

# 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 ( ) ☐ d 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	GONZAGA		
FIRST NAME	ERNESTO	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	ALKUINO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/7/1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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	952-A Domingo Veloso St. House/Block/Lot No. Street Zone 3 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	165	ZIP CODE	6521
8. WEIGHT (kg)	N/A	18. PERMANENT ADDRESS	952-A Domingo Veloso St. House/Block/Lot No. Street Zone 3 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
9. BLOOD TYPE	"O"	19. TELEPHONE NO.	none
10. GSIS ID NO.	64100702256	20. MOBILE NO.	09983433054
11. PAG-IBIG ID NO.	1700-0025-0906	21. E-MAIL ADDRESS (if any)	ernesto.gonzaga@vsu.edu.ph
12. PHILHEALTH NO.	13000016643		
13. SSS NO.	N/A		
14. TIN NO.	108816218		
15. AGENCY EMPLOYEE NO.	V-000248		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALBERO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA VICTORIA	NAME EXTENSION (JR., SR)	Deo Paulo A. Gonzaga	2/12/1987
MIDDLE NAME	ALBA		Fleur Nadine A. Gonzaga	12/14/1990
OCCUPATION	Teacher		Ian Anthony A. Gonzaga	4/13/1993
EMPLOYER/BUSINESS NAME	Franciscan College of the Immaculate Conception		Anne Abigail A. Gonzaga	12/31/2000
BUSINESS ADDRESS	Baybay City, Leyte		Frances Aline A. Gonzaga	6/19/2007
TELEPHONE NO.	053-335-3382			
24. FATHER'S SURNAME	GONZAGA			
FIRST NAME	ERNESTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BOSTON			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALKUINO			
FIRST NAME	PRIMITIVA			
MIDDLE NAME	FABULAR			

(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	Baybay East Central School	Elementary certificate	1971	1977	NA	1977	2nd Honors
SECONDARY	Franciscan College of the Immaculate Conception	High School Diploma	1977	1981	NA	1981	NA
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	Franciscan College of the Immaculate Conception	BS in Commerce	1983	1987	NA	1987	NA
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 12, 2021
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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
	Career Service - Professional	82.86%	Oct. 20, 1991	Western Leyte College, Ormoc City		1/27/1992

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	August 12, 2021
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**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE				

(Continue on separate sheet if necessary)

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

(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)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Webinar Presentation on "Document TrackingSystem"	11/13/2020		3.0	Technical	Human Resource Information System
	Workshop in Preparation of Level 1 AACUP Accreditation	10/5-6/2017		16.0	Administrative	Quality Assurance Center
	Gender Sensitivity Training and Anti-Sexual Harassment Orientation	4/27/2017		8.0	Administrative	Institute for Strategic Research and Development Studies-Visayas State University
	Planning Workshop: On the Preparation & Processing of Documents Relative to Procurement	5/27/2015		8.0	Administrative	Supply, Procurement and Property Management Office-Visayas State University

(Continue on separate sheet if necessary)

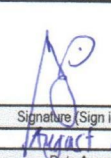
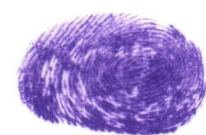
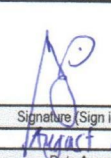
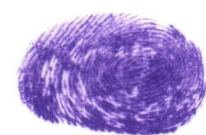
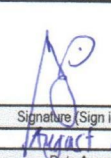
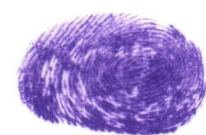
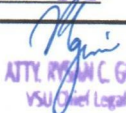
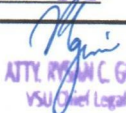
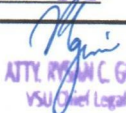
**VIII. OTHER INFORMATION**

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Bookkeeping		Model Clerk Award 2009		Member-Agri-Preneurs Multipurpose Cooperative
					Member-LSU-Administrative Personnel Association(AdPA)

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	August 12, 2021
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Othello B. Capuno</td> <td>Office of the Vice President for Research and Extension</td> <td>-</td> </tr> <tr> <td>Dr. Christina A. Gabrillo</td> <td>Dept. Head, Dept. of Development Communication</td> <td>-</td> </tr> <tr> <td>Dr. Eunice I. Beray</td> <td>Dept. of Consumers &amp; Hospitality Management</td> <td>-</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Othello B. Capuno	Office of the Vice President for Research and Extension	-	Dr. Christina A. Gabrillo	Dept. Head, Dept. of Development Communication	-	Dr. Eunice I. Beray	Dept. of Consumers & Hospitality Management	-
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>Driver's License</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-15-002331</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>10/04/2017</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:	Driver's License	ID/License/Passport No.:	H12-15-002331	Date/Place of Issuance:	10/04/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">             Signature (Sign inside the box)            August 12, 2021            Date Accomplished         </td> <td style="text-align: center; height: 100px;">             Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) August 12, 2021 Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this <u>12 AUG 2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: center; padding: 10px;">   <b>ATTY. RYAN C. GUINOCOR</b>            VSU Chief Legal Officer         </td> </tr> <tr> <td style="text-align: center; padding: 5px;">           Person Administering Oath         </td> </tr> </table>		 <b>ATTY. RYAN C. GUINOCOR</b> VSU Chief Legal Officer	Person Administering Oath										
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