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 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) PERSONAL INFORMATION 2. SURNAME ASILOM NAME EXTENSION (JR., SR) FIRST NAME VINCENT PAUL MIDDLE NAME CONCOLES 11/17/1988 16. CITIZENSHIP (mm/dd/yyyy) **▼** Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH BAYBAY LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female Single ✓ Married 17. RESIDENTIAL ADDRESS JOSE P. LAUREL 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. ☐ Separated Street DOMINGO C. VELOSO Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 5'5" BAYBAY I FYTE City/Municipality Province 8. WEIGHT (kg) 65 ZIP CODE 6521-A 18. PERMANENT ADDRESS JOSEP LAUREL 9. BLOOD TYPE "B" House/Block/Lot No. 10. GSIS ID NO. DOMINGO C. VELOSO Subdivision/Village Barangay BAYBAY LEYTE 11 PAG-IBIG ID NO 1212-0167-9140 City/Municipality Province 12. PHILHEALTH NO. 13-201223255-5 7IP CODE 6521-A 13. SSS NO. 19. TELEPHONE NO. NONE 14 TIN NO 482-439-671 20. MOBILE NO. 09759748501 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) vpasilom@yahoo.com FAMILY BACKGROUN 22. SPOUSE'S SURNAME DE LOS SANTOS 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) III FIRST NAME JOMALYN MARY MAILYN D. ASILOM MIDDLE NAME **GABIJAN** 9/1/2012 MARY PAULYN D. ASILOM OFW OCCUPATION 9/1/2012 EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. NONE 24. FATHER'S SURNAME ASILOM NAME EXTENSION (JR., SR) SENIOR FIRST NAME **ANTONIO** MIDDLE NAME BORINAGA 25. MOTHER'S MAIDEN NAME SURNAME CONCOLES FIRST NAME CORAZON VILLAR MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED (Write in full) HONORS (if not graduated) RECEIVED From To FLEMENTARY **BAYBAY SOUTH CENTRAL SCHOOL** PRIMARY EDUCATION 1995 2001 NONE 2001 SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 2001 2005 2005 NONE VOCATIONAL / TESDA SMAW NOIL AUG.2011 NOV. 2011 TRADE COURSE COLLEGE NONE GRADUATE STUDIES NONE SIGNATURE DATE

	SPECIAL LAW		DATE OF EXAMINATION / PLACE OF EXAM	INATION / CONFE	RMENT	3 LICENSE (if a	pplicable) Date of
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-	mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVIII (Y/ N
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IV. CIVIL SERVICE ELIGIBILITY

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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSI (mm/c	VE DATES Id/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
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II. LEARNING lart from the most	AND DEVELOPMENT (L&D) INTERVENTIONS/TRA recent L&D/training program and include only the relevant L&D/tra	NINING PROGRAMS ATTE	ENDED			
		INCLUSIVE	DATES OF	Chief/Executive/Manag		
0. TITLE C	OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PRO (Write in full)	GRAMS ATTEN	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY
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III. OTHER IN	FORMATION					ALEMPERA NA MARANA
31. SI	PECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTII (Writ	NCTIONS / REC e in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
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34.	Are you related by consanguinity or affinity to the pointing	g or recommending authority, or to the		
and and	chief of bureau or office or to the person who has immediate	e supervision over you in the Office,		
	Bureau or Department where you will be apppointed,	The second secon		
	a. within the third degree?	☐ YES ☑ NO		
	b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	YES NO	
			If YES, give details:	
5	a. Have you ever been found guilty of any administrative of	fense?	YES V NO	
Э.	a. Have you over been loans gain, or any		If YES, give details:	
	L. I		☐ YES ☑ NO	
	b. Have you been criminally charged before any court?		If YES, give details:	
			Date Filed:	
			Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation by	YES NO	
	any court or tribunal?		If YES, give details:	
37.	Have you ever been separated from the service in any of the	ne following modes: resignation,	☐ YES ☑ NO	
	retirement, dropped from the rolls, dismissal, termination, e (abolition) in the public or private sector?	and of term, finished contract or phased out	If YES, give details:	
	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ☑ NO	
38.	Barangay election)?	constitute manifestation (except	☐ YES ☑ NO If YES, give details:	
		the three (2) month newled hefers the lest	☐ YES ☑ NO	
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	the three (3)-month period before the last all candidate?	If YES, give details:	
20	Have you acquired the status of an immigrant or permaner			
39.	Trave you acquired the status of an immigrant of pointains.		☐ YES ☑ NO If YES, give details (country):	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972			
ā.	Are you a member of any indigenous group?		☐ YES ☑ NO	
			If YES, please specify:	
).	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:	
3.	Are you a solo parent?		YES V NO	
		ternet November (1991) (medical processes and the control of the c	If YES, please specify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)		
	NAME	ADDRESS	TEL. NO.	
	Mario Lilio P. Valenzona	VOLL COD Boutou City	None	
-	mario Lino P. Valerizoria	VSU, GSD, Baybay City	None	
42.	I declare under oath that I have personally accomplished	ed this Personal Data Sheet which is a t	rue, correct and	
	complete statement pursuant to the provisions of perti	inent laws, rules and regulations of the	Republic of the	
	Philippines. I authorize the agency head/authorized repres	sentative to verify/validate the contents state	ed herein. I VINCENT PAUL C. ASILOM	
	agree that any misrepresentation made in this doc administrative/criminal case/s against me.	cument and its attachments shall caus	e the filing of PHOTO	
			weekly representations and the second	
Go	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			
	EASE INDICATE ID Number and Date of Issuance			
H	vernment Issued ID: PHILHEALTH	Anna J		
ID/	License/Passport No.: 13-201223255-5	Signature (Sign inside the b	ox)	
Da	te/Place of Issuance: BAYBAY CITY	 ✓ 01 - 14 - 19 Date Accomplished 	Right Thumbmark	
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	SUBSCRIBED AND SWORN to before me this	2 1 2019 , affiant exhibiting	ng his/her validly issued government ID as indicated above.	
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		ATTY. RYSAN C. GUINOCOR		
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