CS Form Nd. 212 Revised 2017

PERSONAL DATA SHEET

		MAL DAI						
WARNING: Any misinterpretation	on made in the Personal Data Sheet and the	Work Experience Sheet shall of	cause the fill	ng of admi	nistrative/c	riminal case/s ag	ainst the per	son concerned.
	O FILLING OUT THE PERSONAL DATA SHEET (and use separate sheet if necessary. Indicate N				1. CS ID No.	<u> </u>	(Do not fill ur	o. For CSC use only)
I. PERSONAL INFORMATIO		The application of the PADD					(= 0 ilist iiii uļ	and distribution of the second
2. SURNAME	VILLAFUERTE							
FIRST NAME	JENELYN NYA							
MIDDLE NAME	SOSMEÑA							
DATE OF BIRTH (mm/dd/yyyy)	11/15/1995 16. CITIZENSHIP			Filipino Dual Citizenship				ization
4. PLACE OF BIRTH	HILUSIG, MAHAPLAG LEYTE	If holder of dual citizens						
5. SEX	☐ Male	please indicate the details.		Philippines				-
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	ВІ	RGY. PATAG		BA	YBAY CITY, LEY	TE
7. HEIGHT (m)	1.5							
8. WEIGHT (kg)	46	ZIP CODE	6521					
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS						
10. GSIS ID NO.	2005462244		BRG	Y. MALIGAY)	4	М	AHAPLAG LEYT	E
11. PAG-IBIG ID NO.	N/A							
12. PHILHEALTH NO.	13-025514505-4	ZIP CODE				6512		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
14. TIN NO.	350-970-549	20. MOBILE NO.	0997-839-5709					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		villa	fuertejer	nelyn16@gma	ail.com	
II. FAMILY BACKGROUND							•	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all)			list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME		IVAME EXTENSION (Jr., SR)						
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	VILLAFUERTE	N/A		*****************				
FIRST NAME	JUDI							
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	COMALING							
SURNAME	SOSMEÑA			***************************************				
FIRST NAME	CESARIA							
MIDDLE NAME	BASILISCO	(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGE				(0	ontinue on se	parate sheet if nece	ssary)	
26.						HIGHEST LEVEL/		SCHOLARSHIP/
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ (Write in full)	/COURSE	PERIOD OF A	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	HILUSIG ELEMENTARY SCHOOL	PRIMARY EDUCATION		2002	2008		2008	NA
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL		2010	2014		2014	VALEDICTORIAN
VOCATIONAL / TRADE COURSE								
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION major in MATHEMATICS		2014	2018		2018	CUM LAUDE
GRADUATE STUDIES								
SIGNATURE	AR.	(Continue on separate sheet if neces	ssary)	DA	TE	JA	NUARY 3, 20	19 d

	RVICE ELIGIBIL	(BOARD/ BAR) UNDER) DITHE	DATE OF		Y		LICENSE (if a	applicable)
	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN.	NUMBER Date of Validity			
`~			N/A	N/A	I/A		N/A	N/A	
	XPERIENCE te employment. S	Start from your recent v		ontinue on separate sheet if n of duties should be i	necessary) ndicated in the attached	Work Expe	ience sheet.		
B. INCLU	SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not a	TLE .	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format *00-0")/ BYCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
8/01/2018	12/31/2018	SUBSTITUTE INST	RUCTOR I	VISAYAS STATE UNIV	ERSITY-MAIN	21, 000	N/A	TEMPORARY	N/A
SIGNA	TURE	AR.	(C	ontinue on separate sheet i	DATE			IANUARY 3, 201	9

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON VERNMENT / PEOPLE	/VOLUNTAR	Y ORGANIZA	ITION/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy)			POSITION / NATURE OF WORK
WA _		From N/A	To N/A	N/A	N/A	
, , , , , , , , , , , , , , , , , , ,				1000		
		on separate shee	t if necessary)			
) INTERVENTIONS/TRAINING PROGRAMS lude only the relevant L&D/training taken for the last five		ision Chief/Execu	itive/Managerial pos		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(папиаалуууу)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N.	Ä	From N/A	To N/A	N/A	N/A	N/A
N.		IWA	II/A	IVA	1917	1307
			-			
				+		
· · · · · · · · · · · · · · · · · · ·						
		T				
VIII. OTHER INFORMATION	(Continue	on separate shee	et if necessary)			
	NON-ACA	DEMIC DISTINCT	IONS / RECOGNIT	TION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32. (Write in full) 33. (Write in full)					33. (Write in full)
COOKING	N/A				N/A	
GARDENING					×	
HAND CRAFTING		erdossessisticated entropy.				
		11				
SIGNATURE		on separate she	et if necessary)		VATE	TANKIA DVO AAAA
SIGNATURE	90.				DATE	JANUARY 3, 2019 CS FORM 212 (Revised 2017), Page 3

34. Are you related by consanguinity or aff chief of bureau or office or to the perso Bureau or Department where you will be a. within the third degree?					
b. within the fourth degree (for Local G	overnment Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35. a. Have you ever been found guilty of a	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged b	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any cany court or tribunal?	on by YES INO If YES, give details:				
retirement, dropped from the rolls, dism (abolition) in the public or private secto					
Barangay election)?	national or local election held within the last year (exception nent service during the three (3)-month period before the	If YES, give details:			
election to promote/actively campaign		If YES, give details:			
39. Have you acquired the status of an imm	nigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's A 7277); and (c) Solo Parents Welfare Ac a. Are you a member of any indigenous g b. Are you a person with disability? c. Are you a solo parent? 	☐ YES				
41. REFERENCES (Person not related by consangui	nity or affinity to applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
IRISH S. COCO	VISAYAS STATE UNIVERSITY	99362912476			
complete statement pursuant to the Philippines. I authorize the agency hea	onally accomplished this Personal Data Sheet which is provisions of pertinent laws, rules and regulations of d/authorized representative to verify/validate the contents nade in this document and its attachments shall be.	the Republic of the Stated herein.			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, PLEASE INDICATE ID Number and Date of Issued ID: TIN ID/License/Passport No.: 350-970-549 Date/Place of Issuance: 10/12/18	Signature (Sign inside JANUARY 3, 20 Date Accomplis	19			
SUBSCRIBED AND SWORN to before me thisFEB0_1_2019					

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- 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: August 1, 2018 Present
- Position: Substitute Instructor I
- Name of Office/Unit: Department of Mathematics and Physics
- Immediate Supervisor: Climaco D. Espina Jr.
- Name of Agency/Organization and Location: Visayas State University, Visca Baybay City Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Teaches assigned subjects and performs other teaching related functions, among others, the following:
 - a. Prepares and revises teaching materials/guides and submit to department head.
 - b. Prepares and gives examinations (mid/final/long/quizzes).
 - c. Checks test papers and returns to students one week after examination.
 - d. Submits grade sheets within prescribed period to the Registrar through the department.
 - e. Turns over class records to College Dean within two weeks after final examination.
 - f. Makes herself available for consultation by his/her students during scheduled consultation hours.
 - g. Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions.

JENELYN'S. VILLAFUERTE
(Signature over Printed Name of Employment/Applicant)

Date: January 31, 2019