

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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)

I. PERSONAL INFORMATION

2. SURNAME	Enage		
FIRST NAME	Susan		NAME EXTENSION (JR, SR)
MIDDLE NAME	Mendoza		
3. DATE OF BIRTH (mm/dd/yyyy)	Oct 2, 1956	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Calabarzon, Metro Manila	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt # 78 Kilbourne Drive House/Block/Lot No. Street VSC Subdivision/Village Pangasinan Baybay City Lungsod City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	6521 - A
8. WEIGHT (kg)	62 kgs	18. PERMANENT ADDRESS	#59 30 de Diciembre St. House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Lungsod City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.		19. TELEPHONE NO.	563-7850
11. PAG-IBIG ID NO.	1700-0026-9322	20. MOBILE NO.	09058249749
12. PHILHEALTH NO.	13-00015036-4	21. E-MAIL ADDRESS (if any)	susanenage2004@yahoo.com
13. SSS NO.			
14. TIN NO.	915-331-195		
15. AGENCY EMPLOYEE NO.	V000191		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR, SR)	Timothy Jay Enage	May 30, 1988
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	25. MOTHER'S MAIDEN NAME		
FIRST NAME	NAME EXTENSION (JR, SR)		
MIDDLE NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Thomas Appas Pilot School	Elementary				1969	none
SECONDARY	St. Joseph College	Secondary				1980	none
VOCATIONAL / TRADE COURSE	Franciscan College of the Immaculate Conception	2 yrs Junior Secretarial course				1984	none
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor Secondary Education maj. Filipino				1996	none
GRADUATE STUDIES	Franciscan College of the Immaculate Conception	Master of Arts Filipino			30 units		none

(Continue on separate sheet if necessary)

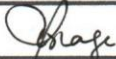
SIGNATURE	Enage	DATE	Feb. 2, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY					
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
License Examination for Teachers	75.60%	Aug 28-28, 1996	Iloilo City		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE							
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-00"/ INCREMENT)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
10/01/2018	Present	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
01/01/2018	9/30/2018	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
01/01/2018		Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
06/01/2017	12/31/2017	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
01/01/2016	12/31/14	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
10/01/15	12/31/15	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
06/01/2013	9/30/15	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
06/01/2011	05/31/2012	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
12/01/2010	5/31/2011	Instructor I	Visayas State University		SG 12 Step 2	Temporary	yes
6/24/2010	11/30/2010	Instructor I	Visayas State University		SG 12 Step 2	Contractual	yes
7/01/2009	4/23/2010	Instructor I	Visayas State University		SG 12 Step 2	Contractual	yes
7/01/2008	6/30/2009	Instructor I	Visayas State University		SG 12 Step 2	Contractual	yes
7/01/2007	4/30/2008	Instructor I	Visayas State University		SG 12 Step 2	Contractual	yes
11/01/2005	4/30/2007	Instructor I	Luzon State University		SG 12 Step 2	Contractual	yes
6/01/2005	10/31/2005	Instructor I	Luzon State University		SG 12 Step 2	Temporary	yes
6/01/2004	5/31/2005	Instructor I	Luzon State University		SG 12 Step 2	Temporary	yes
4/07/2003	5/31/2004	Instructor I	Luzon State University		SG 12 Step 2	Temporary	yes
4/01/2002	5/31/2003	Instructor I	Visa		SG 12 Step 2	Temporary	yes
7/01/2001	5/31/2002	Instructor I	VISCA		SG 12 Step 2	Temporary	yes
01/01/2000	6/30/2001	Instructor I	VISCA		SG 12 Step 2	Temporary	yes
01/01/1999	12/31/1999	Instructor I	VISCA		SG 12 Step 2	Temporary	yes
7/2/1998	12/31/1998	Instructor I	VISCA		SG 12 Step 2	Temporary	yes

(Continue on separate sheet if necessary)





SIGNATURE		DATE	Feb. 4, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL SOCIETY / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	Dramatics Club	2015	2018		Adviser	
	Filipino Club	2016	2019		Adviser	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Capacity Building for Grade 10 teachers on the Implementation of K-12 Basic Educ. Prog.	5/25	5/30/2018			Eastern Visayas State University - DEPED Teacher Educ. Council
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Computer Literate		none		none	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	Feb. 4, 2019	
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SIGNATURE

DATE _____

Feb. 4, 2019

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mr. Rosario P. Abella (Principal)</td> <td>VSU, VISEA</td> <td>09183641159</td> </tr> <tr> <td>Mr. Meli Villacino (Dean)</td> <td>VSU, VISEA</td> <td>09354950052</td> </tr> <tr> <td>Dr. Annie P. Garaso (DLABS)</td> <td>VGN, VISEA</td> <td>09154384736</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Mr. Rosario P. Abella (Principal)	VSU, VISEA	09183641159	Mr. Meli Villacino (Dean)	VSU, VISEA	09354950052	Dr. Annie P. Garaso (DLABS)	VGN, VISEA	09154384736
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<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: School ID</td> </tr> <tr> <td>ID/License/Passport No.: V000191</td> </tr> <tr> <td>Date/Place of Issuance: Jan. 2, 2010</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: School ID	ID/License/Passport No.: V000191	Date/Place of Issuance: Jan. 2, 2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> 2-4-19 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	2-4-19 Date Accomplished					
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">  Right Thumbmark </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 60px; margin-top: 10px; text-align: center; line-height: 60px;"> Person Administering Oath </div>													

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: 20 years
- Position: Instructor I
- Name of Office/Unit: Visayas State University
- Immediate Supervisor: Dr. Rosario P. Abela (Principal, VSU IHS)
- Name of Agency/Organization and Location: VSU Integrated High School, Viscs, Baybay City Leyte
 - List of Accomplishments and Contributions (if any)
 - Adviser - Dramatics Club, Filipino Club & Freshmen Organization (Present)
 - Member - Clean & Green (Present)
- Summary of Actual Duties
 - Teaching Filipino Subject to Gr. 7 & 9 Respectively

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:
 - List of Accomplishments and Contributions (if any)
- Summary of Actual Duties

Susap M. Trage
 (Signature over Printed Name
 of Employee/Applicant)

Date: Feb. 4, 2019