

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 (☐) 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	ASILOM		
FIRST NAME	VINCENT PAUL		NAME EXTENSION (JR., SR)
MIDDLE NAME	CONCOLES		
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	JOSE P. LAUREL
7. HEIGHT (m)	5'5"	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	65		DOMINGO C. VELOSO
9. BLOOD TYPE	"B"		Subdivision/Village Barangay
10. GSIS ID NO.			BAYBAY LEYTE
11. PAG-IBIG ID NO.	1212-0167-9140	City/Municipality Province	6521-A
12. PHILHEALTH NO.	13-201223255-5	18. PERMANENT ADDRESS	JOSE P. LAUREL
13. SSS NO.		ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	482-439-671		DOMINGO C. VELOSO
15. AGENCY EMPLOYEE NO.			Subdivision/Village Barangay
			BAYBAY LEYTE
		City/Municipality Province	6521-A
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09759748501
		21. E-MAIL ADDRESS (if any)	vpasilom@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DE LOS SANTOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOMALYN	NAME EXTENSION (JR., SR) III		
MIDDLE NAME	GABIJAN		MARY MAILYN D. ASILOM	9/1/2012
OCCUPATION	OFW		MARY PAULYN D. ASILOM	9/1/2012
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	ASILOM			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR) SENIOR		
MIDDLE NAME	BORINAGA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CONCOLES			
FIRST NAME	CORAZON			
MIDDLE NAME	VILLAR			

(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	BAYBAY SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	1995	2001		2001	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2001	2005		2005	NONE
VOCATIONAL / TRADE COURSE	TESDA	SMAW NCII	AUG.2011	NOV. 2011			
COLLEGE							NONE
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-14-19
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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		DATE	01-14-19
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

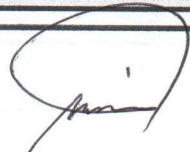
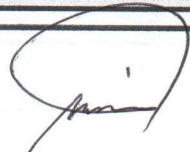
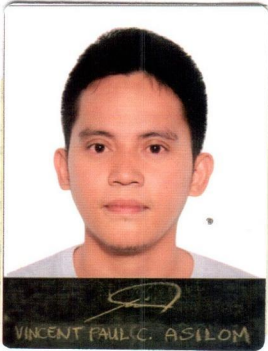

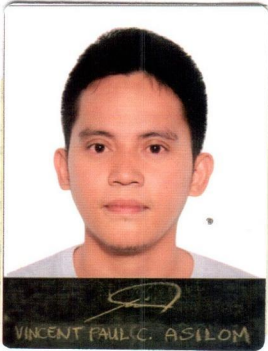

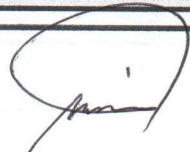
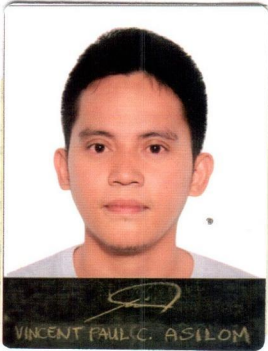

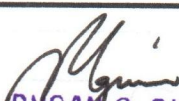
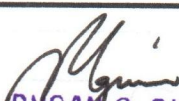
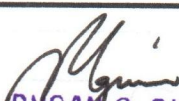
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-14-19
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																				
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)																						
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Mario Lilio P. Valenzona</td><td>VSU, GSD, Baybay City</td><td>None</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			NAME	ADDRESS	TEL. NO.	Mario Lilio P. Valenzona	VSU, GSD, Baybay City	None														
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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.																						
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PHILHEALTH</td></tr><tr><td>ID/License/Passport No.:</td><td>13-201223255-5</td></tr><tr><td>Date/Place of Issuance:</td><td>BAYBAY CITY</td></tr></table>	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/License/Passport No.:	13-201223255-5	Date/Place of Issuance:	BAYBAY CITY	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">01-14-19</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		01-14-19		Date Accomplished		<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this <u>JAN 21 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.																						
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