

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	CHIONG		
FIRST NAME	HERMILA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PURAY		
3. DATE OF BIRTH (mm/dd/yyyy)	4/24/1961	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	HINDANG, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	DUPLEX J-I House/Block/Lot No. Street VISAYAS STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	ZIP CODE	6521
7. HEIGHT (m)	1.43M	18. PERMANENT ADDRESS	127 VILLAS House/Block/Lot No. Street Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province
8. WEIGHT (kg)	40	ZIP CODE	6523
9. BLOOD TYPE	B+	19. TELEPHONE NO.	(053) 563-7035
10. GSIS ID NO.	61042401543	20. MOBILE NO.	09176755004
11. PAG-IBIG ID NO.	1700-0024-5790	21. E-MAIL ADDRESS (if any)	hpchiong@gmail.com
12. PHILHEALTH NO.	13-000015143-3		
13. SSS NO.	N/A		
14. TIN NO.	104-767-499		
15. AGENCY EMPLOYEE NO.	V000155		

II. FAMILY BACKGROUND

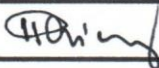
22. SPOUSE'S SURNAME	CHIONG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	BENBOW	NAME EXTENSION (JR., SR)	JANE FRANCES PURAY CHIONG-LEVO	10/5/1987
MIDDLE NAME	VILLAHERMOSA			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PURAY			
FIRST NAME	CAMILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	APARIS			
25. MOTHER'S MAIDEN NAME	GUDMALING			
SURNAME	PURAY			
FIRST NAME	TARCIANA			
MIDDLE NAME	DARGANTES			

(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	HINDANG CENTRAL SCHOOL	PRIMARY	1969	1975	PRIMARY	1975	N/A
SECONDARY	SAINT COLLEGE MICHAEL COLLEGE	HIGHSCHOOL	1975	1979	SECONDARY	1979	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHWESTERN UNIVERSITY	BS MEDICAL TECHNOLOGY	1979	1983	BACHELOR OF SCIENCE IN MEDICAL	1983	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/25/2017
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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
MEDICAL TECHNOLOGY BOARD	77.60%	3/29-30/1984	PRC	0015936	2020

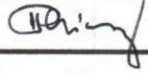
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	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	GOVT SERVICE (Y/ N)
From	To						
01/01/2017	PRESENT	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	28,877.00		PERMANENT	YES
01/01/2016	12/31/2016	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	27,401.00		PERMANENT	YES
03/01/2015	12/31/2015	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	26,000.00		PERMANENT	YES
06/01/2012	02/28/2015	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	25,718.00		PERMANENT	YES
03/01/2012	05/31/2012	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	23,621.00		PERMANENT	YES
06/01/2011	02/28/2012	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	23,305.00		PERMANENT	YES
06/24/2010	05/31/2011	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	21,172.00		PERMANENT	YES
07/01/2009	06/23/2010	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	19,040.00		PERMANENT	YES
03/01/2009	06/30/2009	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	16,907.00		PERMANENT	YES
07/01/2008	02/28/2009	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	16,494.00		PERMANENT	YES
07/01/2007	06/30/2008	MEDICAL TECHNOLOGIST II	VISAYAS STATE UNIVERSITY NATIONAL	14,995.00		PERMANENT	YES
03/01/2006	06/30/2007	MEDICAL TECHNOLOGIST II	LEYTE STATE UNIVERSITY NATIONAL	13,632.00		PERMANENT	YES
03/01/2003	02/28/2006	MEDICAL TECHNOLOGIST II	LEYTE STATE UNIVERSITY NATIONAL	13,300.00		PERMANENT	YES
01/01/2003	02/28/2003	MEDICAL TECHNOLOGIST I	LEYTE STATE UNIVERSITY NATIONAL	11,629.00		PERMANENT	YES
07/01/2001	12/31/2002	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	11,344.00		PERMANENT	YES
01/01/2000		MEDICAL TECHNOLOGIST I	VISCA NATIONAL	9,822.00		PERMANENT	YES
01/01/2000	06/30/2001	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	10,804.00		PERMANENT	YES
11/01/1997	12/31/1999	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	9,583.00		PERMANENT	YES
01/01/1997	10/31/1997	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	7,946.00		PERMANENT	YES
01/01/1996	12/31/1996	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	6,267.00		PERMANENT	YES
01/01/1995	12/31/1995	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	5,042.00		PERMANENT	YES
01/01/1994		MEDICAL TECHNOLOGIST I	VISCA NATIONAL	4,000.00		PERMANENT	YES
01/01/1994	12/31/1994	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	4,042.00		PERMANENT	YES
10/22/1991	12/31/1993	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	3,309.00		PERMANENT	YES
01/01/1991	10/21/1991	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	3,309.00		TEMPORARY	YES
07/01/1989	12/31/1990	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	3,300.00		CASUAL	YES
08/01/1988	06/30/1989	MEDICAL TECHNOLOGIST I	VISCA NATIONAL	1,057.00		CASUAL	YES
08/01/1984	07/31/1987	MEDICAL TECHNOLOGIST	(ORMOC SUGAR PLANTERS ASSOCIATION) FARMERS MEDICAL	900.00		PERMANENT	NO

(Continue on separate sheet if necessary)

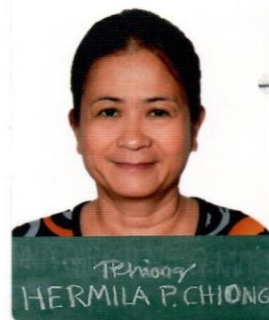
SIGNATURE		DATE	04/25/2017
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department 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.
LOLITA L. DAQUIPIL	VISAYAS STATE UNIVERSITY	
CORAZON N. NUEVO	BAYBAY CITY	
CLARA P. MERCADO	GUADALUPE 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 and Date of Issuance

Government Issued ID: PRC
ID/License/Passport No.: 0015639
Date/Place of Issuance: 10/29/1984 MANILA

Signature (Sign inside the box)

04/25/2017

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this APR 25 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR

NOTARY PUBLIC

Person Administering Oath

UNTIL SEPTEMBER 31, 2017

PTR 0495822 - BAYBAY/LEYTE - 4/12/17

IBP 1030824 - TAGLOBAN CITY - 12/19/16

MCLE COMP. NO. V-0002520-07/20/15

ROLL OF ATTORNEYS NO. 57467