

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 | TUMULAK | | |
| FIRST NAME | JEFREY | NAME EXTENSION (JR., SR) NA | |
| MIDDLE NAME | MONTELLANO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | November 3, 1986 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 4. PLACE OF BIRTH | Baybay, Leyte | <input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | If holder of dual citizenship, please indicate the details. | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | Philippines | |
| 7. HEIGHT (m) | 1.75cm | 17. RESIDENTIAL ADDRESS | Purok 3 |
| 8. WEIGHT (kg) | 78 kg | House/Block/Lot No. | Street |
| 9. BLOOD TYPE | "O" | Subdivision/Village | Brgy. Guadalupe |
| 10. GSIS ID NO. | NA | Baybay | Barangay |
| 11. PAG-IBIG ID NO. | 121202623144 | City/Municipality | Leyte |
| 12. PHILHEALTH NO. | 13-0251536997 | Province | Province |
| 13. SSS NO. | NA | 18. PERMANENT ADDRESS | Purok 3 |
| 14. TIN NO. | 460612931 | House/Block/Lot No. | Street |
| 15. AGENCY EMPLOYEE NO. | NA | Subdivision/Village | Brgy. Guadalupe |
| | | Baybay | Barangay |
| | | City/Municipality | Leyte |
| | | Province | Province |
| | | 19. TELEPHONE NO. | none |
| | | 20. MOBILE NO. | 09265545280 |
| | | 21. E-MAIL ADDRESS (if any) | na |

II. FAMILY BACKGROUND

| | | | |
|--------------------------|-------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | TUMULAK | 23. NAME OF CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | DAYLYN | Jeylyn L. Tumulak | 9/1/2013 |
| MIDDLE NAME | MELENDEZ | Zia Sanya L. Tumulak | 01/23/2018 |
| OCCUPATION | Housewife | | |
| EMPLOYER/BUSINESS NAME | NA | | |
| BUSINESS ADDRESS | NA | | |
| TELEPHONE NO. | NA | | |
| 24. FATHER'S SURNAME | TUMULAK SR. | | |
| FIRST NAME | GERONIMO | | |
| MIDDLE NAME | TIROL | | |
| 25. MOTHER'S MAIDEN NAME | | | |
| SURNAME | MONTELLANO | | |
| FIRST NAME | SISINIA | | |
| MIDDLE NAME | AMIHAN | | |

(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 | GUADALUPE ELEMENTARY SCHOOL | ELEMENTARY GRADUATE | 1995 | 2001 | Graduated | 2001 | NA |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | HIGH SCHOOL GRADUATE | 2001 | 2005 | Graduated | 2005 | NA |
| VOCATIONAL/ TRADE COURSE | NA | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | Bachelor of Animal Science | 2012 | 2013 | 55 UNITS | NA | NA |
| GRADUATE STUDIES | NA | | | | | | |


(Continue on separate sheet if necessary)

| | | | |
|-----------|--|------|----------|
| SIGNATURE | | DATE | 2-3-2023 |
|-----------|--|------|----------|

[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 | February 3, 2023 |
|-----------|---|------|------------------|

February 3, 2023

Continue on separate sheet if necessary

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|------|--|---------------------------------|----|-----------------|---------------------------|
| | | From | To | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| NONE | | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

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

[illegible]

VIII. OTHER INFORMATION

[illegible]

| 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. Jett C. Quebec</td><td>DLABS, VSU, Visca</td><td>565-0600 loc. 1028</td></tr><tr><td>Dr. Nilda T. Amestoso</td><td>DBM, VSU, Visca</td><td>563-7764</td></tr><tr><td>Dr. Analita A. Salabao</td><td>DBM, VSU, Visca</td><td>563-7764</td></tr></tbody></table> | | NAME | ADDRESS | TEL. NO. | DR. Jett C. Quebec | DLABS, VSU, Visca | 565-0600 loc. 1028 | Dr. Nilda T. Amestoso | DBM, VSU, Visca | 563-7764 | Dr. Analita A. Salabao | DBM, VSU, Visca | 563-7764 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| DR. Jett C. Quebec | DLABS, VSU, Visca | 565-0600 loc. 1028 | | | | | | | | | | | |
| Dr. Nilda T. Amestoso | DBM, VSU, Visca | 563-7764 | | | | | | | | | | | |
| Dr. Analita A. Salabao | DBM, VSU, Visca | 563-7764 | | | | | | | | | | | |
| 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>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: PhilHealth</td></tr><tr><td>ID/License/Passport No.: 13-025153699-7</td></tr><tr><td>Date/Place of Issuance: July 19, 2013, Ormoc 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.: 13-025153699-7 | Date/Place of Issuance: July 19, 2013, Ormoc City | <table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table> | Signature (Sign inside the box) | Date Accomplished | | | | | | |
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| Date/Place of Issuance: July 19, 2013, Ormoc City | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
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| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | Right Thumbmark | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this <u>13 MAR 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <table><tr><td>ATTY. NISANZ GUINOCOR VSU City Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table> | | ATTY. NISANZ GUINOCOR VSU City Legal Officer | Person Administering Oath | | | | | | | | | | |
| ATTY. NISANZ GUINOCOR VSU City 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: February 1, 2023- – present
- Position: Administrative Aide III
- Name of Office/Unit: DLABS
- Immediate Supervisor: Jett Quebec
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Responsible for the cleanliness, orderliness and safety of the department and its facilities and performs messengerial services

- Duration: June 1, 2020 – January 2023
- Position: Administrative Aide I
- Name of Office/Unit: DLABS
- Immediate Supervisor: Jett Quebec
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Responsible for the cleanliness, orderliness and safety of the department and its facilities and performs messengerial services .


 JEFFREY M. TUMALAK
 (Signature over Printed Name
 of Employee/Applicant)

Date: 2-3-2023