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S Form No. 212 Revised 2017	e de la companio del companio de la companio del companio de la companio del companio de la companio de la companio de la companio del companio de la companio della companio della companio de la companio della compan									
		PERSO	NAL DAT	A SH	EET					
WARNING: Any misrepresenta	,	al Data Shoot and the	Work Evnerience Sheet sh	all cause the f	iling of adm	inistrative/d	riminal case/s ad	ainst the per	son	
concerned.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1000		
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes						1. CS ID No.		(Do not fill up. F	or CSC use onl	
PERSONAL INFORMATIO										
2. SURNAME	JAYME	E PARTITION	1 1 500.7				1000-110	ABL P		
FIRST NAME	JENEFER				NAME EXTENSION (JR., SR) NA					
MIDDLE NAME	BAGARINAO									
3. DATE OF BIRTH	12/10	/1991	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship					
(mm/dd/yyyy)					Dual Crozenship Dual Crozenship Dual Crozenship Dual Crozenship Dual C					
4. PLACE OF BIRTH	BAYBAY C	ITY, LEYTE	If holder of dual citize	holder of dual citizenship,		Pls. indicate country:				
5. SEX	☐ Male	✓ Female	please indicate the d	letails.					_	
6 CIVIL STATUS	Single	✓ Married	17. RESIDENTIAL ADDRESS		1					
O CIVIL STATOS	Widowed	Separated		Но	use/Block/Lot N	0.	BRG	Street SY. HIBUNAWAN	V	
	Other/s:				bdivision/Villag	9		Barangay LEYTE		
7. HEIGHT (m)	1.8	31M			BAYBAY CITY City/Municipality			Province		
8. WEIGHT (kg)	68 KG		ZIP CODE							
9. BLOOD TYPE)+	18. PERMANENT ADDRESS	Ho	use/Block/Lot N	0		Street		
10. GSIS ID NO.	CRN-021-	1759-0731-2					BRG	SY. HIBUNAWAI	٧	
11. PAG-IBIG ID NO.	1211_0	832-9176		BAYBAY CIT	ıbdivision/Villag 'Y	θ		Barangay LEYTE		
		302-3170			City/Municipality	652	1	Province		
12. PHILHEALTH NO.	13-025202659-3		ZIP CODE			0/3/2				
13. SSS NO.	0634850338		19. TELEPHONE NO.	NONE						
14. TIN NO.	452-660-397	- 1	20. MOBILE NO.	09651332555						
15. AGENCY EMPLOYEE NO.	V00948		21. E-MAIL ADDRESS (if any)	jebhang22@gmail.com			<u>m</u>			
II. FAMILY BACKGROUND)									
22. SPOUSE'S SURNAME	JAYME			23. NAME of Ch	HILDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyy	
FIRST NAME	DAVE PETER		NAME EXTENSION (JR., SR)	DAYNE PAUL B. JAYME		11/5/2011				
MIDDLE NAME	GODOY		x 1200 x 2000 x 2000 x 2000	JAVERN MYKE B. JAYME				9/29/2014		
OCCUPATION	OFFICE CLER		<	JYDEI		JYDEI PHIL B. JAYME		6/20	6/2020	
EMPLOYER/BUSINESS NAME		VSU								
BUSINESS ADDRESS		VSU, BAYBAY CITY,	LEYTE							
TELEPHONE NO.		9061332555								
24. FATHER'S SURNAME		NA								
FIRST NAME		NA	NAME EXTENSION (JR., SR)							
MIDDLE NAME		NA								
25. MOTHER'S MAIDEN NAME										
SURNAME		BAGARINAO					-			
FIRST NAME	FLORENCIA						S War et al.	(1 - b b)	Special Control	
MIDDLE NAME	TOLERO		an of suc		(0	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND									
26.	NAME C	F SCHOOL	BASIC EDUCATION/DEGR	REE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSH ACADEMIC	
LEVEL		e in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	OPMOC CITY O	ENTRAL SCHOOL	PRIMARY		1998	2004	GRADUATED	2004	NA	

HONORABLE MENTION GRADUATED 2008 BAYBAY NATIONAL HIGH SCHOOL SECONDARY 2004 2008 SECONDARY VOCATIONAL / TRADE COURSE NA BS IN HOTEL RESTAURANT TOURISM MANAGEMENT 2008 2013 GRADUATED 2013 NA VISAYAS STATE UNIVERSITY COLLEGE NA 12 UNITS MASTER IN MANAGEMENT 12/31/2019 VISAYAS STATE UNIVERSITY 8/1/2019 GRADUATE STUDIES CS FORM 212 (Revised 2017), Page 1 of 4 SIGNATURE DATE NOVEMBER 16, 2020

mg B

CAREE	R SERVICE/ RA 1090	0 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if ap	oplicable)
	SPECIAL LAWS		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT .			NUMBER	Date of Validity
CS SUBPROFESSIONAL EXAM		80.7	5/3/2015	Tacloban City, Leyte		of fortune	entropy and	- "	
CS PROFESSIONAL EXAM Driver's License		81.0	3/18/2018	ORMOC C	San Miller	H1220000107	12/10/2024		
				LTO, BAYBA	CITY, LEYTE				
WARK	VACALENAC		(Cor	ntinue on separate sheet if	necessary)		en e		
	XPERIENCE	Start from your recei	ot work) Description	on of duties should b	e indicated in the attac	hed Work E	xperience she	ret.	
(Include private employment. Start from your receive. 28. INCLUSIVE DATES (mm/dd/yyyy) POSITION (Write in full/Do not		TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From anuary 2017	present	Administrative	Aide III	VISAYAS STA	12466.00	SG-3	PERMANENT		
)14	2016	CLERK		VISAYAS STA	TE UNIVERSITY	280/DAY		JOB ORDER	
- 1									
		1952							
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					V21077 400				
			(Co	ntinue on separate sheet i	necessary) NOVEMBER 16, 2020			212 (Revised 2017),	

NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
(1111011)		From	То			artical transfer of the con-	
				ha is firmulia			
		 	 				
		-					
	(Co.	ntinue on separate s	sheet if necessary				
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR	OGRAMS ATT	ENDED		agerial positions)		
The state of the s		INCLUSIVE DATES OF ATTENDANCE		1916	Type of LD	CONTRACTOR CONTRACTOR BY	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	To	401		CIVIL SERVICE	
Omnibus Rules on Appointment and Other H		11/25/2020	11/27/2020	12 hours	TECHNICAL	CIVIL SERVICE	
ancing through Smart and Efficient Records M		OCT. 16, 2019 APR.1, 2019	OCT. 18, 2019		TECHNICAL	PASUC	
Visayas-Wide HRMPs Convergence			APR. 3, 2019	24 HRS	LEADERSHIP	CIVIL SERVICE	
2019 Regional Congress of Human Res	ource Practitioners (HRMPs)	FEB. 28, 2019	MAR. 1, 2019	16 HRS	LEADERSHIP	CIVIL SERVICE	
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	(Co.	ntinue on separate	sheet if necessary	1	5. U.		
OTHER INFORMATION							
I. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)		
DANCING	NA NA					ADPA	
READING					AND RESIDENCE OF THE PROPERTY.		
COOKING							
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SIGNATURE	The company of the artist party	ntinue on separate	DATE		EMBER 16, 20	020 CS FORM 212 (Revised 2017), Page	
OFFICIAL	1 my	M	DATE	1		oo i o ina a i a provinced aviii, rage	
				711			

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,			ę .			
a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. 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:					
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	any law, decree, ordinance or regulation	Status of Case/s: YES NO If YES, give details:				
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, et out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:					
 b. Have you resigned from the government service during the last election to promote/actively campaign for a national or 	YES If YES, give details	☑ NO ::				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 						
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:					
Are you a person with disability?		YES	✓ NO			
c. Are you a solo parent?		If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
DR. LOURDES B. CANO	563-7643	(a) (a)				
ATTY. RYSAN C. GUINOCOR	563-7643	9-6				
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head / authorized rep agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nent laws, rules and regulations of the resentative to verify/validate the conten	Republic of the ts stated herein. I	JENEFER B JAYME			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: VSU ID ID/License/Passport No.: V00948	Signature (Sign inside the bo					
Date/Place of Issuance: 01/3/2017	X)	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this 2 2	DEC 2020 , affiant exhibit	ing his/her validly issued	government ID as indicated above.			
A	TTY. RYSAN C. GUINOCOR VSU LEGAROS TABOLOS tering Oat					
			CS FORM 212 (Revised 2017), Page 4 of			