

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	GODOY		
FIRST NAME	JEROME	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GALVEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	1/12/1983	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street HIBUNAWAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.69	ZIP CODE	6521
8. WEIGHT (kg)	64	18. PERMANENT ADDRESS	House/Block/Lot No. Street HIBUNAWAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	"O"	ZIP CODE	6521
10. GSIS ID NO.	2005036154	19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	1211-8783-6379	20. MOBILE NO.	09164482559
12. PHILHEALTH NO.	1302-5081-1633	21. E-MAIL ADDRESS (if any)	jerome.godoy@gmail.com
13. SSS NO.	06-2900402-1		
14. TIN NO.	933-262-418		
15. AGENCY EMPLOYEE NO.	1000030358		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GODOY		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DINA JOY	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	BRACA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	GODOY			
FIRST NAME	ROMULO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PANCITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GALVEZ			
FIRST NAME	ANITA			
MIDDLE NAME	PADILLA			
(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	HIBUNWAN ELEM. SCHOOL	Primary	1990	1996		1996	NA
SECONDARY	VISCA LABORATORY HIGH SCHOOL (VLHS)	HIGH SCHOOL	1996	2000		2000	NA
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY (SLSU)	Bachelor of Science in Industrial Technology	2000	2004		2004	NA
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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[illegible]

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

[illegible]

SIGNATURE		DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of completion	
4. Duration of the program	
5. Location of the program	
6. Name of the provider	
7. Name of the sponsor	
8. Name of the participant	
9. Name of the supervisor	
10. Name of the manager	
11. Name of the sponsor	
12. Name of the participant	
13. Name of the supervisor	
14. Name of the manager	
15. Name of the sponsor	
16. Name of the participant	
17. Name of the supervisor	
18. Name of the manager	
19. Name of the sponsor	
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23. Name of the sponsor	
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31. Name of the sponsor	
32. Name of the participant	
33. Name of the supervisor	
34. Name of the manager	
35. Name of the sponsor	
36. Name of the participant	
37. Name of the supervisor	
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96. Name of the participant	
97. Name of the supervisor	
98. Name of the manager	
99. Name of the sponsor	
100. Name of the participant	

(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)

[illegible]







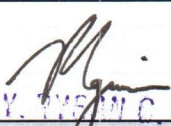
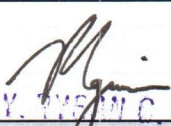
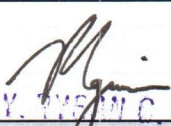
(Continue on separate sheet if necessary)

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 repair	NA	VSU ADMINISTRATIVE PERSONNEL ASSOCIATION (VSU-ADPA)
network cabling installation		
driving two/four wheels vehicle		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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34. Are you related by consanguinity or affinity to 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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Louella C. Campac</td><td>VSU Baybay, Leyte</td><td>9175423297</td></tr><tr><td>Sean O. Villagonzalo</td><td>VSU Baybay, Leyte</td><td>9065867769</td></tr><tr><td>Erlinda C. Esguerra</td><td>VSU Baybay, Leyte</td><td>9176341538</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Louella C. Campac	VSU Baybay, Leyte	9175423297	Sean O. Villagonzalo	VSU Baybay, Leyte	9065867769	Erlinda C. Esguerra	VSU Baybay, Leyte	9176341538
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: V00932</td></tr><tr><td>ID/License/Passport No.: D Driver's License: H03-04-000678</td></tr><tr><td>Date/Place of Issuance: January 2016 / Baybay, Leyte</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: V00932	ID/License/Passport No.: D Driver's License: H03-04-000678	Date/Place of Issuance: January 2016 / Baybay, Leyte	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished					
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SUBSCRIBED AND SWORN to before me this <u>JAN 22 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. REYN C. GUINOCOR VSU LEGAL COUNSEL Person Administering Oath</td></tr></table>		 ATTY. REYN C. GUINOCOR VSU LEGAL COUNSEL Person Administering Oath											
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