14,847.00	6	REGULAR TEMPORARY/	YES
1/01/2017	31/12/2017	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	ATE UNIVERSITY	P12,155.00	4	REGULAR TEMPORARY/	YES
1/01/2016	31/12/2016	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	ATE UNIVERSITY	P11,658.00	4	REGULAR TEMPORARY/	YES
1/07/2015	31/12/2015	HEAVY EQUIPMENT	OPERATOR I	VISAYAS STATE UNIVERSITY		P11,181.00	4	REGULAR TEMPORARY/	YES
1/07/2014	30/06/2015	HEAVY EQUIPMENT	OPERATOR I	VISAYAS STATE UNIVERSITY		P11,181.00	4	REGULAR TEMPORARY/	YES
6/10/2011	6/31/2014	DIESEL MAC	HANIC	VISAYAS STATE UNIVERSITY		P350.00/DAY		REGULAR JOB ORDER	YES
5/07/2008	31/03/2011	DIESEL MAC	HANIC	AUTOMATIC ORMOC BRANCH				T.	NO
4/09/2005	29/04/2008	DIESEL MAC	HANIC	HYPER AUTOMOT	TIVE ORMOC BRANCH				NO
7/09/2002	23/09/2005	DIESEL MAC	HANIC	HYPER AUTOMO	TIVE CEBU BRANCH				NO
20/01/1999	04/05/2002	DIESEL MAC	HANIC	NK MOTORS					NO
6/06/1997	25/08/1999	GAS/DIESEL MI	CHANIC	TOTAL CARCA	RE, INCORPORATED				NO
8/04/1996	15/03/1997	MECHAN	IC	888 HANDYMAN SERVICING					NO
8/01/1995	20/02/1996	DELIVERY TRUC	K DRIVER	EMCOR APPLIANCE, INCORPORATED					NO
	-								
			Or a special street our						-
0101	MATURE		(Cg	And M		11	o d	0,	
SIGN	IATURE		1 Wya	ry v	DATE	//-	04	- 7 / S FORM 212 (Revised 2)	

128.4

VI. VOLUNYARY WORK OR INVOLVEMENT	TIN CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	LUNTARY O	RGANIZATION	s		
29. NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
<b>\'</b>		From	То				
NONE					) they to	a seri in Eddyklada i brani i	
				7 7 7			
			1				
				-			
	had wild .						
		Continue on separat		ry)			
VII. LEARNING AND DEVELOPMENT (L&D (Start from the most recent L&D/training program and inc					agarial pacificant		
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in	NTERVENTIONS/TRAINING PROGRAMS	INCLUSI ATTE	VE DATES OF ENDANCE Vdd/yyyy)	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY	
(Will III	iuny	From	To		Technical/etc)	(Write in full)	
AUTOMOTIVE MECHANIC (GAS ENGI	NE) SKILLS ENHANCEMENT	10/05/1999	11/06/1999	160.0	SKILLS	TESDA 7 & AUTOMOTIVE SERVICE ASSOCIATION INC. OF CENTRAL VISAYAS	
ENGINE TROUBLESHOOTING	OF ISUZU VEHICLES	12/08/2004	14/09/2004	170.0	SKILLS	ISUZU MOTORS MANDAUE CEBU	
	287 (3	a - wyd den		and the state	377 T	PERSONAL BOOK BANGARAS S.	
				-			
	With the State of		-	-			
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	20, 17					e erome constructions that the each	
The state of the s							
W + 16.5						The second secon	
						LIBRORY OF LILLINGS	
				e supplier record	Media V	CANON IN MODERN CONTRACTOR OF SAFE	
	Can a J	22.23		and arrays assess		A by	
	Stradbard N	1 83 n 37	i say, a				
				-			
		[ P. H.380(4-) (31)	a Bayasa			Carried add and the	
The state of the s							
	20 100 100 AUG 6 Ma	ter isertic a	J. Natice is	Tari Longia	73Ca 7 1		
			1	All			
		ert. et some	16 8 6 6	Construction a	* / / /	tuter company on the series	
	(C	ontinue on separat	e sheet if necessa	ry)			
VIII. OTHER INFORMATION					er Passa arang salam dan pangkan		
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DIST (Wi	INCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
AIRCON REPAIR		NONE				NONE	
190	Son agradu						
						TO SECURE AS CONTRACTOR DIVI	
The state of the s		Carte of the State of	5.00	53.12			
			17.37	7311 1 t		CONTROL OF SHEET STATE OF SHEET	
	1	Type page 19					
	1	Cash Shart	ATTIVE CO.				
SIGNATURE	(C	ontinue on separate	sheet if necessa		ATE	11-04-21	
	,	10000	7 00			CS FORM 212 (Revised 2017), Page 3 of	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate		ì	1,1 8			
Bureau or Department where you will be apppointed,	s supervision over you in the Onice,					
a. within the third degree?	☐ YES ☐	NO				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☐	] NO				
		If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	ense?	☐ YES ☐	7 NO			
		☐ 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	ny law, decree, ordinance or regulation by					
any court or tribunal?	if iail, addition, ordinarios of rogulation by	☐ YES ☐ NO If YES, give details:				
37. Have you ever been separated from the service in any of the			□ NO			
retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	id of term, finished contract or phased out	If YES, give details:				
38. a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	☐ YES	□ NO			
Barangay election)?	If YES, give details:					
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>		☐ YES ☐ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent						
	☐ YES ☐ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ana Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?		YES	□ NO			
b. Are you a person with disability?		If YES, please specify:	П			
Are you a person with disability:		☐ YES ☐ NO If YES, please specify ID No:				
c. Are you a solo parent?		☐ YES ☐ NO				
		If YES, please specify I	D No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	The state of the s					
NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months			
DR. HENRY Y. GOLTIANO	VISAYAS STATE UNIVERSITY	9086866102	3.5 cm. X 4.5 cm (passport size)			
MS. ALICE FLORES	VISAYAS STATE UNIVERSITY		With full and handwritten name tag and signature over			
			printed name  Computer generated			
42. I declare under oath that I have personally accomplished			or photocopied picture is not acceptable			
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe						
agree that any misrepresentation made in this docu			PHOTO			
administrative/criminal case/s against me.	14	A state of the sta				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	Myh	the	and Miller			
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: DRIVER'S LICENSE	/					
ID/License/Passport No.: G01-94-179776	Signature (Sign inside the b	box)				
Date/Place of Issuance: BAYBAY CITY, LEYTE	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	DEC 2021, affiant exhibiting	ng his/her validly issued go	vernment ID as indicated above.			
	/ Mgm					
	ATTY, RYSAXYC, GUNNOCOR  VSU Chip/ Legal Officer					
	V	1				
	Person Administering Oat					