

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes with " " and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--|--|--|--|--|--|--|--|-----------------------|-----------------------------|--|--|--|-----------------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|
| 2. SURNAME | N A P I E R E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME | W I L M A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MIDDLE NAME | V A L I E N T E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 3. NAME EXTENSION (e.g. Jr., Sr.) | | | | | | | | | | | | | | | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 07/21/1966 | | | | | | | | | | 16. RESIDENTIAL ADDRESS | | | | | | | | | | Bgy. Guadalupe, Baybay City, Leyte | | | | | | | | | |
| 5. PLACE OF BIRTH | Bula, Camarines Sur | | | | | | | | | | ZIP CODE | | | | | | | | | | 6521-A | | | | | | | | | |
| 6. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | none | | | | | | | | | |
| 7. CIVIL STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | | | | | | | | | | | | | | | | | | | | 17. TELEPHONE NO. | | | | | | | | | |
| | | | | | | | | | | 18. PERMANENT ADDRESS | | | | | | | | | | | | | | | | | | | | |
| 8. CITIZENSHIP | Filipino | | | | | | | | | | ZIP CODE | | | | | | | | | | Bgy. Guadalupe, Baybay City, Leyte | | | | | | | | | |
| 9. HEIGHT (m) | 5'2" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. WEIGHT (kg) | 54 kg | | | | | | | | | | | | | | | | | | | | 6521-A | | | | | | | | | |
| 11. BLOOD TYPE | "O" | | | | | | | | | | | | | | | | | | | | 19. TELEPHONE NO. | | | | | | | | | |
| 12. GSIS ID NO. | 66072102127 | | | | | | | | | | 20. E-MAIL ADDRESS (if any) | | | | | | | | | | wilma_napiere@yahoo.com | | | | | | | | | |
| 13. PAG-IBIG ID NO. | 1700-0020-4934 | | | | | | | | | | 21. CELLPHONE NO. (if any) | | | | | | | | | | mobile#09359633220 | | | | | | | | | |
| 14. PHILHEALTH NO. | 19-000815360-8 | | | | | | | | | | 22. AGENCY EMPLOYEE NO. | | | | | | | | | | V00753 | | | | | | | | | |
| 15. SSS NO. | 03-9488550-4 | | | | | | | | | | 23. TIN | | | | | | | | | | 186-643-855 | | | | | | | | | |

II. FAMILY BACKGROUND

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|-----|------------|--|--|--|--|--|--|--|--|--|
| 24. SPOUSE'S SURNAME | NAPIERE | | | | | | | | | | 25. NAME OF CHILD (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | |
| FIRST NAME | ELMER | | | | | | | | | | Ted Jonathan V. Napiere | | | | | | | | | | 12/20/1994 | | | | | | | | | |
| MIDDLE NAME | BALDEA | | | | | | | | | | Rico Jomer V. Napiere | | | | | | | | | | 05/16/2002 | | | | | | | | | |
| OCCUPATION | none | | | | | | | | | | Eloisa Jean V. Napiere | | | | | | | | | | 04/03/2006 | | | | | | | | | |
| EMPLOYER/BUS. NAME | N/A | | | | | | | | | | --- | | | | | | | | | | / / | | | | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| TELEPHONE NO. | 09265234957 | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| (Continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | |
| 26. FATHER'S SURNAME | Valiente | | | | | | | | | | deceased | | | | | | | | | | / / | | | | | | | | | |
| FIRST NAME | Luis | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| MIDDLE NAME | Roman | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| 27. MOTHER'S MAIDEN NAME | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| SURNAME | Bustamante | | | | | | | | | | | | | | | | | | | | 04/17/1932 | | | | | | | | | |
| FIRST NAME | Josefina | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | |
| MIDDLE NAME | Aguilar | | | | | | | | | | (Continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | | | |

III. EDUCATIONAL BACKGROUND

| 28. LEVEL | NAME OF SCHOOL (Write in full) | DEGREE COURSE (Write in full) | YEAR GRADUATED (if graduated) | HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated) | INCLUSIVE DATES OF ATTENDANCE | | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|-----------------------------------|----------------------------------|----------------------------------|--|-------------------------------|------|---------------------------------------|
| | | | | | From | To | |
| ELEMENTARY | Bula Central School | | 1979 | | 1973 | 1979 | |
| SECONDARY | Cam. Sur National High School | | 1983 | | 1979 | 1983 | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | Ateneo De Naga | Bachelor of Science in Commerce | 1987 | | 1983 | 1987 | |
| | | | | | | | |
| GRADUATE STUDIES | | | | | | | |
| | | | | | | | |

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

| 29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE | RATING | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | |
|---|--------|--|-----------------------------------|-------------------------|--------------------|
| | | | | NUMBER | DATE OF RELEASE |
| CS Professional | 80.54% | 02/16/1997 | Iriga Central School, Iriga City | | |
| CS Sub-Professional | 75.00% | 08/03/1986 | Naga City | | |
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(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

| 30. INCLUSIVE DATES (mm/dd/yyyy) | | POSITION TITLE (Write in full) | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full) | MONTHLY SALARY | SALARY GRADE & STEP INCREMENT (Format *00-0*) | STATUS OF APPOINTMENT | GOVT SERVICE (Yes / No) |
|-------------------------------------|------------|-----------------------------------|---|-------------------|--|--------------------------|-------------------------------|
| From | To | | | | | | |
| 01/02/2012 | present | Admin Aide III | Acctg./Visayas State University | 402.45/ day | | casual | yes |
| 02/04/2006 | 05/31/2010 | Finance Officer | Reggie Realty Development Corp. | 12,000 | | regular | no |
| 06/2004 | 1/31/2006 | Credit & Collection Officer to | Filbars & Company/ | | | regular | no |
| | | Finance Officer to Bookkeeper | Superbooks, Inc. | | | | |
| 2001 | 05/31/2004 | Clerk I | Leyte State University | | | casual | yes |
| 2000 | 2001 | Credit & Collection Officer | OPSIS, Inc. /DATACRAFT- OPSIS, Inc. | | | regular | no |
| 1998 | 2000 | Bookkeeper | Nestle Employees Multi-Purpose Coop. | | | regular | no |
| 1997 | 1998 | Clerk | Local Government Unit-Bula, Cam. Sur | | | casual | yes |
| 1995 | 1996 | Cashier | Lifeline Arrows Medical Specialists, Inc. | | | probationary | no |
| 1992 | 1994 | Food & Beverage Cashier | Daiichi Hotel Saipan Beach, CNMI, USA | | | contractual | no |
| 1988 | 1992 | Food & Beverage Cashier | The Westin Philippine Plaza Hotel (now Hotel Sofitel Philippine Plaza Manila) | | | regular-casual | no |
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

| 31. NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|---|---------------------------------|-----|--------------------|---------------------------|
| | From | To | | |
| | / / | / / | | |
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VII. TRAINING PROGRAMS (Start from the most recent training.)




| 32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY (Write in full) |
|--|---|-------------|--------------------|--|
| | From | To | | |
| Implementation on the Use of Gov't. Acctg. Manual | 8 /15 /2016 | 8 /19 /2016 | 40 hrs | Commission on Audit, Region VIII |
| for National Gov't. Agencies | / / | / / | | |
| Philippine Public Sector Acctg. Standards and the | 08/01/2016 | 08/05/2016 | 8 hrs | Commission on Audit, Region VIII |
| Revised Chart of Accounts | / / | / / | | |
| Seminar on Personality Development of Frontliners | 9 /20 /2012 | 9 /20 /2012 | 8 hrs | ODA, VSU |
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 33. SPECIAL SKILLS / HOBBIES: | 34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full) | 35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-------------------------------|---|--|
| Bookkeeping | | |
| Cashiering | | |
| Computer literate | | |
| | | |
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(Continue on separate sheet if necessary)

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|---|--|-------------------------------|---|
| 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? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed? | | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> |
| 37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense? | | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> |
| 38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> |
| 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? | | | <div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: _____ <u>to gain more knowledge to find a stable job</u> <u>with a higher income</u></div> |
| 40. Have you ever been a candidate in a national or local election (except Barangay election)? | | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____ _____</div> |
| 41. 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 differently abled? c. Are you a solo parent? | | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> |
| 42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee) | | | |
| NAME | | ADDRESS | TEL. NO. |
| Ms. Roberta C. Lemos | | VSU, Baybay City, Leyte | |
| Ms. Erlinda S. Esguerra | | Bgy. Gaas, Baybay City, Leyte | |
| | | | |
| 43. I declare under oath that this Personal 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. | | |  |
| 01087015 |  SIGNATURE (Sign inside the box) | |  RIGHT THUMBMARK |
| COMMUNITY TAX CERTIFICATE NO. | | | |
| Baybay City | | | |
| ISSUED AT | | | |
| 03/23/16 | 12/07/2016 | | |
| ISSUED ON (mm/dd/yyyy) | DATE ACCOMPLISHED | | |