

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with " " /

1. CSC

(to be filled by CSC)

I. PERSONAL INFORMATION

2. SURNAME	BIA S I T I A S I A	
FIRST NAME	A R I T H U R I O	
MIDDLE NAME	S U M I A R I I A	
3. NAME EXTENSION (e.g. Jr. Sr.)		
4. DATE OF BIRTH (mm/dd/yy)	1071041601	16. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	BRGY. PATAG, BAYBAY CITY	BRGY. PATAG, BAYBAY CITY, LEYTE
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others, specify	17. Telephone No.
8. CITIZENSHIP	FILIPINO	18. PERMANENT ADDRESS
9. HEIGHT (m)	154.0 CM.	BRGY. PATAG, BAYBAY CITY, LEYTE
10. WEIGHT (kg)	56.8 Kg.	ZIP CODE
11. BLOOD TYPE	"B"	19. TELEPHONE NO.
12. GSIS POLICY NO.	60070403041	335-2652 (OFFICE)
13. PAG-IBIG ID NO.	1700-0027-1123	20. E-MAIL ADDRESS (if any)
14. PHILHEALTH NO.	13-000073475-7	vsutropical eco@yahoo.com
15. SSS NO.	NONE	21. CELL PHONE NO. (if any)
		22. AGENCY EMPLOYEE NO.
		V00572
		23. TIN
		116-623-209

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	27. NAME OF CHILDREN (Write full name)	Date of Birth (mm/dd/yr)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
continue on separate sheet if necessary		
25. FATHER'S SURNAME	BASTASA	/ /
FIRST NAME	ROMAN	/ /
MIDDLE NAME	GUMBA	/ /
26. MOTHER'S MAIDEN NAME		/ /
SURNAME	SUMARIA	/ /
FIRST NAME	PILAR	/ /
MIDDLE NAME	BALLEBAS	/ /
(continue on separate sheet if necessary)		

III. EDUCATIONAL BACKGROUND

28 LEVEL	NAME OF SCHOOL (Write in Full)	DEGREE COURSE (Write in Full)	YEAR GRADUATED	HIGHEST GRADE LEVEL/UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	Bo. GABAS COM. SCHOOL		1974		1968	1974	
SECONDARY	Visayas State College of Agriculture (VisCA)		1978		1974	1978	
VOCATIONAL/TRADE							
COURSE							
TERTIARY							
GRADUATE STUDIES							

(continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(continue on separate sheet, if necessary)

V. WORK EXPERIENCE (Include private employment. Start from most recent work experience)

[illegible]

(continue on separate sheet, if necessary)

36. Are you related by consanguinity or affinity to any of the following:

a. Within the third degree
(for NATIONAL GOVERNMENT Employees):
appointing authority, recommending authority, chief
of office/bureau/department or person who has
immediate supervision over you in the Office,
Bureau or Department where you will be appointed?

☐ YES ☒ NO
If YES, give details: _____

b. Within the fourth degree
(for LOCAL GOVERNMENT Employees): appointing authority
or recommending authority where you are appointed?

☐ YES ☒ NO
If YES, give details: _____

37. a. Have you ever been formally charged?

☐ YES ☒ NO
If YES, give details: _____

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO
If YES, give details: _____

38. Have you ever been convicted of any crime or violation
of any law, decree, ordinance or regulation by any
court or tribunal?

☐ YES ☒ NO
If YES, give details: _____

39. 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, AWOL or phased out, in the
public or private sector?

☐ YES ☒ NO
If YES, give details: _____

40. Have you ever been a candidate in a
national or local election (except Barangay election)?

☐ YES ☒ NO
If YES, give details: _____

41. Pursuant to: (a) Indigenous People's Act (RA 8371);
(b) Magna-Charta 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?

☐ YES ☒ NO
If YES, pls. specify: _____

b. Are you differently abled?

☐ YES ☒ NO
If YES, pls. specify: _____

c. Are you a solo parent?

☐ YES ☒ NO
If YES, pls. specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

NAME	ADDRESS	TEL. NO.
Dr. HUMBERTO R. MONTES Jr.	VSU	(335) - 3022
Dr. RENEZITA S. COME	VSU	(335) - 2860
Dr. VICTOR B. ASIO	VSU	(335) - 3819

43. I declare under oath that this Personnel Data Sheet has been accomplished by me, and is
a true, correct and complete statement pursuant to the provisions of pertinent laws,
rules and regulations of the Republic of the Philippines

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein.
I trust that this information shall remain confidential.



PHOTO

23958147
COMMUNITY TAX CERTIFICATE NO.

CITY OF BAYBAY
ISSUED AT

JANUARY 130 1 2013
ISSUED ON (mm/dd/yy)

Art Pan Tanna
SIGNATURE (Sign Inside the box)

16 July 2013
DATE ACCOMPLISHED



RIGHT THUMBMARK