## PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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 boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) PERSONAL INFORMATION 2. SURNAME VILLAS FIRST NAME ME-AN NAME EXTENSION (JR., SR) MIDDLE NAME DOTOLLO DATE OF BIRTH 05/05/1990 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH INOPACAN, LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX Male ✓ Female Y Single ✓ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS 461 STA. BARBARA Widowed Separated House/Block/Lot No Street Other/s: POBLACION Subdivision/Village Barangay 7. HEIGHT (m) 162 INOPACAN LEYTE City/Municipalit Province 8. WEIGHT (kg) 50 ZIP CODE 6522 9. BLOOD TYPE 0 18. PERMANENT ADDRESS 461 STA BARBARA House/Block/Lot No Street 10. GSIS ID NO N/A POBLACION ubdivision/Village Barangay 11. PAG-IBIG ID NO. 121161292794 INOPACAN LEYTE City/Municipality Province 12 PHILHEALTH NO 12-0510327751 ZIP CODE 6522 13. SSS NO. 06-3152728-2 19. TELEPHONE NO. (053)565-8283 14. TIN NO. 466-467-712-000 20. MOBILE NO. 09176758300 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if anv) meanvillas@vsu.edu.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME VILLAS 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) NORMAN GABRIELLE NORMAINE D. VILLAS FIRST NAME 01/03/2012 MIDDLE NAME **ORTEGA** OCCUPATION COMPUTER PROGRAMMER EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY **BUSINESS ADDRESS** VISCA BAYBAY CITY, LEYTE 09176590003 TELEPHONE NO FATHER'S SURNAME DOTOLLO NAME EXTENSION (JR., SR) FIRST NAME MELECIO MIDDLE NAME DIENDO 25. MOTHER'S MAIDEN NAME CARIGAS SURNAME FIRST NAME **ANGELITA** MIDDLE NAME MONTAÑA (Continue on separate sheet if necessary) EDUCATIONAL BACKGRO SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC YEAR LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To 5TH FLEMENTARY INOPACAN CENTRAL SCHOOL PRIMARY EDUCATION 1997 2003 Graduated 2003 **HONORS** LEYTE STATE UNIVERSITY- LABORATORY HIGH SECONDARY HIGH SCHOOL Graduated 2003 2007 2007 SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A TRADE COURSE **BACHELOR OF SCIENCE IN COMPUTER** COLLEGE **VISAYAS STATE UNIVERSITY** 2007 2011 Graduated 2011 SCIENCE **GRADUATE STUDIES VISAYAS STATE UNIVERSITY** MASTER IN MANAGEMENT 2016 21 UNITS 2015 SIGNATURE DATE 04/25/2017

7.			DATING	DATE OF			,	LICENSE (if ap	plicable)
May 1			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA // CONFERMENT		NUMBER	Date of Validity	
CAREER SERVICE PROFESSIONAL EXAMINATION			81.16	APRIL 6,2014	KAPANGIAN CENTRAL		ACLOBAN	N/A	N/A
			(Co	ntinue on separate shee	t if necessary)				
	XPERIENCE ate employmen	nt. Start from your recent	work) Description	of duties should be	e indicated in the attached	Work Experi	ence sheet.		
28. INCLU	USIVE DATES	POSITION TI			GENCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if		GOVT
	m/dd/yyyy)	(Write in full/Do not			ull/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To	ADMINISTRATIVE A	I THATSISS		EVELOPMENT CENTER-	45 040 00		DEDMANIENT	Y
03/01/2017	PRESENT			ONLINE PROGRAMS ACCOUNTING OFFICE-VISAYAS STATE		15,818.00	8	PERMANENT	
01/01/2017	02/28/2017	CLERK ASSISTANT PROJECT DEVELOPMENT		UNIVERSITY  PHIL-LIDAR/FARMI, VISAYAS STATE		6,160.00		JOB ORDER	N
06/16/2015	12/31/2016	OFFICE	R	UNIVERSITY  ACCOUNTING OFFICE-VISAYAS STATE		17,917.00		CONTRACTUAL	N
09/23/2014	/23/2014 06/15/2015 CLE			U	NIVERSITY  IOWLEDGE SERVICES	6,160.00		JOB ORDER	N
07/1/2011	09/30/2011	PRODUCTION A	SSOCIATE		ORPORATED	8,000.00		CONTRACTUAL	N
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			(C)	ontinue on separate she	et if necessary)				
SIGN	ATURE		w		DATE	04/25/2017			
			0					CS FORM 212 (Revised 2	017), Page 2 of

29.	NTARY WORK OR INVOLVEMENT  NAME & ADDRESS (				ORGANIZATION			
29.	(Write		INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOUR	POSITION / NATURE OF WORK		
N/A		de personal de companya de companya de la companya	N/A	N/A	N/A	N/A		
						<del>                                     </del>		
			+		-			
			1	+				
		(	Continue on separa	te sheet if necess	ary)		Notes and the second se	
VII. LEARI	NING AND DEVELOPMENT (L&)	D) INTERVENTIONS/TRAINING P	ROGRAMS AT	TENDED				
	musi recent Lau, gaining program and in	clude only the relevant L&D/training taken	CARS CONTRACTOR SEVENIES	years for Division	Chief:Executive:Man	Control of the contro		
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PRO (Write in full)</li> </ol>		INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
			From	To	$\dashv$	Supervisory/ Technical/etc)	(Write in full)	
	2017 PHIL-LIDAR 1&2 PROJECT REVIEW	AND PLANNING WORKSHOP	01/04/2017	01/06/2017	36	Technical	PHIL-LIDAR 1&2,VSU, DOST,UPLB	
	HIV IN THE WORKPLA	CE SEMINAR	12/09/2016	12/09/2016	4		VSU HOSPITAL	
	2ND PHIL-LIDAR 1 VISAYAS CL		11/10/2016	11/11/2016	24	Technical	PHIL-LIDAR 1&2,VSU	
201	6 PHIL-LIDAR 1&2 PROJECT REVIEW					Technical	PHIL-LIDAR 1&2,VSU	
	VEAD FAID AD III OTAFAIT AND		01/28/2016	01/29/2016	24	Technical	BIR-ORMOC	
	YEAR END ADJUSTMENT AND O	OTHER TAX BRIEFING	11/27/2015	11/27/2015	4	recinical	DIR-ORMOC	
			+	+	-			
			-	-	-			
				1				
			+	+				
			+		-			
			-	+	-			
				-				
					-			
VIII OTHE	R INFORMATION	(0	Continue on separal	e sheet if necessa	ry)			
		1N	ON-ACADEMIC DIS	TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31.	SPECIAL SKILLS and HOBBIES	32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					
	WEB PROGRAMMING		LEYTE STATE UNIVERSITY-ADMINISTRATIVE PERSONNEL ASSOCIATION(LSU-Adpa)					
	WEB SAVVY							
				8		= 1,		
			Continue on separa	ite sheet if necess	ary)			
	SIGNATURE	1			D	ATE	04/25/2017	
					The state of the s		CS FORM 212 (Revised 2017), Page 3 o	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has bureau or Department where you will be apppointed,	•	1 - 4	• 1-18			
	a. within the third degree?	YES NO					
	b. within the fourth degree (for Local Government Unit - Care	YES [	✓ NO				
		If YES, give details:	:				
25	a. Have you ever been found guilty of any administrative offe	ance?					
35.	a. Have you ever been found guilty of any authinistrative one	suse r	YES NO				
			If YES, give details:	:			
	b. Have you been criminally charged before any court?		YES	✓ NO			
	b. Have you been criminally charged before any count?		If YES, give details:				
			Date Filed:				
		Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an	YES NO					
	any court or tribunal?	If YES, give details	:				
37.	Have you ever been separated from the service in any of the	e following modes: resignation					
	retirement, dropped from the rolls, dismissal, termination, en		YES If YES, give details	☑ NO			
	(abolition) in the public or private sector?						
38.	a. Have you ever been a candidate in a national or local election)?	ction held within the last year (except	YES V NO				
	barangay election)?		If YES, give detail	s:			
	b. Have you resigned from the government service during the	그 [1] 20대 그림 : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	☐ YES ✓ NO				
	election to promote/actively campaign for a national or local	If YES, give detail	ls:				
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	YES NO				
		If YES, give details	s (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons (RA					
	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 YES	✓ NO			
b.	Are you a person with disability?	If YES, please specify	_				
	Allo you a person with disability:	YES V NO If YES, please specify ID No:					
C.	Are you a solo parent?	YES NO					
41	DECEDENCE (Domon not related by consequential or official to a limit		If YES, please specify	/IU No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /		751.110				
	ERLINDA S. ESGUERRA	ADDRESS  RAYDAY OFFICE	TEL. NO.				
_		BAYBAY CITY,LEYTE	09176341538				
_	LOUELLA C. AMPAC	BAYBAY CITY,LEYTE	563-7273				
12	EDITHA G. CAGASAN	BAYBAY CITY, LEYTE	563-7385				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	ME-AN D'VILLE	45		
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	LEASE INDICATE ID Number and Date of Issuance			A THE STATE OF THE			
G	overnment Issued ID: SSS	- mM			36		
ID	/License/Passport No.: 06-3152728-2	ox)		10-			
Da	ate/Place of Issuance: CEBU, CITY	(OX)	ALL STATES				
L		Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me thisAF	PR 2 5 2017 , affiant exhibiti	ng his/her validly issued g	government ID as indicated above	е.		
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		1 Marin					
	L	ATTY. RYSAN C. GUINC	COR				
		UNTIL DIPERSON Administering Oat	h				
		IBP 1030 24 - TALL OBAY LEYT	E-4/12/17				

MCLE COMP. NO. V-0002782-07/20/15
ROLL OF ATTORNEYS NO. 57467

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