

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	GIOMAN		
FIRST NAME	RANILO		NAME EXTENSION (JR., SR) SR
MIDDLE NAME	VITUALLA		
3. DATE OF BIRTH (mm/dd/yyyy)	2/7/1979	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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.67m		
8. WEIGHT (kg)	82	ZIP CODE	6521
9. BLOOD TYPE	Type O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	NONE		
11. PAG-IBIG ID NO.	121-0500-7447		
12. PHILHEALTH NO.	13-025153297-5	ZIP CODE	6521
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	215 041 922	20. MOBILE NO.	09365327730
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	N/A

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	NOT APPLICABLE	NAME EXTENSION (JR., SR)	Marylene M. Gioman	12/8/2004
MIDDLE NAME			Ranilo M. Gioman, Jr.	10/8/2009
OCCUPATION	NOT APPLICABLE		Ranil M. Gioman	9/15/2013
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS	NOT APPLICABLE			
TELEPHONE NO.				
24. FATHER'S SURNAME	GIOMAN			
FIRST NAME	LUCIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MONTECILLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	Vitualla			
FIRST NAME	Elena			
MIDDLE NAME	Caintic	(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	Gacat Elementary School	Primary Education	1984	1993		1993	NONE
SECONDARY	Franciscan College of Immaculate Conception	Fourth Year (but not graduated)	1994	1997		NA	NONE
VOCATIONAL / TRADE COURSE	NOT APPLICABLE						
COLLEGE	NOT APPLICABLE						
GRADUATE STUDIES	NOT APPLICABLE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Feb. 22, 2021
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

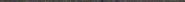
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

(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)

INCLUSIVE DATES OF		Transferred	

[illegible]

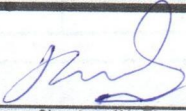
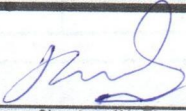
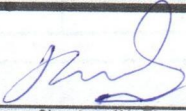






(Continue on separate sheet if necessary)

[illegible]

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving, Welding	NOT APPLICABLE	NOT APPLICABLE
Carpentry, Plumbing		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Feb. 22, 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 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>DR. JOSE L. BACUSMO</td><td>VSU, Baybay City, Leyte</td><td>9192136283</td></tr><tr><td>DR. EUTUQUJO E. SUDARIA</td><td>VSU, Baybay City, Leyte</td><td>09173065 331</td></tr><tr><td>DR. MARIA JULIET C. CENIZA</td><td>VSU, Baybay City, Leyte</td><td>0917 309 5016</td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	DR. JOSE L. BACUSMO	VSU, Baybay City, Leyte	9192136283	DR. EUTUQUJO E. SUDARIA	VSU, Baybay City, Leyte	09173065 331	DR. MARIA JULIET C. CENIZA	VSU, Baybay City, Leyte	0917 309 5016	
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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.													
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>_____</td></tr><tr><td>Person Administering Oath</td></tr></table>		_____	Person Administering Oath										

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