

# PERSONAL DATA SHEET

**WARNING:** Any misinterpretation 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-OS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	RIVERA			
FIRST NAME	GERALD	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANAGBANAG			
3. DATE OF BIRTH (mm/dd/yyyy)	5/7/1987	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	Pangasugan, Baybay, Leyte	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Philippines	
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	House/Block/Lot No. Street	
7. HEIGHT (m)	1.72	ZIP CODE	Pangasugan	
8. WEIGHT (kg)	61		Subdivision/Village Barangay	
9. BLOOD TYPE	O+		Baybay City Leyte	
10. GSIS ID NO.	02004351550		City/Municipality Province	
11. PAG-IBIG ID NO.	121100689749	ZIP CODE	6521-A	
12. PHILHEALTH NO.	130001123700		18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	06727142972		Pangasugan	Subdivision/Village Barangay
14. TIN NO.	949-064-842			Baybay City Leyte
15. AGENCY EMPLOYEE NO.	V00790	City/Municipality Province		
		6521-A		
		19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	(+63) 909 499-6252 / (+63) 975 315-1567	
		21. E-MAIL ADDRESS (if any)	geraldrivera@vsu.edu.ph	

## II. FAMILY BACKGROUND

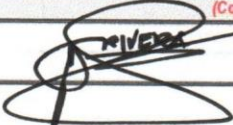
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RIVERA			
FIRST NAME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

(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	Pangasugan Elementary School	Elementary Graduate	1994	2000	Graduate	2000	N/A
SECONDARY	Baybay National High School	High School Graduate	2000	2004	Graduate	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Western Leyte College	BS Nursing	2004	2006	2nd Year College	2006	N/A
	Visayas State University Main Campus	BS Animal Science	2008	2012	Graduate	2012	N/A
GRADUATE STUDIES	Visayas State University Main Campus	MS Animal Science	2013	2016	Graduate	2016	N/A
	University of the Philippines Los Baños	Ph.D Animal Science	2018	Present	27 units	NONE	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/23/2019	CS FORM 212 (Revised 2017), Page 1 of 4
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## IV. CIVIL SERVICE ELIGIBILITY


27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	<b>DRIVER'S LICENSE</b>	<b>N/A</b>	<b>4/23/2018</b>	<b>Calamba Laguna</b>	<b>H03-08-000215</b>	<b>5/07/24</b>

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/23/2019	CS FORM 212 (Revised 2017), Page 2 of 4
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	<b>Kabalikat Civicom</b>	<b>March 2016</b>	<b>Present</b>	<b>---</b>	<b>Board of Director / Community Assessment</b>

## 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)

[illegible]

(Continue on separate sheet if necessary)

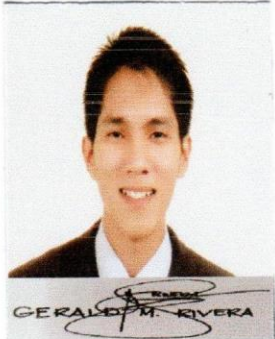





31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate	N/A	VSU Faculty Association
Animal Husbandry		VSU Allumni Association
Crop Protection and Management		PAGE 8
Driving Motorize Vehicle		Society of Agricultural Educators (SAE) - Region 8
		State University and Colleges Teacher Educators Association, Inc. (SUCTEA)
		Phi Alpha Epsilon / Lamda Alpha Epsilon Fraternity and Sorority
		National Organization of Science Teachers and Educators Incorporated (NOSTE, Inc.)
		Asian Academic Association in Research and Management (AAARM), Inc.
		ASMAG-Philippines (Association of Science and Mathematics Coaches of the Philippines) Inc.
		Philippine Society of Animal Science - Visayas Chapter

(Continue on separate sheet if necessary)

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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ End of Contract _____												
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. Shalom Grace C. Sugano</td><td>VSU, VISCA, Baybay City, Leyte</td><td>(+63) 975 340-3552</td></tr><tr><td>Dr. Julius V. Abela</td><td>VSU, VISCA, Baybay City, Leyte</td><td>(+63) 920 855-3990</td></tr><tr><td>Dr. Lolito C. Bestil</td><td>VSU, VISCA, Baybay City, Leyte</td><td>(+63) 917 705-2058</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Dr. Shalom Grace C. Sugano	VSU, VISCA, Baybay City, Leyte	(+63) 975 340-3552	Dr. Julius V. Abela	VSU, VISCA, Baybay City, Leyte	(+63) 920 855-3990	Dr. Lolito C. Bestil	VSU, VISCA, Baybay City, Leyte	(+63) 917 705-2058
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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.		<div> PHOTO</div> <div> Right Thumbmark</div>												
<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: V00790</td></tr><tr><td>ID/License/Passport No.: H03-08-000215</td></tr><tr><td>Date/Place of Issuance: Calamba, Laguna</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: V00790	ID/License/Passport No.: H03-08-000215	Date/Place of Issuance: Calamba, Laguna	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>7/23/2019 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	7/23/2019 Date Accomplished						
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7/23/2019 Date Accomplished														
SUBSCRIBED AND SWORN to before me this <u>AUG 02 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER, Administering Oath</div>														