

PERSONAL DATA SHEET

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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 () 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	TEJARA		
FIRST NAME	NELSON	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	HERNANDO		
3. DATE OF BIRTH (mm/dd/yyyy)	5/6/1991	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	BANSALAN, DAVAO DEL SUR	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	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.62 m	ZIP CODE	6521-A
8. WEIGHT (kg)	60 kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
10. GSIS ID NO.	021 - 1441 - 8120 - 8 (CRN)	ZIP CODE	6524
11. PAG-IBIG ID NO.	121093206771		
12. PHILHEALTH NO.	13 - 050149701 - 1	19. TELEPHONE NO.	(053)520-7009
13. SSS NO.	06-3488421-0	20. MOBILE NO.	09262974326
14. TIN NO.	434-368-083	21. E-MAIL ADDRESS (if any)	nelsontejara@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	VHS0028		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TEJARA			
FIRST NAME	ARTEMIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NOTARTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	IPONG			
FIRST NAME	LYDIA			
MIDDLE NAME	HERNANDO			

(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	BAGUMBAYAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1998	2004		2004	VALEDICTORIAN
SECONDARY	THE SISTERS OF MARY SCHOOL BOYSTOWN	HIGH SCHOOL	2004	2007		2007	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY MAIN CAMPUS	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2008	2012		2012	CUM LAUDE
GRADUATE STUDIES	SOUTHERN LEYTE STATE UNIVERSITY MAIN CAMPUS	MASTER OF SCIENCE IN INFORMATION TECHNOLOGY	2013	2015	36 UNITS		N/A
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS	MASTER IN INFORMATION TECHNOLOGY	2016	2018			CHEDK12

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/18/21
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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]

SIGNATURE	<i>Thur</i>	DATE	<i>1/18/21</i>
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE	Tim	DATE	1/18/21
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION AND END OF TERM
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. SHALOM GRACE C. SUGANO	VSU, VISCA BAYBAY CITY, LEYTE	(053)563-7027
DR. CHRISTY M. DESADES	SOGOD, SOUTHERN LEYTE	(053)563-7027
MR. SALVADOR E. CATRE	VSU, VISCA BAYBAY CITY, LEYTE	9058844431
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.		



PHOTO



Right Thumbmark

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	TIN ID
ID/License/Passport No.:	434-368-083
Date/Place of Issuance:	Sogod, Southern Leyte

Signature (Sign inside the box)
1/18/21
Date Accomplished

SUBSCRIBED AND SWORN to before me this

23 FEB 2021

, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN L. GUINOCOR VSU Chief Legal Officer
Person Administering Oath

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: April 13, 2013 – December 12, 2013
- Position: IT Outsourcing Specialist
- Name of Office/Unit: Powell Thomas Accounting Services
- Immediate Supervisor: Carmela O. Thomas
- Name of Agency/Organization and Location: Powell Thomas Accounting Services, Sogod Southern Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Performs maintenance of servers managed online through Nagios and develop desktop applications.

- Duration: June 12, 2012 – December 12, 2013
- Position: Visiting Instructor
- Name of Office/Unit: IT Department
- Immediate Supervisor: Alex A. Mabulay
- Name of Agency/Organization and Location: Southern Leyte State University , Tomas Oppus Southern Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Teaches assigned subjects and other teaching related functions.


NELSON H. TEJARA

(Signature over Printed Name
of Employee/Applicant)

Date: _____