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 boxes () duse 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) ISRAEL 2. SURNAME N/A NAME EXTENSION (JR., SR) FIRST NAME ANTONIETA DIAZ MIDDLE NAME 3. DATE OF BIRTH 06/13/1969 16. CITIZENSHIP ✓ Filipino ■ Dual Citizenship (mm/dd/yyyy) by birth by naturalization BAYBAY CITY, LEYTE Pls. indicate country: 4. PLACE OF BIRTH If holder of dual citizenship, please indicate the details. ✓ Female ■ Male Philippines 5. SEX A. MABINI STREET Single Married 17. RESIDENTIAL ADDRESS #19 6 CIVIL STATUS House/Block/Lot No ✓ Widowed ☐ Separated ZONE 7 Other/s: Subdivision/Village Barangay **BAYBAY CITY** LEYTE 156.5 m 7. HEIGHT (m) City/Municipality 60 kg ZIP CODE 6521 8. WEIGHT (kg) A. MABINI STREET 18. PERMANENT ADDRESS #19 9. BLOOD TYPE "0" House/Block/Lot No ZONE 7 10. GSIS ID NO. 69061301224 Barangay **BAYBAY CITY** LEYTE 11. PAG-IBIG ID NO. 1210-7546-6112 City/Municipality 13-000065403-6 ZIP CODE 6521 12. PHILHEALTH NO 06-1625485-5 19. TELEPHONE NO. None 13 SSS NO. 186-774-847 09173041369 14. TIN NO. 20. MOBILE NO. V000615 jadi_34@yahoo.com 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) FAMILY BACKGROU ISRAEL 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) JOHN JOHANN ANGELO D. ISRAEL 05/05/2002 FIRST NAME **FLANDEZ** MIDDLE NAME OCCUPATION **DECEASED** EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A N/A TELEPHONE NO 24. FATHER'S SURNAME DIAZ NAME EXTENSION (JR., SR) FIRST NAME **AQUILINO ESCUADRA** MIDDLE NAME 25. MOTHER'S MAIDEN NAME CALUNGSOD SURNAME CHRISTINA FIRST NAME **MONTEFOLKA** MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHI ACADEMIC HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To **BAYBAY SOUTH CENTRAL** ELEMENTARY PRIMARY EDUCATION 1975 1981 N/A 1981 N/A SCHOOL FRANCISCAN COLLEGE OF THE SECONDARY HIGH SCHOOL 1981 1985 N/A 1985 N/A **IMMACULATE CONCEPTION** VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE BACHELOR OF SCIENCE IN UNIVERSITY OF SAN CARLOS COLLEGE 1985 1989 N/A 1989 N/A COMMERCE N/A **GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A WI SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

| | SPECIAL LAW ANGAY ELIGIBILIT | 80 (BOARD/ BAR) UNDER 'S/ CES/ CSEE Y / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMIN | IATION / CONFERM | MENT | | |
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| | XPERIENCE | | () D | | linated in the attended | Work Experies | an shoot | | |
| INCLU | SIVE DATES | | | n of duties should be inc | | | SALARY/ JOB/ PAY GRADE (if | | GOV'T |
| | n/dd/yyyy) | POSITION (Write in full/Do no | | | CY / OFFICE / COMPANY o not abbreviate) | MONTHLY SALARY | applicable)& STEP (Format *00-0*)/ | STATUS OF APPOINTMENT | SERVICE (Y/N) |
| From | To | ADMINISTRATIVE | AIDE III | Office of the Un | iv Secretary | 616.91 | INCREMENT 3 | Casual | Yes |
| 06/01/2003 | present | | VIDE III | | | | | | Yes |
| 07/01/2001 | 05/31/2003 | CLERK I | 24705 | Institue of Trop | | 272.50 6,500.00 | 3 | Casual | |
| 07/01/2000 | 06/30/2001 | COMPUTER OPE | | | Institue of Tropical Ecology | | | MOOE | Yes |
| 10/01/1997 | 06/30/2000 | COMPUTER OPE | RATOR | Visca-GTZ | 8,445.00 200.00 | 3 | Contractual | Yes | |
| 01/15/1997 | 09/30/1997 | CLERK I | | ViSCA-GTZ | ViSCA-GTZ | | | Emergency | Yes |
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| VI. YOLUNTARY WORK OR INVOLVEMENT | IN CIVIC / NON-GOVERNMENT | / PEOPLE / VO | DLUNTARY C | RGANIZATION | S | 为是是 · 多数,是 · 多数 · 多 | |
|--|--|----------------------------|---------------------------|----------------------|-------------------------------|--|--|
| 29. NAME & ADDRESS OF (Write in f | RGANIZATION | | /E DATES d/yyyy) To | NUMBER OF HOURS | | POSITION / NATURE OF WORK | |
| NONE | | | | | | | |
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| | The State of the Control of the Cont | ntinue on separate | |) | | | |
| VII. LEARNING AND DEVELOPMENT (L&L (Start from the most recent L&D/training program and inc | | | | hief/Executive/Manac | erial positions) | | |
| Otal Hom the most recent Labraching program and me | | INCLUSIVI | DATES OF | | Type of LD | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in | TERVENTIONS/TRAINING PROGRAMS full) | ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) | |
| | | From | То | | Technical/etc) | | |
| NONE | | | | | | 200 190 | |
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| | (Co | ontinue on separate | sheet if necessar | у) | | | |
| VIII. OTHER INFORMATION | | | 11 | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NO | ON-ACADEMIC DIST | | OGNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| | | None | | | | | |
| Computer Literate | | | | | | | |
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| | 100 | ontinue on separate | shoot if necessary | vi | | | |
| SIGNATURE | aje | on mue on separate | DATE | | 27/22 | CS FORM 212 (Revised 2017), Page 3 of 4 | |
| GOTATORE | 1 | | DATE | 4/ | TIXX | 03 / Onm 212 (Newsed 2017), Page 3 014 | |

| | 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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Card | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: | | | |
|-----------------|---|--|--|--|--|
| 35. | a. Have you ever been found guilty of any administrative offer | ☐ 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 any by any court or tribunal? | ☐ YES ☑ NO If YES, give details: ———————————————————————————————————— | | | |
| | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector? | ☐ YES ☑ NO If YES, give details: ———————————————————————————————————— | | | |
| 38. | 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 I | ☐ 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. a. b. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | ☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO 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. | | |
| | Prof. Francisco G. Gabunada, Jr. | VSU, ViSCA, Baybay City, Leyte | 09059132929 | | |
| | Dr. Ma. Juliet C. Ceniza | VSU, ViSCA, Baybay City, Leyte | 09173095016 | | |
| | Dr. Victor B. Asio | VSU, ViSCA, Baybay City, Leyte | 09176341438 | | |
| 42. | I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Phillippines. I authorize the agency head / authorized repagree that any misrepresentation made in this doct administrative/criminal case/s against me. | nent laws, rules and regulations of the resentative to verify/validate the contents. | ne Republic of the ints stated herein. I | | |
| F | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID D/License/Passport No.: 006006882860 | ox) | | | |
| | Date/Place of Issuance: Baybay City, Leyte | C/B7/22 Date Accomplished | Right Thumbmark | | |
| | SUBSCRIBED AND SWORN to before me this | ATTY. NYSAN GUINOCOR VSU Chief Vegal Officer Person Administering Oat | ting his/her validly issued government ID as indicated above. th CS FORM 212 (Revised 2017), Page 4 of | | |

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 3, 2002 present
- Position: Administrative Aide III
- Name of Office/Unit: Office of the BOR/University Secretary
- Immediate Supervisor: Dr. Guiraldo C. Fernandez, Jr.
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City
 - List of Accomplishments and Contributions (if any)
 - · Summary of Actual Duties
 - o Recording and filing of incoming documents.

ANTONIETA D. ISRAEL

Employee

Date: 6/27/02