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

concerned. 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 2. SURNAME **VALDEVIESO** NAME EXTENSION (JR., SR) FIRST NAME **GELBERTO** MIDDLE NAME POLIQUIT 3. DATE OF BIRTH 11/18/1974 16. CITIZENSHIP (mm/dd/yyyy) **✓** Filipino Dual Citizenship ✓ by birth by naturalization 4. PLACE OF BIRTH BAYBAY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5 SFX ✓ Male Female Single ✓ Married 17. RESIDENTIAL ADDRESS PUROK 2 6 CIVIL STATUS Widowed House/Block/Lot No Separated GABAS Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 16.2 City/Municipality Province 74 8. WEIGHT (kg) **7IP CODE** 6521 18 PERMANENT ADDRESS **PUROK 2** 9. BLOOD TYPE A+ House/Block/Lot No Street GABAS 10. GSIS ID NO. 2004131969 Subdivision/Village Barangay 11. PAG-IBIG ID NO. BAYBAY LEYTE 1211-0077-0393 City/Municipality Province 12. PHILHEALTH NO 19-052299237-6 ZIP CODE 13. SSS NO. 33-1801902-3 19 TELEPHONE NO N/A 14 TIN NO 230-727-870-000 20. MOBILE NO. 09283882370 / 09751385329 15. AGENCY EMPLOYEE NO VO0719 21 E-MAIL ADDRESS (if anv) gelberto.valdevieso@vsu.edu.ph AMILY BACKGROUN 22. SPOUSE'S SURNAME VALDEVIESO 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) ABIJAH GIL MAZO VALDEVIESO FIRST NAME LEILANI 09/27/2000 ARIGAIL MAZO VALDEVIESO MIDDLE NAME MAZO 08/06/2005 JAEL MAZO VALDEVIESO OCCUPATION LABORATORY TECHNICIAN 11/03/2006 DOM ROBERT MAZO VALDEVIESO EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY 8/20/2014 BUSINESS ADDRESS VISCA, BAYBAY CITY, LEYTE TELEPHONE NO. 24. FATHER'S SURNAME VALDEVIESO NAME EXTENSION (JR., SR) FIRST NAME ROBERTO TATOY MIDDLE NAME 25. MOTHER'S MAIDEN NAME POLIQUIT SURNAME FIRST NAME **JEVINA** MIDDLE NAME MADERA (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED (Write in full) HONORS (if not graduated) RECEIVED From To ELEMENTARY GABAS COMMUNITY SCHOOL ELEMENTARY 03/06/1986 06/06/1981 GRADUATED 1986 NONE SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 06/06/1988 03/03/1993 GRADUATED 1993 NONE VOCATIONAL/ TRADE TESDA PWS-TESDA CERTIFICATE NO. 061316038395 N/A PASSED N/A NONE COURSE COLLEGE N/A **GRADUATE STUDIES** ulderia. SIGNATURE 23 DATE

7. CARE		1080 (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)					ATION / CONFERMENT		NUMBER	Date of Validity	
	LTO DRIVER'S LICENSE N/A		N/A BAYBA		AY CITY		NO 1-99-240997	11/18/20	
	EXPERIENCE			tinue on separate sheet if					
3. INCLI	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not	TLE	DEPARTMENT / AGEN	Indicated in the attach	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
From	То	,		-00	A BAVE-11		INCREMENT		
7/06/2011	PRESENT	ADMINISTRATIVE		ECO-FARMI, VSU, VISCA, BAYBAY CITY, LEYTE		. 14, 905.00	3-3	PERMANENT	YES
0/10/2010	04/04/2011	FAMILY DRI		GABAS, BAYBAY CITY, LEYTE		3, 000.00	N/A	ON CALL	NO
9/01/2009  2/01/2005	10/15/2010	PERSONAL DI			LAW FIRM	8, 000.00	N/A	CONTRACTUAL	NO
	08/30/2009			NONIE AND MARIK TRANSPORT		N/A	N/A	N/A	NC
B/11/2002 	02/19/2005	COMPANY DE		FIESTA HAPAG INCORPORATED  NONIE AND MARIK TRANSPORT		8, 000.00	N/A	CONTRACTUAL	NO
1/10/1993				COUNTRY LODGE		N/A 7, 000.00	N/A N/A	N/A REGULAR	NC NC
SIGN	IATURE	Halderie	(Cor	ntinue on separate sheet i	(necessary) DATE	3/	120/2	3	

/I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNME			ORGANIZATION	73	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm	INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK	
N/A	From N/A	To N/A	N/A		N/A
			S-2-5-1		
		-			
				,	
II. I FADNING AND DEVEL OBMENT // S.D. INTERVENTIONS TRAINING	(Continue on separal	THE RESIDENCE OF THE PERSON NAMED IN COLUMN	ry)		
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING tart from the most recent L&D/training program and include only the relevant L&D/training taken			ief/Executive/Manager	ial positions)	
70. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTI (mn	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
RGANIC SWINE RAISING AND ORGANIC FEED FORMULATION TRAINING	From 10/20/2018	10/20/2018	8.0		BMMKFAI LEARNING CENTER, BRGY. MALAZARTE, MATAG-OB LEYTE
ERMI COMPOSTING TRAINING	10/06/2018	10/06/2018	8.0		BMMKFAI LEARNING CENTER, BRGY. MALAZARTE, MATAG-OB LEYTE
SUCC BASIC COOPERATIVE COURSE	11/19/2016	11/19/2016	8.0		VSU
RAINING COURSE ON ORGANIC COURSE	05/26/2014	05/28/2014	24.0		CCE-VSU
UBLIC ACCOUNTABILITY AND COSTUMER SERVICE AMONG VSU DRIVERS	09/04/2011	09/04/2011	8.0		vsu
2 1 May 10 8 70			- Leaven - Appel	1015-11	1.07 - 2 4 1000 . 11 - 19930-
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	211	terror part			Harris of the state of the stat
Note: An included and included	(Continue on separa	ate sheet if necess	ary)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NONE				33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
COOKING					NONE
CARPENTRY	NAME OF THE PARTY				Saluda a state of the contraction of the contractio
TROUBLESHOOTING	en derit (Tall ) des dies a., di			SCHLAU ST.E. Col sto tenury (Superska)	
	252 12				21 (1920) - 427 A 904 An
		HIM MADERA		- 20	
				- n	
	(Sontinue on separ	rate sheet if neces	sary)		•
SIGNATURE Affect to us	an			ATE	3/20/23 CS/FORM 212 (Revised 2017), Pag

Name and Address of the Owner, where the Owner, which is the Owner, which							
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,						
	a. within the third degree?		☐ YES 「	✓ NO			
	and the control of th	oor Employooo)?					
	b. within the fourth degree (for Local Government Unit - Care		✓ NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ense?	☐ YES [	✓ NO			
			If YES, give details:				
	b. Have you been criminally charged before any court?	YES	✓ NO				
	and the second s	If YES, give details:					
		Date Filed:					
or man		er over a region and a region for a service of the	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar any court or tribunal?	☐ YES ☑ NO					
	any court or tribunar?	If YES, give details:					
		th since the content					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fill	하지 사람이 유리를 보고 있다. 이 없는 중 없는데 그렇게 하게 하는데 하는데 그렇게 되었다면 하는데					
	the public or private sector?	in TEO, give details.					
38.		ction held within the last year (except	YES V NO				
	Barangay election)?	If YES, give details:					
	b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	☑ NO			
			If YES, give details				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag						
a.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please	answer the following items:	YES	✓ NO			
	Are you a member of any mulgerious group?	Are you a member of any indigenous group?					
b.	Are you a person with disability?	If YES, please specify:  YES	✓ NO				
			If YES, please specify ID No:				
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
_	NAME	ADDRESS	TEL. NO.				
	DR. PASTOR P. GARCIA	BRGY. CANDADAM, BAYBAY CITY,	9395906956				
_		LEYTE					
	DR. LOURDES B. CANO	SAN ISIDRO, BAYBAY CITY, LEYTE	9176341502				
	MR. JUANITO F. POLIQUIT	PATAG, BAYBAY CITY, LEYTE	9772167205				
42.	I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a tr	ue, correct and				
e e e e e e e e e e e e e e e e e e e	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe	ent laws, rules and regulations of the	Republic of the				
	agree that any misrepresentation made in this docu	iment and its attachments shall caus	e the filing of	РНОТО			
	administrative/criminal case/s against me.		o alo liling of	711010			
-							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance						
	overnment Issued ID: DRIVER'S LICENSE	1/4/40-1192					
ID	//License/Passport No.: NO 1-99-240997						
H		ox)	AMILIA DEL CONTROL DE LA CONTR				
	ate/Place of Issuance: 2022/11/17		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	affiant exhib	iting his/her validly issued	d government ID as indicated above.			
		APR 2023	January 100000	g			
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		Person Administering Oath	Section of the second of the second of the second of	Address process and the control of the control			