PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUID.	E TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCON	IBI IBUULA ELLE	PDS FOR	iM	rimmai case/s ag	amst me pers	on concerned		
1. PERSONAL INFORMAT	es () and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE.		1 CSIDN	0	(Do not fill	up. For CSC use		
2 SURNAME	ALMERODA									
FIRST NAME	VERONICO		NAME EXTENSION (JR.; SR)							
MIDDLE NAME	BINGALAN									
3. DATE OF BIRTH		Le elización de		T						
(mm/dd/yyyy)	30/03/1959	16. CITIZENSHIP		☑ Filip	oino [Dual Citizenship				
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citi	7686Nin			☐ by birth ☐ by naturalization				
5. SEX	☑ Male ☐ Female	please indicate the		1 10.111				Pls. indicate country:		
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS								
BUIVIL STATUS	☐ Widowed ☐ Separated	TV. RESIDENTIAL ADDRESS	House/Block/Lot No.				Street			
CONTRACTOR CONTRACTOR CONTRACTOR	Other/s:	Service and supplementations of the service	Subdivision/Village				PATAG			
7. HEIGHT (m)	1.56"	Jon to resident and the ne		BAYBAY		Barangay LEYTE				
8. WEIGHT (kg)	64.5	ZIP CODE	Ci	ty/Municipal	lty	6521	Prôvince			
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS				0021				
10. GSIS ID NO.		2-10 piese	Hous	se/Block/Lot	No.		Street			
A PARTY NA	000-3698-2064-6	conta balades	Sub	odivision/Villa	ege		PATAG Barangay			
11. PAG-IBIG ID NO.	1211-4230-4594		Cit	BAYBAY ty/Municipali	·fv		LEYTE			
12. PHILHEALTH NO.	13-000103004-4	ZIP CODE		y wat not pain		6521-A	Province			
13. SSS NO	03-6982064-6	19. TELEPHONE NO.			3 8 8	N/A				
14. TIN NO.	937-624-698	20. MOBILE NO.		0 1		09362600060				
15. AGENCY EMPLOYEE NO.	V00874	21. E-MAIL ADDRESS (if any)								
II. FAMILY BACKGROUND	13					and the second				
22. SPOUSE'S SURNAME	ALMERODA		23. NAME of CHIL	DREN (WA	te full name and	d list all)	DATE OF BIE	RTH (mm/dd/yyy		
FIRST NAME	ANNABE	NAME EXTENSION (JR., SR)					N/A			
MIDDLE NAME	PACULANANG			-			-	107		
OCCUPATION	N/A						-			
EMPLOYER/BUSINESS NAME	N/A					· · ·	-			
BUSINESS ADDRESS	N/A						-			
TELEPHONE NO.	N/A			-						
4. FATHER'S SURNAME	ALMERODA						-			
FIRST NAME	CRISOLOGO	SR								
MIDDLE NAME	DIAZ							-		
5. MOTHER'S MAIDEN NAME	ISRAEL						-			
SURNAME	ALMERODA						-			
FIRST NAME	EUSEBIA			***************************************	***************************************		-			
MIDDLE NAME	BINGALAN		4							
1. EDUCATIONAL BACKG		The American		(Contraction of the Contraction	Condinue on se	parate sheet if neces	isary)			
	AUGUS OF COLUMN	Control of the Contro						SOUGH ARSHIR		
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/GOURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SEHELARSHIP, ACADEMIC HONORS		
				From	Ťe	(if not graduated)	GRABOATEB	RECEIVED		
ELEMENTARY	GABAS CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	1	1996	1972		1972			
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCAT	ION	1976	1980	*	1980			
VOCATIONAL / TRADE COURSE	N/A									
COLLEGE	VISAYAS STATE UNIVERSITY	FOREST RANGER CERT	FICATE	1987	1990		1990			
GRADUATE STUDIES	1						7.1			
Oloniarina		ontinue on saparate sheet if neces	isary)							
SIGNATURE	-/0	mero		DATE Ma		ay 12, 2020				

CAREER SERVICE/ RA 1080 (BOARD/ BAR) RATING			DATE OF		-	LICENSE (if applicable)			
UNDE	ER SPECIAL LAV	VS/ CES/ CSEE DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
	N/A								
							* 3		Make and the State of
	and periods in extra sec typing that the high and the second		*						
Onlesson State Conference on State Conference									
									247
				(Continue on separa	te sheet if necessary)				
WORK E	XPERIENC	=				attached Wo	rk Experienc	e sheet.	
INCLUSIVE DATES (mm/dd/yyyy) From To Start from your recent world your your recent world your your recent world your your your your your your your your		TITLE	DEPARTMENT / AG (Write in fu	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICI (Y/ N)		
01/02/2015	present	ADMINISTRATI	VE AIDE III	VISAYAS STATE U GRAD	NIVERSITY-OFFICE OF THE	12466.08	SG 3	CASUAL	YES
01/17/2005	DEPARTMENT OF PIOLOGIC		BIOLOGICAL SCIENCES, VSU	5460.00		JOB ORDER	NO		
Mesonand Aut are absented and Offer-Artifold									
		American Employ of Participation and County							
ace a responsivity device review recommendation of the resp									
September Spring County Spring Address Spring									
			19		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNATURE IN			(Continue on separate sheet if necessary) DATE				y 12, 2020		

	Nrite in full)		NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PARTY AN	dd/yyyy)	NUMBER OF HOURS	turner		
P	WA.		From	To			POSITION / NATURE OF WORK	
		•	e 1011					
							* .	
	-							
LEARNING AND DEVE	ELOPMENT (L&D) IN	ITERVEN	(Continu	ue on separate si	neet if necessary)			
from the most recent L&D/train	ing program and include or	nly the releva	ant L&D/training	taken for the las	#NAIVIG AT LENI 1 five (5) years for Dru	OED Islan Chieffi xecut	hie Manageriul en ettinos l	
TITLE OF LEARNII	NG AND DEVELOPMENT	2371	INCLUSIVE	DATES OF		Type of LD	Parameter of the Control of the Cont	
INTERVENTIONS/TRAINING P	ROGRAMS in full)	(Write	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
			From	Тө	KOM SHARES	Technical/etc)	(sause in Jali)	
N/	A							
		-						
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			(Canting)	on separate she	and if management			
OTHER INFORMATION			Commen	o on superiors and	est in the constant y			
			NON-ACA	DEMIC DISTINC	TIONS / RECOGNITIO	N	MEMBERSHIP IN ASSOCIATION/ORGANIZA	
SPECIAL SKILLS an	d HOBBIES 3	2.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			The state of the s	33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
N/A			N/A			,	N/A	
		A CONTRACTOR OF THE PARTY OF TH	and the second second second second					
All the second of the second o	A Francisco Company of the Company o	no original to	(Continu	e on separate sh	set if necessary)	- Employable comments	The Company of the Adaptical State of the St	
SIGNATUR			Topo	MAN IN	MUL TOA	TE	May 12, 2020	
AND ASSESSED IN THE COMMENTAL IN THE COMMENT		20	1000				CS FORM 212 (Revised 2017), Pag	
		/		0.000	ATTY, RY			

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed,	ng or recommending authority, or to the late supervision over you in the Office,	YES ☑ NO '				
a. within the third degree?	party.					
b. within the fourth degree (for Local Government Unit -,C	☐ YES ☑ NO If YES, give details:					
	offense?	☐ YES ☑ NO				
35. a. Have you ever been found guilty of any administrative	If YES, give details:					
b. Have you been criminally charged before any court?	Continue on sour we shall a measure	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
to the control of the second s	of say law decree ordinance or regulation by	CI YES NO				
36. Have you ever been convicted of any crime or violation of any court or tribunal?	☐ YES					
dropped from the rolls, dismissal, termination, end of termination	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?					
38. a. Have you ever been a candidate in a national or local Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except					
b. Have you resigned from the government service during election to promote/actively campaign for a national or keep the companion of the comp	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or perman	☐ YES					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b)	Marca Cada for Disabled Barcana (BA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 89						
a. Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:)			
b. Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:					
c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:)				
41. REFERENCES (Person not related by consanguinity or affinity to appl	icent /appointee)					
NAME	ADDRESS	CEL: NO.				
Dr. Anabella B. Tulin	Visca, Baybay City, Leyte	9150727521				
Dr. Editha G. Cagasan	Visca, Baybay City, Leyte	9155913358	136			
Dr. Beatriz S. Belonias	Visca, Baybay City, Leyte	9322497436				
42. I declare under oath that I have personally accompled complete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized repagree that any misrepresentation made in this administrative/criminal case/s against me.	ertinent laws, rules and regulations of the presentative to verify/validate the contents sta	Republic of the led herein.	ERONICO P. AEMERODA			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID	Donarda					
ID/License/Passport No.: 13-000103004-4						
	bex)	which the same of				
	Date/Accomplished	Anaport see de la Republica partir visus processos.	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	JUN 2020 , affiant exhibit	ing his/her validly issued governme	nt ID as indicated above.			
	TTY. RYSAN C. GUINOCOR					
	AVSULEGAI OFFICER Person Administering Opt	h				