

I. PERSONAL INFORMATION

2. SURNAME	VALENCERINA		
FIRST NAME	SUSAN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MORENO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/22/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. GABAS, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.55m	ZIP CODE	House/Block/Lot No. Street ZONE-1 NAGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	62kg.		6521
9. BLOOD TYPE	A		
10. GSIS ID NO.	N/A		House/Block/Lot No. Street ZONE-1 NAGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
11. PAG-IBIG ID NO.	121109601616	ZIP CODE	6521
12. PHILHEALTH NO.	13-025010572-0		
13. SSS NO.	09-1110748-7	19. TELEPHONE NO.	N/A
14. TIN NO.	926-679-694	20. MOBILE NO.	09982525798
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	valencerina.susan@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VALENCERINA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EDGAR	NAME EXTENSION (JR., SR)	EDMUND MORENO VALENCERINA	3/19/1988
MIDDLE NAME	SACUROM		LESTER MORENO VALENCERINA	5/14/1989
OCCUPATION	Brgy. Councilor			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MORENO			
FIRSTNAME	RAYMUNDO			
MIDDLE NAME	LORETO			
25. MOTHER'S MAIDEN NAME	ESCUADRA			
FIRSTNAME	SOLEDAD			
MIDDLE NAME	POLEA			

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	Baybay East Central School Baybay, Leyte	Elementary	1968	1974	N/A	1974	N/A
SECONDARY	Franciscan College of the Immaculate Conception, Baybay, Leyte	Secondary	1974	1978	N/A	1978	N/A
COLLEGE	Southwestern University, Cebu City	Bachelor of Science in Commerce Major in Accounting	1978	1982	N/A	1982	N/A
VOCATIONAL / TRADE COURSE	System Technology Institute Ormoc City	Basic Computer "Power Pack 1.7"	Oct.2001		N/A		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 2, 2021
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[illegible]

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

Game 2

August 2, 2021

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A			N/A

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer literate		
Typing	N/A	N/A
Cooking		

SIGNATURE		DATE	August 2, 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)?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?	<div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: <u>resignation</u></div>
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	POSITION/ADDRESS	TEL. NO.
NICK FREDDY R. BELLO	OIC, Accounting Office VSU, Baybay City	
MS. SANDRA C. TIU	Administrative Assistant III Accounting Office, VSU, Baybay City	

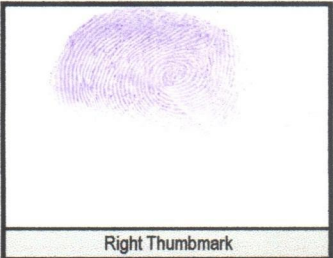
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number:	Philhealth 13-025040572 0
Government Issued ID:	Tax Identification Number
ID/License/Passport No.:	926-679-694
Date/Place of Issuance:	June 10, 2002

Signature (Sign inside the box)
August 2, 2021
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 07 SEP 2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN L. GUMOCOR VSU CH. Legal Officer
Person Administering Oath