

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 () 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	BARRIENTOS		
FIRST NAME	DODONG NEIL	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	LUMAAD		
3. DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 15,1989	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	ORMOC DISTRICT HOSPITAL	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	BLK.18 LOT 2 House/Block/Lot No. Street DSWD CORE SHELTER TAMBULILID Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
7. HEIGHT (m)	1.65m	ZIP CODE	
8. WEIGHT (kg)	66kg		
9. BLOOD TYPE	A		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121224995949	18. PERMANENT ADDRESS	BLK.18 LOT 2 House/Block/Lot No. Street DSWD CORE SHELTER TAMBULILID Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
12. PHILHEALTH NO.	13-025142607-5	ZIP CODE	6541
13. SSS NO.	06-3176378-0	19. TELEPHONE NO.	N/A
14. TIN NO.	487-752-205	20. MOBILE NO.	09777136103
15. AGENCY EMPLOYEE NO.	V02939	21. E-MAIL ADDRESS (if any)	tingski89@gmail.com

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	BARRIENTOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JENNIFER	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	MANGUBAT			
OCCUPATION	REVENUE OFFICER			
EMPLOYER/BUSINESS NAME	BUREAU OF INTERNAL REVENUE			
BUSINESS ADDRESS	BARANGAY ABUCAY TACLOBAN CITY LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BARRIENTOS			
FIRST NAME	NEPHTALIE	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LUCERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LUMAAD			
FIRST NAME	ELIZABETH			
MIDDLE NAME	PAGUIPO			

(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	ORMOC ADVENTIST MULTIGRADE SCHOOL	PRIMARY EDUCATION	01/06/1996	01/03/2002	N/A	2002	N/A
SECONDARY	LINAO NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	01/06/2002	01/03/2006	N/A	2006	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY ORMOC CITY CAMPUS	BACHELOR OF SCIENCE IN MECHANICAL ENGINEERING	01/06/2006	01/03/2011	N/A	N/A	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	APRIL 21, 2025
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE

APRIL 21, 2025

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		
	MORAL RECOVERY and HEALTHY LIFESTYLE SEMINAR	06/04/2025	11/04/2025	4hrs	LECTURER
	MORAL RECOVERY and LIVELIHOOD TRAINING PROGRAM	19/11/2018	24/11/2018	1hr	FACILITATOR/LECTURER

(Continue on separate sheet if necessary)

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

[illegible]

(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)
MS OFFICE LITERATE	N/A	ADVENTIST MINISTRY IN COLLEGES and UNIVERSITY SCHOOL
DRIVING	N/A	N/A
OUTDOOR ACTIVITIES	N/A	TUNOB SA MGA ADVENTISTANG MAINAMPINGON SA KINAIYAHAN

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 6, 2025
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WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: Sept.1, 2022 - Present
- Position: ENGINEER 1 J.O
- Name of Office/Unit: Instrumentation and Calibration Unit
- Immediate Supervisor: Engr. Clint C. Sarvida
- Name of Agency/Organization and Location: VSU MAIN CAMPUS BAYBAY CITY

- List of Accomplishments and Contributions (if any)

***Schedule the Regular Preventive Maintenance of University Air conditioning Unit.**

***Monitoring of Maintenance and Calibration of University Instruments.**

***Facilitate the Calibration of University laboratory Instruments.**

- Summary of Actual Duties

- * Facilitate and monitor maintenance and calibration schedule of laboratory instruments.
- *Create Maintenance Schedule and generate work orders.
- * Make a technical reports and documentation essential to maintenance management.
- * Assess and evaluate the performances of mechanical equipments such as pumps, heating and air conditioning unit and refrigeration system.

Attachment to CS Form No. 212


BARRIENTOS, DODONG NEIL L.

(Signature over Printed Name
of Employee/Applicant)

Date: 4/23/2025