

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)

I. PERSONAL INFORMATION

2. SURNAME	GUMAOD		
FIRST NAME	SOLIVER	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	BANAYAG		
3. DATE OF BIRTH (mm/dd/yyyy)	8/22/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	1.23 m	17. RESIDENTIAL ADDRESS	NA NA House/Block/Lot No. Street NA Cabalasan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
8. WEIGHT (kg)	65 kg	ZIP CODE	6521
9. BLOOD TYPE	Type "A"	18. PERMANENT ADDRESS	House/Block/Lot No. Street Sabang Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	BP# 2005804533	ZIP CODE	6521
11. PAG-IBIG ID NO.	918171899293	19. TELEPHONE NO.	NA
12. PHILHEALTH NO.	07-025424015-8	20. MOBILE NO.	0936-841-3196
13. SSS NO.	06-2588862-3	21. E-MAIL ADDRESS (if any)	soliver4u2@yahoo.com.ph
14. TIN NO.	939-652-408		
15. AGENCY EMPLOYEE NO.	V01234		

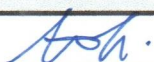
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)		
MIDDLE NAME			NA	NA
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME				
FIRST NAME	GUMAOD (DECEASED)	JR		
MIDDLE NAME	CELSO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANAYAG			
FIRST NAME	FELINA			
MIDDLE NAME	LLANO		(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	Visca Foundation Elementary School	Primary Education	1992	1997	Graduated	1997	NA
SECONDARY	LSU LABORATORY HIGH SCHOOL	Secondary Education	1998	2002	Graduated	2002	NA
VOCATIONAL / TRADE COURSE	DUALTECH LEARNING CENTER	ELECTROMECHANICS TECHNOLOGY	2003	2005	Graduated	2005	NA
COLLEGE	NA	NA	NA	NA	NA	NA	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 6, 2021
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	December 6, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S				
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
NA				NA


(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			
Fire Truck Operator Seminar/Drill Part II	12/6/2019		8.0	Technical	Visayas State University
Standard First Aid Training - Health Care Provider	10/16/2019	10/18/2019	24.0	Technical	Department of Health
Basic Life Support Provider Course	9/5/2019	9/6/2019	16.0	Technical	Department of Health
Fire Truck Operator Seminar/Drill Part I	7/26/2019		8.0	Technical	Visayas State Univeristy
Mandatory Training for Fire Brigade	11/5/2019	11/9/2018	40.0	Technical	Bureau of Fire Protection
Basic Safety Training					
Personal Survival Techniques					Maritime Education and Training Center
Fire Prevention and Fire Fighting	2/20/2006	2/28/2006	64.0	Technical	University of Cebu
Elementary First Aid					
Personal Safety and Social Responsibility					

(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)
Driving		
Electrician	NA	NA
Fire Brigade		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 6, 2021
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MARLON G. BURLAS	GSD, VSU, Baybay City	9173641520
ELWIN JAY V. YU, M.D.	VSU, Visca, Baybay City	9334724381
TEODORA DORIS P. BRAGANZA	VSU, Visca, Baybay City	9336647028

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.



<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Driver's License</div> <div>ID/License/Passport No.: H03-05-001861</div> <div>Date/Place of Issuance: Baybay, City Leyte</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>Date Accomplished</div>	<div></div> <div>Right Thumbmark</div>
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SUBSCRIBED AND SWORN to before me this 08 FEB 2022, affiant exhibiting his/her validly issued government ID as indicated above.

<div></div> <div>ATTY. RYSAN C. GUINOCOK VSU Chief Legal Officer</div>
Person Administering Oath