

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.**

CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Bornias		
FIRST NAME	Nelita	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Cuyos		
3. DATE OF BIRTH (mm/dd/yyyy)	9/1/1967	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Brgy. Manlilisid, Javier, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.56 m		Guadalupe
8. WEIGHT (kg)	56.2 kg	ZIP CODE	6521
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	B67T1NPC017		Guadalupe
11. PAG-IBIG ID NO.	1700-0028-4021		Leyte
12. PHILHEALTH NO.	13-000015276-6	ZIP CODE	6521
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	915-327-356	20. MOBILE NO.	09851666697
15. AGENCY EMPLOYEE NO.	V00660	21. E-MAIL ADDRESS (if any)	renelynbornias@gmail.com.

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Bornias		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Ricardo	NAME EXTENSION (JR., SR)	Richienel C. Bornias	3/26/2004
MIDDLE NAME	Bulahan		Renelyn C. Bornias	8/24/2009
OCCUPATION	Laborer			
EMPLOYER/BUSINESS NAME	OVPREI, VSU			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Cuyos			
FIRST NAME	Cresenciano	Sr.		
MIDDLE NAME	Arcelo			
25. MOTHER'S MAIDEN NAME				
SURNAME	Pepito			
FIRST NAME	Norberta			
MIDDLE NAME	Bughao			

(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	Manlilisid Elementary School	Elementary Education	1973	1979	Graduated	1979	Salutatorian
SECONDARY	Abuyog Academy	High School Education	1979	1983	Graduated	1983	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 (VISCA)/VSU	Bachelor of Science in Agriculture major in Horticulture	1985	1992	Graduated	1992	N/A
GRADUATE STUDIES	Visayas State College of Agriculture (VISCA)/VSU	Master of Science in Horticulture	1993	N/A	37	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/14/2023
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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		
	Guadalupe Chapel Pastoral Council (GCPC)	8/10/2018	Present	1.0-2.0 (Sun)	Treasurer
	Guadalupe Consumers Cooperative (GCC)	2/6/2018	Present	2.0-3.0 (3rd Sat.)	Board, Vice Chairman
	Guadalupe Catholic Choir Ensemble (GuCCE)	11/10/1996	Present	1.0-2.0 (Sat./Sun)	Treasurer
	Gamma Epsilon Fraternity/Gamma Lambda Epsilon Sorority (FALCONS)	11/30/1989	Present	1.0-2.0 (Qtr.)	Member

THE LEARNING AND DEVELOPMENT AND INTERACTION TRAINING PROGRAMS ARE AVAILABLE

[illegible]


FOR OTHER INFORMATION:

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP in ORGANIZATION/ASSOCIATION
Propagate Horticultural Crops through Tissue Culture & other means, arranged flowers/decorate any occasion.	NA	VSU-Administrative Personnel Association (VSU-ADPA)
		Philippine Association for Tissue Culture & Biotechnology, (PAPTCB)
		Society of Agricultural Educators in Region 8, Inc., (SAER, 8)
		VSU Alumni Association

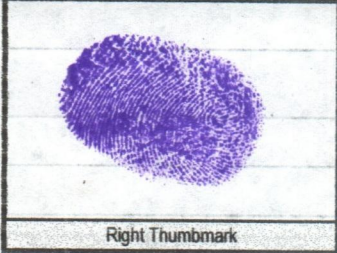
SIGNATURE	<i>[Signature]</i>	DATE	6/14/23
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6/14/23

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or chief of bureau or office or to the person who has immediate supervision over you in the 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 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 Gloria E. Bancale</td><td>Dept. of Horticulture, VSU Main Campus</td><td>565-0600 local 1031</td></tr><tr><td>Asst. Professor Roden Troyo</td><td>Dept. of Horticulture, VSU Main Campus</td><td>565-0600 local 1031</td></tr><tr><td>Dr. Catherine C. Arradaza</td><td>Dept. of Horticulture, VSU Main Campus</td><td>565-0600 local 1031</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr Gloria E. Bancale	Dept. of Horticulture, VSU Main Campus	565-0600 local 1031	Asst. Professor Roden Troyo	Dept. of Horticulture, VSU Main Campus	565-0600 local 1031	Dr. Catherine C. Arradaza	Dept. of Horticulture, VSU Main Campus	565-0600 local 1031
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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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NELITA C. BORNOIAS



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