CS Form No. 212 Revised 2017	PERSO	NAL DAT	TA S	HE	FT				
WARNING: Any misrepresen	tation made in the Personal Data Sheet and t					(ariminal appa/			
READ THE ATTACHED GUIL	DE TO FILLING OUT THE PERSONAL DATA S	SHEET (PDS) BEFORE ACC	OMPLISHING	THE DOS		/e/criminai case/s	against ine	person	
Print legibly. Tick appropriate box I. PERSONAL INFORMAT	kes () tuse separate sheet if necessary. Indica	ate N/A if not applicable. DO NO	T ABBREVIA	TE.	1 CS ID	No.	(Do not fill	up. For CSC use	
2 SURNAME	ESCASINAS							in the second	
FIRST NAME	VIRGILIO					NAME EXTENSION	(JR SR)	IP CP)	
MIDDLE NAME	ALAJAS						(ort., orty		
3. DATE OF BIRTH	11/17/1961								
(mm/dd/yyyy)	11/1//1961	16. CITIZENSHIP		Filipino Dual Citizensh					
4. PLACE OF BIRTH	MAHAPLAG, LEYTE	If holder of dual citi.	zenship,			✓ by birth Pls. indicate		ıralization	
5. SEX	✓ Male Female	please indicate the	details.	Philip	pines			and the second second	
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS		Primp	pines				
	Widowed Separated Other/s:		neprinterior	House/Block/L	Lot No.		Street VSU		
7. HEIGHT (m)				Subdivision/			Barangay		
	165m	100		BAYBAY C			LEYTE Province		
8. WEIGHT (kg)	80kg	ZIP CODE	6521					n beat	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		House/Block/L	Lot No.		Street	********************************	
0. GSIS ID NO.	B61 WHVAE 012		Subdivision/Village		VSU				
1. PAG-IBIG ID NO.	1700-0024-8775			BAYBAY C	ITY		Barangay LEYTE		
2. PHILHEALTH NO.	13-000015043-7	ZIP CODE	6521	City/Municip	pality		Province		
3. SSS NO.	03-6896706-9	19. TELEPHONE NO.		N/A					
4. TIN NO.	116-624-259	20. MOBILE NO.		+6365479295/+639161575482					
5. AGENCY EMPLOYEE NO.	V000197	21. E-MAIL ADDRESS (if any)			100004	132301+03310131340	2		
. FAMILY BACKGROUNI		21. E-MAIL ADDRESS (II ally)							
2. SPOUSE'S SURNAME	ESCASINAS		23. NAME of	CHILDREN (Write full name	and list all)	DATE OF B	IRTH (mm/dd/yy	
FIRST NAME	LALAINE	NAME EXTENSION (JR., SR)	RELAN B. ESCASINAS			10/26/1985			
MIDDLE NAME	BAÑEZ		RENAN B. ESCASINAS			AS	6/26/1987		
OCCUPATION	HOUSE KEEPER		RANIEL B. ESCASINAS		4/29/1994				
EMPLOYER/BUSINESS NAME	VSU								
BUSINESS ADDRESS	BAYBAY CITY								
TELEPHONE NO.	N/A								
4. FATHER'S SURNAME	ESCASINAS								
FIRST NAME	NAME		EXTENSION (JR., SR)						
MIDDLE NAME	CASTAÑARES								
MOTHER'S MAIDEN NAME		er general de Maria de la Maria de la grada de Maria de La de La de Maria de La de La de La de La de La de La d							
SURNAME	ALAJAS								
FIRST NAME	MARINA STA. IGLESIA								
MIDDLE NAME EDUCATIONAL BACKS		eparate sheet if nece	necessary)						
	ROUND								
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD O	DF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	MAHAPLAG ELEMENTARY SCHOOL	PRIMARY		1968	1974	GRADUATED	1974	N/A	
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY		1976	1980	GRADUATED	1980	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BS IN CUSTOM ADMINIS	TRATION	1981		1 SEM			
	N/A	N/A							
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	

27. CA	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATII (If Applie		RATING	DATE OF			LICENSE (if applicable)		
			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	NUMBER	Date o		
			N/A	N/A	The second secon	N/A		N/A	N/A
	EXPERIENCE ivate employment.	Start from your recent		of duties should be	if necessary) indicated in the attached	d Work Eyne	rience sheet		
28. INC	LUSIVE DATES (mm/dd/yyyy)	POSITION TI (Write in full/Do not a	ΠLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE
9/23/1985	PRESENT	SECURITY GU	ARD II	VISAYAS ST	14867.00	INCREMENT	PERMANENT	(Y/N)	
11'1982	02'1985	SECURITY GU	JARD	MERCURIY	DRUG STORE				YES
						-			
500 - 5									
		.500							
(Automobile)			(Contir	nue on separate sheet if n	ecessary)				
SIGNA	TURE	Francy			DATE	9/2	7/21	A STATE OF THE PARTY OF THE PAR	

A VOLUNTARY WORK OR ANYOLVENE	IT (1) ON (1)					
√I. VOLUNTARY WORK OR INVOLVEMENT 29. NAME & ADDRESS OF NAME &				/ ORGANIZATIO	N/S	
29. NAME & ADDRESS OF Write in			INCLUSIVE DATES (mm/dd/yyyy) From To		Name of the last	POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A	N/A	
	54 V					
			-			Production in the second
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						La company of the com
		-				
	C	ontinue on separa	ale sheet if necess	ary)		
II. LEARNING AND DEVELOPMENT (L&) tart from the most recent L&D training program and incl				hiei Executive/Manage	vial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in 1	ITERVENTIONS/TRAINING PROGRAMS	INCLUS ATT	IVE DATES OF ENDANCE m/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
RE PREVENTION SEMINAR		9/21/2012	9/21/2012	8HRS	TECHNICAL	BFP-BAYBAY
EMINAR ON PREPARATION OF PERFORMANCE F	RATING REPORT AMONG SECURITY	9/12/2011	9/12/2011	8HRS		VSU ADMINISTRATION
E-ORIENTATION SEMINAR FOR VSU SECURITY G	UARDS	7/13/2011	7/13/2011	8HRS	TEUNICAL TEUNICAL	VSU ADMINISTRATION
RGY INTELLIGENCE NETWORK TRAINING AND S	EMINAR	2/5/2011	2/6/2011	16HRS	TECHNICA	
EVELOPMEN TRAINING FOR GOVERNMENT CUST	TODIAL SERVICES	10/2/2007	10/4/2007	24HRS		CIVIL SEDVICE COMMISSION DECIONAL OFFIC
cupational Safety and Health Standards and Prov	viding Penalties for Vilations	6/7/2021	6/11/2021	40HRS	TECHNICAL	
	Halene e 2-VI		0/1/1/2021	401113	TELLWICH	DOLE-USHG
	1/2/2	Name to	4 11 20 12	us mus		
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32,450						
	4	To Feet			general and	
	1.00 to 10km2 at 1	to a longer				
II. OTHER INFORMATION	(Co	ntinue on separat	e sheet if necessal	y)		Street, married and a street of the street o
PREMINESTED ATT AND FOR THE TOTAL MARKET TRANSPORT OF THE PROPERTY OF THE PROP	NO	N-ACADEMIC DIST	INCTIONS / PECO	CNITION	e omia estados	MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPECIAL SKILLS and HOBBIES	32.		rite in full)	GITTON		33. (Write in full)
DRIVING	N/A					ADPA
VOLLEYBALL						Notice and the second second second
LAWN TENNIS	1215	CIT -				APP 1879 - 1 10 11 Regist
				100 0 1		
and the second			ICUC	1 2 001		A STATE OF THE STA
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	Control of the second s	ntinue on separat	a chapt H	The second of th	STATE OF STREET STREET, STREET	

34	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immedian Bureau or Department where you will be apppointed, a. within the third degree?	ng or recommending authority, or to the ate supervision over you in the Office,					
	b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35	a. Have you ever been found guilty of any administrative of	offense?					
30.	a. Have you over been loans guilty of any authinistrative of	Helise:	YES If YES, give det	☑ NO tails:			
	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 a any court or tribunal?						
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	YES If YES, give det	✓ NO ails:				
38.	A. Have you ever been a candidate in a national or local elements Barangay election)?	YES NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	YES If YES, give de	NO NO tails:				
39.	Have you acquired the status of an immigrant or permanent	YES J NO If YES, give details (country):					
) .	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	e answer the following items:	YES If YES, please spec YES If YES, please spec YES If YES, please spec	ify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR JOSE L. BACUSMO	VSU, BAYBAY CITY	N/A				
-	DR. NILO ROA	BAYBAY CITY, LEYTE	N/A				
	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.	nent laws, rules and regulations of the Rentative to verify/validate the contents stated	epublic of the	РНОТО			
Go PL	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance						
Gov	vernment Issued ID: DRIVER'S LICENSE	Horyen	1				
ID/L	License/Passport No.: H03-04-000694	Signature (Sign inside the box)					
Dat	te/Place of Issuance: BAYBAY LTO		2	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	1 2 OCT 2021 , affiant exhibiting	g his/her validly issue	d government ID as indicated above.			
		ATTY, RYSAN C. GUNNOCOR VSU Olice Legal Officer					
		Person Administering Oath		property for plants are to			