CS Form No. 212								
Revised 2017	PERSO	NAL DAT	A SH	IEE.	г			
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	e Work Experience Sheet sl	nall cause the	filing of adr	ninistrative	criminal case/s a	gainst the ne	erson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE					orminar oddord a	gamer the pe	13011
Print legibly. Tick appropriate boxes	s () and use separate sheet if necessary. Indicate N	VA if not applicable. DO NOT A	BBREVIATE.	PDS FORM	1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATIO	N .							
2 SURNAME	OMPOD							
FIRST NAME	GERALD NAME EXTENSION (JR., SR)							
MIDDLE NAME	DECIO							
DATE OF BIRTH (mm/dd/yyyy)	03/09/1997	16. CITIZENSHIP	zenship, Pls. i		□ Dual Citizenship □ by birth □ by naturalization Pls. indicate country:			
4. PLACE OF BIRTH	MATAG-OB, LEYTE	If holder of dual citiz						
5. SEX	✓ Male ☐ Female	please indicate the				-		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		N/A House/Block/Lot No. N/A		PA	N/A Street PANGASUGAN	
7. HEIGHT (m)	1.69		Subdivision/Village BAYBAY CITY			Barangay LEYTE		
8. WEIGHT (kg)	70	ZIP CODE	City/Municipality 6521			Province		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	N/A House/Block/Lot No.			N/A		
10. GSIS ID NO.	N/A			N/A Subdivision/Villag		ST	Street O. ROSAR Barangay	Ю
11. PAG-IBIG ID NO.	121277743499		MATAG-OB City/Municipality			LEYTE		
12. PHILHEALTH NO.	13-252631049-0	ZIP CODE	6532		- 1 - 1	Province		
13. SSS NO.	34-9995744-4	19. TELEPHONE NO.	N/A					
14. TIN NO.	605-418-859-000	20. MOBILE NO.	0950-840-1065					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gerald.ompod@vsu.edu.ph					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Write	e full name and	d list all)	DATE OF BIR	RTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A			N/A		
MIDDLE NAME	N/A							
OCCUPATION	N/A		-					
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A		-					
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	OMPOD		-					
		NAME EXTENSION (JR., SR)			-			
FIRST NAME	ROME	, , ,						
MIDDLE NAME	TORILLAS							
25. MOTHER'S MAIDEN NAME								
SURNAME	DECIO							
FIRST NAME	MICHELLE							
MIDDLE NAME	MORE			(0	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)				HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN VICENTE ELEMENTARY SCHOOL	ELEMENTARY EDU	CATION	2004	2010		2010	VALEDICTO

1ST HONORABLE SECONDARY MATAG-OB NATIONAL HIGH SCHOOL SECONDARY EDUCATION 2010 2014 2014 VOCATIONAL / TRADE COURSE N/A N/A N/A N/A N/A N/A BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING DOST COLLEGE **VISAYAS STATE UNIVERSITY** 2014 2019 2019 SCHOLAR GRADUATE STUDIES N/A N/A N/A N/A N/A N/A SIGNATURE

DATE September 3, 2022

7. CAREE	R SERVICE/ RA 1080 (E	BOARD/ BAR) UNDER	BATING	DATE OF				LICENSE (if a	applicable)
BAR	SPECIAL LAWS/ CES/ CSEE (If Applicable) (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		RMENT	NUMBER	Date of Validity				
BIOSYSTEMS ENGINEER 81.27		81.27%	10/30-31/2019	IEC CONVENTION C	ENTER - C	EBU CITY	0010522	03/09/202	
	XPERIENCE	Start from your rece		ntinue on separate sheet	if necessary) be indicated in the attact	ned Work E	xperience she	e <i>t</i> .	
B. INCLUSIVE DATES (mm/dd/yyyy) POSITION TIT (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
01/10/2022	06/18/2022	Instruct	tor	Department of Agricultural and Biosystems Engineering - Visayas State University		N/A	N/A	Part-time	Y
09/23/2021 12/24/2021		Instructor		Department Biosystems Engi U	N/A	N/A	Part-time	Y	
			,						
V									
Total T					2 22 27				
			1 - 1						
			(0	Continue on separate she	ot if necessary)				
SIGN	ATURE				DATE		Septemi	ber 03, 2022	

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34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,			•		
a. within the third degree? b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local el Barangay election)? b. Have you resigned from the government service during.	☐ YES				
election to promote/actively campaign for a national or loca	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)	The state of the s			
NAME	ADDRESS	TEL. NO.			
DR. BAYRON S. BARREDO	TACLOBAN CITY, LEYTE	0951 511 2133	68		
DR. ROBERTO C. GUARTE	VSU, BAYBAY CITY, LEYTE	0999 172 3334			
ENGR. JESSIE JAMES LAYAN	SAN VICENTE, DANAO BOHOL	0919 612 9545			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	inent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the ed herein.	ERALD OMPOD PHOTO		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: PRC ID					
ID/License/Passport No.: 0010522	Signature (Sign locide the b		The same of the sa		
Date/Place of Issuance: ORMOC CITY	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	7 3 NUV 2022	ng his/her validly issued government	ID as indicated above.		