

# 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	NAYRE		
FIRST NAME	ARTEMIO		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	TANO		
3. DATE OF BIRTH (mm/dd/yyyy)	06/28/1969	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street 1243 GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65 meters	ZIP CODE	6521
8. WEIGHT (kg)	90 kgs.	18. PERMANENT ADDRESS	1243 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.	CRN 021-1327-2486-8	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121102326980	20. MOBILE NO.	09059681581
12. PHILHEALTH NO.	130250410515	21. E-MAIL ADDRESS (if any)	N/A
13. SSS NO.	0621497418		
14. TIN NO.	191-427-424		
15. AGENCY EMPLOYEE NO.	V008214		

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NAYRE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	GILDA	NAME EXTENSION (JR., SR) N/A	AYSON FEB P. NAYRE	02/13/1990
MIDDLE NAME	PREJULA		ARGIL JAN P. NAYRE	01/17/1994
OCCUPATION	ADMIN. AIDE VI		ATHENA MARIAN P. NAYRE	09/28/2011
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	BAYBAY CITY, LEYTE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	NAYRE			
FIRST NAME	JOSE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LAGUNA			
25. MOTHER'S MAIDEN NAME				
SURNAME	TANO			
FIRST NAME	FRANCISCA			
MIDDLE NAME	JACA			

(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	Brgy. Guadalupe Elementary School, Baybay, Leyte	PRIMARY	1976	1982	N/A	1982	N/A
SECONDARY	Experimental Rural High School, VISCA, Baybay City, Leyte	HIGH SCHOOL	1982	1986	N/A	1986	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	Bachelor of Science in Forestry	1986	1991	N/A	1991	N/A
GRADUATE STUDIES	N/A				N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4-21-2017
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## IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

(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	4-21-2017
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL / 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	N/A	N/A	N/A	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			
	N/A	N/A	N/A	N/A	N/A	N/A

(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)
	Softball Playing		COACH - VSU SOFTBALL VARSITY WOMEN (2013-2015)		Knights of Columbus Visca Chapter
	Driving and Mechanic				VSU Administrative Personnel Association

(Continue on separate sheet if necessary)




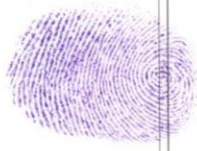
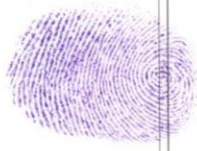
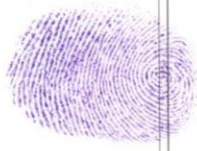



SIGNATURE



DATE

4-21-2017



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. OTHELLO B. CAPUNO</td><td>VSU, Baybay City, Leyte</td><td></td></tr><tr><td>MR. MANUEL GACUTAN, SR.</td><td>Brgy. Guadalupe, Baybay City, Leyte</td><td></td></tr><tr><td>DR. EDUARDO O. MANGAOANG</td><td>VSU, Baybay City, Leyte</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. OTHELLO B. CAPUNO	VSU, Baybay City, Leyte		MR. MANUEL GACUTAN, SR.	Brgy. Guadalupe, Baybay City, Leyte		DR. EDUARDO O. MANGAOANG	VSU, Baybay City, Leyte	
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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.													
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SUBSCRIBED AND SWORN to before me this <u>APR 27 2017</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	Person Administering Oath									
													
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