

## 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	GUMAAD		
FIRST NAME	SOLIVER		NAME EXTENSION (JR., SR)
MIDDLE NAME	BANAYAR		
3. DATE OF BIRTH (mm/dd/yyyy)	AUG. 22 1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APT. 1 KILBOURNE House/Block/Lot No. Street
7. HEIGHT (m)	1.73		VSA CAMPUS PANGASUGAN Subdivision/Village Barangay
8. WEIGHT (kg)	65	ZIP CODE	BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE			6521
10. GSIS ID NO.	N/A	18. PERMANENT ADDRESS	House/Block/Lot No. Street
11. PAG-IBIG ID NO.	918171899293		SABANG
12. PHILHEALTH NO.	07-025424015-8	ZIP CODE	BAYBAY LEYTE City/Municipality Province
13. SSS NO.	06-2588862-3	19. TELEPHONE NO.	6521
14. TIN NO.	939-652-403	20. MOBILE NO.	N/A
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	09757331078
			soliver4u2@yahoo.com.ph

## II. FAMILY BACKGROUND

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

(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	VISCA FOUNDATION ELEMENTARY SCHOOL						
SECONDARY	LSU LABORATORY HIGH SCHOOL						
VOCATIONAL / TRADE COURSE	DUALTECH LEARNING CENTER	ELECTROMECHANICS	2003	2005		2005	
COLLEGE	NA						
GRADUATE STUDIES	NA						

(Continue on separate sheet if necessary)

SIGNATURE

DATE

09-21-20



[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

09-21-21



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		
	N A				

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	FIRE TRUCK OPERATOR SEMINAR / DRILL PART II	12-06-20	12-06-20	8		VISAYAS STATE UNIVERSITY
	BASIC LIFE SUPPORT PROVIDER COURSE - HEALTHCARE PROVIDER	09-05-19	09-06-19	16		DEPARTMENT OF HEALTH REGION 8
	STANDARD FIRST AID TRAINING - HEALTHCARE PROVIDER	10-16-19	10-18-19	24		DEPARTMENT OF HEALTH REGION 8
	FIRE TRUCK OPERATOR SEMINAR PART I	07-26-19	07-26-19	8		VISAYAS STATE UNIVERSITY
	BUREAU OF FIRE PROTECTION REGION 8	11-05-18	11-09-18	38		MADATORY TRAINING FOR FIRE BRIGADE
	MACTIME EDUCATION AND TRAINING CENTER	02-20-06	02-28-06	72		UNIVERSITY OF CEBU
	BASIC SAFETY TRAINING					
	PERSONAL SURVIVAL TECHNIQUES					
	FIRE PREVENTION AND FIRE FIGHTING					
	ELEMENTARY FIRST AID					
	PERSONAL SAFETY AND RESPONSIBILITY					
	ELECTROMECHANICS TECHNOLOGY	2003	2005			DUALTECH CENTER CANLUDANG CALAMBA, LAGUNA CITY

(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)
	N C II DRIVING				
	CERTIFICATE OF COMPETENCY				
	FIRE BRIGADE		N/A		N/A
	ELECTRICIAN				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09-21-20
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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 <b>A U</b> 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)		
NAME	ADDRESS	TEL. NO.
ENGR. MARLOH A. BUELAS	CAN-UNTOA, ORMOG CITY, LEYTE	0917 634 1520

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

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: <b>DRIVERS LICENSE</b>
ID/License/Passport No.: <b>H03-05-001861</b>
Date/Place of Issuance: <b>08-22-17 DAYBAY CITY</b>

Signature (Sign inside the box)
<b>09-21-20</b>
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 9/21/20, affiant exhibiting his/her validly issued government ID as indicated above.

**ATTY. RYSAN C. GUINOCOR**  
**NSUIFGAL OFFICER**  
Person Administering Oath