

# 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	GONZAGA		
FIRST NAME	ROSEMARIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAÑOC		
3. DATE OF BIRTH (mm/dd/yyyy)	2/20/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s. indicate country:
4. PLACE OF BIRTH	BRGY. MAITUM, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	BRGY. MAITUM, BAYBAY CITY, LEYTE
7. HEIGHT (m)	1.50 m.		House/Block/Lot No. Street
8. WEIGHT (kg)	48 kg		Subdivision/Village Barangay
9. BLOOD TYPE	A		City/Municipality Province
10. GSIS ID NO.	2005056930	ZIP CODE	6521
11. PAG-IBIG ID NO.	121190472987	18. PERMANENT ADDRESS	BRGY. MAITUM, BAYBAY CITY, LEYTE
12. PHILHEALTH NO.	13-025154689-5		House/Block/Lot No. Street
13. SSS NO.	N/A		Subdivision/Village Barangay
14. TIN NO.	482131478		City/Municipality Province
15. AGENCY EMPLOYEE NO.	V-00927	ZIP CODE	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09356285779/09073689532
		21. E-MAIL ADDRESS (if any)	mhegsbanz143@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GONZAGA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEROME	NAME EXTENSION (JR., SR)	JAIRESE KAYLE B. GONZAGA	12/25/2017
MIDDLE NAME	RAMIREZ			
OCCUPATION	SELF EMPLOYED			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BAÑOC			
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SUBAYNO			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIGMAN			
FIRST NAME	ROSITA			
MIDDLE NAME	PAÑA			

(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	MAITUM ELEMENTARY SCHOOL		1996	2002	N/A	2002	3RD HONOR
SECONDARY	BITANHUAN NATIONAL HIGH SCHOOL		2002	2006		2006	3RD HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION	2008	2013		2013	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRICULTURAL EXTENSION	2013	2016		2016	GRADUATE TEACHING ASSISTANT

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 5, 2019
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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]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	July 5, 2019

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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A					

(Continue on separate sheet if necessary)

## VIL. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

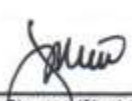

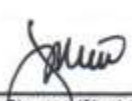

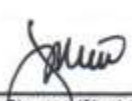


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION	
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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Extension works		VSU- Faculty Association
Singing		Society of Agricultural Educators in Region 8, Inc.
Dancing		Philippine Association of Extension Program Implementors, Inc.
Public relation		
Reading		

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SIGNATURE		DATE	July 5, 2019
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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> <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. ANTONIA CECILIA Y. SANDOVAL</td><td>VSU, Visca, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>Dr. MILAGROS C. BALES</td><td>VSU, Visca, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>Prof. FATIMA T. BALIÑA</td><td>VSU, Visca, Baybay City, Leyte</td><td>N/A</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. ANTONIA CECILIA Y. SANDOVAL	VSU, Visca, Baybay City, Leyte	N/A	Dr. MILAGROS C. BALES	VSU, Visca, Baybay City, Leyte	N/A	Prof. FATIMA T. BALIÑA	VSU, Visca, Baybay City, Leyte	N/A
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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 style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SS5, PRC, Driver's License, etc.)</td></tr><tr><td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td style="padding: 2px;">Government Issued ID: VSU Employee ID -V-00927</td></tr><tr><td style="padding: 2px;">ID/License/Passport No.:</td></tr><tr><td style="padding: 2px;">Date/Place of Issuance: Visayas State University</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SS5, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: VSU Employee ID -V-00927	ID/License/Passport No.:	Date/Place of Issuance: Visayas State University	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; padding: 10px;"> Signature (Sign inside the box) Date Accomplished: 7/15/19</td></tr><tr><td style="text-align: center; padding: 10px;"> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) Date Accomplished: 7/15/19	 Right Thumbmark					
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<p>SUBSCRIBED AND SWORN to before me this <u>12 JUL 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><p style="text-align: center;"> <b>ATTY. RYSAN C. GUINDOR</b> <b>VSU LEGAL OFFICER</b> Person Administering Oath</p></div>													

