## **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 DA                     | ATA SHEE    | T (PDS) BEFORE ACCOMP                                   | LISHING THE                | PDS FORM                  |                  |  | (D                                      | 5 000  |  |
|--|--|-------------|---|----------------------------|---------------------------|------------------|--|---|--|--|
| I. PERSONAL INFORMATION                  | ( and use separate sheet if necessary. )           | Indicate N/ | A if not applicable. DO NOT AB                          | BREVIATE.                  |                           | 1. CS ID No.     |  | (Do not fill up.                        | For CSC use only                               |  |
| 2. SURNAME                               | GEROMO   |             |   |                            |                           |                  |  |   |  |  |
| FIRST NAME                               | RONEL  |             | NAME EXTENSION (JR., SR) N/A                            |                            |                           |                  |  |   |  |  |
| MIDDLE NAME                              | BANLUTA  |             |   |                            |                           |                  |  |   |  |  |
| 3. DATE OF BIRTH                         |  |             | 40 0171751101115  |                            |                           |                  |  |   |  |  |
| (mm/dd/yyyy)                             | 4/22/1997  |             | 16. CITIZENSHIP   |                            |                           | Dual Citizenship |  |   |  |  |
| 4. PLACE OF BIRTH                        | TAGBILARAN CITY, BOHOL                             |             | If holder of dual citizenship,                          |                            | by birth Pls. indicate of |                  |  | by naturalization country:              |  |  |
| 5. SEX                                   | ✓ Male Fer   | male        | please indicate the de                                  | etails.                    |                           |                  |  |   |  |  |
| 6 CIVIL STATUS                           | - Install  | arried      | 17. RESIDENTIAL ADDRESS                                 |                            |                           |                  |  |   |  |  |
|  | ☐ Widowed ☐ Sep ☐ Other/s:                         | parated     | Construction of the second                              | Ho                         | use/Block/Lot N           | Vo.              |  | Street<br>GABAS                         |  |  |
| 7. HEIGHT (m)                            |  |             |   | Subdivision/Village BAYBAY |                           |                  | Barangay<br>LEYTE                                    |   |  |  |
|  | 1.67   |             | Nego sego este suo su se se suo sego                    | City/Municipality          |                           |                  | Province   |   |  |  |
| 8. WEIGHT (kg)                           | 83.4   |             | ZIP CODE  | 6521                       |                           | 6521             | L AND AND  |   |  |  |
| 9. BLOOD TYPE                            | 0+   |             | 18. PERMANENT ADDRESS                                   | House/Block/Lot No.        |                           |                  | Street   |   |  |  |
| 10. GSIS ID NO.                          | N/A  |             |   | HOUSE/BIOCN LOT NO.        |                           | CA               | CALANGGAMAN  |   |  |  |
| 11. PAG-IBIG ID NO.                      | N/A  |             |   | Sı                         | ubdivision/Village UBAY   |                  |  | Barangay<br>BOHOL                       |  |  |
| 12. PHILHEALTH NO.                       | 13-025513605-5                                     |             | ZIP CODE  | City/Municipality          |                           | /                | Province 6315  |   |  |  |
| 13. SSS NO.                              |  |             |   |                            |                           |                  |  |   |  |  |
| 14. TIN NO.                              | N/A<br>708-408-068                                 |             | 19. TELEPHONE NO.  20. MOBILE NO.                       |                            | N/A                       |                  |  | *************************************** |  |  |
| 15. AGENCY EMPLOYEE NO.                  | N/A  |             | Constitution of English Constitution of the Association |                            | +63-975-150-0824          |                  |  |   |  |  |
| II. FAMILY BACKGROUND                    | IVA  |             | 21. E-MAIL ADDRESS (if any)                             |                            |                           | roneibgei        | romo@gmail.cor                                       | <u>n</u>                                |  |  |
| 22. SPOUSE'S SURNAME                     | N  | VA.         |   | 23. NAME of CH             | III DDENI AMrit           | o full name and  | Lliet ell\   | DATE OF DID                             | TH (mm/dd/yyyy)                                |  |
| FIRST NAME                               | N/A  |             | NAME EXTENSION (JR., SR)                                | 20. TOTAL OF OF            |                           |                  | i iist diij  |   | 4  |  |
| MIDDLE NAME                              | N/A N/A  |             |   |                            | N/A                       |                  |  | N/A                                     |  |  |
| OCCUPATION                               |  | VA.         |   |                            |                           |                  |  |   |  |  |
| EMPLOYER/BUSINESS NAME                   |  | VA          |   |                            |                           |                  |  |   |  |  |
| BUSINESS ADDRESS                         | N  | I/A         |   |                            |                           |                  |  |   |  |  |
| TELEPHONE NO.                            | N  | I/A         |   |                            |                           |                  |  |   |  |  |
| 24. FATHER'S SURNAME                     | GER  | ROMO        |   |                            |                           |                  |  |   |  |  |
| FIRST NAME                               | RODRIGO  |             | NAME EXTENSION (JR., SR)                                |                            |                           |                  |  |   |  |  |
| MIDDLE NAME                              | BAR  | BOR         |   |                            |                           |                  |  |   |  |  |
| 25. MOTHER'S MAIDEN NAME                 | LYNIE DAND   | DO BANL     | UTA   |                            |                           |                  |  |   |  |  |
| SURNAME                                  | BAN  | ILUTA       |   |                            |                           |                  |  |   |  |  |
| FIRST NAME                               |  | NIE         |   |                            |                           |                  |  |   |  |  |
| MIDDLE NAME  III. EDUCATIONAL BACKGR     |  | NDO         |   |                            | (C                        | ontinue on se    | parate sheet if neces                                | sary)                                   |  |  |
| M. EDOCATIONAL BACKER                    | COND   |             |   |                            |                           |                  |  |   | COLOL ADOLUDA                                  |  |
| 26. LEVEL NAME OF SCHOOL (Write in full) |  |             | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)        |                            |                           | ATTENDANCE       | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED                       | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY                               | CALANGGAMAN ELEMENTARY SCH                         | IOOL        | PRIMARY EDUCATI   | ON                         | From 4/3/2002             | To 4/11/2008     | N/A  | 2008                                    | SALUTATORI                                     |  |
| SECONDARY                                | BOHOL NORTHEASTERN EDUCATION FOUNDATION            |             | SECONDARY EDUCATION                                     |                            | 6/9/2008                  | 4/26/2013        | N/A  | 2013                                    | 2ND HON.                                       |  |
| VOCATIONAL /                             | N/A  |             | MA  |                            |                           |                  |  |   | MENTION  |  |
| TRADE COURSE  COLLEGE                    |  |             | N/A   |                            | N/A                       | N/A              | N/A  | N/A                                     | N/A<br>COLLEGE/                                |  |
| GRADUATE STUDIES                         | VISAYAS STATE UNIVERSITY  VISAYAS STATE UNIVERSITY |             | BACHELOR OF ANIMAL S  MASTER OF SCIENCE IN ANIM         |                            | 6/10/2013                 | 6/9/2017         | N/A  | 2017                                    | UNIVERSITY  DOST-                              |  |
|  | TIONATE ORIVERSITY                                 | , ICa       | ontinue on separate sheet if nece                       |                            | 8/7/2018                  | 6/14/2019        | N/A  | 2019                                    | ASTHRDP  |  |
| SIGNATURE                                | $\Omega$   | u Lulen     | nol   |                            | DA                        | TF               | Auc  | (5, 2019                                |  |  |
|  | G.   | 7 75        |   |                            | DA.                       | -                | ,,~q.  | 81 2019                                 | Sional   |  |

|   | ERVICE ELIGI   |   |       |                          |   |  |   | £ .                      | -                   |
|---|--|---|-------|--------------------------|---|--|---|--------------------------|---------------------|
|   | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)  CONFERMENT  DATE OF EXAMINATION / CONFERMENT |   |       |                          | ATION / CONFE                                   | ERMENT   | LICENSE (if a   | Date                     |                     |
| HONOR GRADUATE ELIGIBILITY (HGE) - PD 907 |  |   | N/A   | 6/14/2017                | CSC REGIONAL OFF                                | ICE VIII - PA  | LO I FYTE   | 1002108170713            | Valid               |
|   | 080 - Licensed F   | PROFESSIONAL                              | 81.0  | 11/27/2017               | SCHOOL, LII                                     | NO, GONZAGA  | 0027556   | STA                      |                     |
|   | AGRICULTI  | UKISI                                     |       |                          | AVE., DOWNTOWN, 1                               | ACLOBAN C  | ITY, LEYTE  | 0027330                  | 41221               |
| lude priva                                | EXPERIENCE<br>ate employment.<br>USIVE DATES   | Start from your recent w                  |       | tinue on separate sheel  |   | l Work Expe  | rience sheet.   |                          |                     |
| From (mr                                  | m/dd/yyyy)<br>To   | POSITION TITE<br>(Write in full/Do not ab |       |                          | ENCY / OFFICE / COMPANY<br>I/Do not abbreviate) | MONTHLY<br>SALARY  | GRADE (if<br>applicable)& STEP<br>(Format "00-0")/<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOV<br>SERV<br>(Y/) |
| N/A                                       | N/A  | N/A                                       |       |                          | N/A   | N/A  | N/A   | N/A                      |                     |
|   |  |   |       |                          | Ada  Ada  Ada  Ada  Ada  Ada  Ada  Ada          |  |   |                          |                     |
|   | TURE   |   | (Cont | inue on separate sheet i | f necessary)  DATE                              | (100 pp. 100 p | 44G. 15   |                          |                     |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC   | NON-GOVERNMENT   | / PEOPLE / V   | OLUNTARY (                  | ORGANIZATION          | /S  |  |
|--|--|--|-----------------------------|-----------------------|---|--|
| 29. NAME & ADDRESS OF ORGANIZATIO<br>(Write in full)   |  | The same of the sa | /E DATES                    | NUMBER OF HOURS       |   | POSITION / NATURE OF WORK  |
| N/A  |  | From N/A   | To N/A                      | N/A                   |   | N/A  |
|  |  | , was  | 10/2                        | N/A                   |   | N/A  |
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|  |  |  |                             |                       |   |  |
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVI  | <mark>(Cor</mark><br>Entions/training pr   | itinue on separate<br>ROGRAMS AT   | sheet if necessar<br>TENDED | 0                     |   |  |
| Start from the most recent L&D training program and include only the re  |  |  | for Division Chie           | if/Executive/Manageri |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS (Write in full)  | 5/TRAINING PROGRAMS  |  | DANCE                       | NUMBER OF HOURS       | Type of LD<br>( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full)  |
|  |  | From   | То                          |                       | Technical/etc)                              |  |
| N/A  |  | N/A  | N/A                         | N/A                   | N/A   | N/A  |
| CVI 1  |  |  |                             |                       |   |  |
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| VIII. OTHER INFORMATION  31. SPECIAL SKILLS and HOBBIES 32.  | NO <sub>I</sub>  | PACADENIC DISTI  |                             | SIRTHOR               |   | 33. MEMIDENSHIF IN ASSOCIATION ON GANGATION  |
| DNA EXTRACTION, ISOLATION PURIFICATION & GEL ELECTROPHORESIS   |  | DAIrit   | o in fult)                  |                       |   | SOCIETY OF ANIMAL SCIENCE STUDENTS (VISAYAS STATE UNIVERSITY)  |
| PRACTICES IN POULTRY PRODUCTION  |  | TO PERSONAL PROPERTY.  |                             |                       |   | VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION   |
| COMPUTER LITERATE  | £1.5   |  |                             |                       |   | VISAYAS STATE UNIVERSITY ALUMNI<br>ASSOCIATION   |
| SINGING & DANCING  |  |  |                             |                       |   |  |
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| NOMETHE  | (0)  | ntinue on separate   | sheet if necessal           |                       | TE.   | Aug. 15,2019   |
| SIGNATURE  | Jungaji  | J  |                             | DA DA                 | ITE   | CS FORM 212 (Revised 2017), Page 3 of  |

| 34. | Are you related by consanguinity or affinity to the appropriate of bureau or office or to the person who has immediate Bureau or Department where you will be approinted, a. within the third degree?  | ☐ YES ☑   | NO                                |                                |  |  |
|-----|--|---|-----------------------------------|--------------------------------|--|--|
|     | b. within the fourth degree (for Local Government Unit - Ca  | ☐ YES ☑ NO If YES, give details: ————————————————————————————————————   |                                   |                                |  |  |
| 35. | a. Have you ever been found guilty of any administrative of  | ☐ YES ☐ If YES, give details:   | NO                                |                                |  |  |
|     | b. Have you been criminally charged before any court?  | ☐ YES ☑ NO  If YES, give details:  Date Filed:  Status of Case/s:   |                                   |                                |  |  |
| 36. | Have you ever been convicted of any crime or violation of a any court or tribunal?   | ☐ YES ☑ NO If YES, give details:  |                                   |                                |  |  |
| 37. | Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?  | ☐ YES ☑ NO If YES, give details:  |                                   |                                |  |  |
| 38. | a. Have you ever been a candidate in a national or local ele<br>Barangay election)?  | ☐ YES ☑ NO If YES, give details:  |                                   |                                |  |  |
|     | b. Have you resigned from the government service during election to promote/actively campaign for a national or local  | ☐ YES ☐ NO If YES, give details:  |                                   |                                |  |  |
| 39. | Have you acquired the status of an immigrant or permaner   | ☐ YES ☐ NO If YES, give details (country):  |                                   |                                |  |  |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mand (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas   | (1) 프라마스 10 March 10 II II March 10 Mar   |                                   |                                |  |  |
| a.  | Are you a member of any indigenous group?  | ☐ YES ☑ NO If YES, please specify:  |                                   |                                |  |  |
| b.  | Are you a person with disability?  | ☐ YES ☑ NO If YES, please specify ID No:  |                                   |                                |  |  |
| C.  | Are you a solo parent?   | ☐ YES ☑ NO If YES, please specify ID No:  |                                   |                                |  |  |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applica   | ant /appointee)   |                                   |                                |  |  |
|     | NAME   | ADDRESS   | CONTACT NO.                       |                                |  |  |
|     | DR. DINAH M ESPINA   | VISCA, BAYBAY CITY, LEYTE   | 9173276367                        |                                |  |  |
|     | DR. MILAGROS C. BALES  | VISCA, BAYBAY CITY, LEYTE   | 9495082487                        | 63                             |  |  |
|     | DR. MASAHIDE NISHIBORI   | HIROSHIMA, JAPAN  | 81824247992                       |                                |  |  |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation of pe | nent laws, rules and regulations of the<br>centative to verify/validate the contents state  | Republic of the ed herein.        | GEROMO, RONEL B.               |  |  |
|     | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  | Q. Am   | (                                 |                                |  |  |
| -   | overnment Issued ID: PRC ID  | Character State   | [ . ]                             |                                |  |  |
| 10  | /License/Passport No.: 0027556   | ox)   |                                   |                                |  |  |
| D   | ate/Place of Issuance: 1/11/2018/PRC Tacloban  | O8 - 15 - 19 Date Accomplished  |                                   | Right Thumbmark                |  |  |
|     | SUBSCRIBED AND SWORN to before me this   | 2 9 AUG 2019 , affiant exhibit  | iting his/her validly issued gove | ernment ID as indicated above. |  |  |
|     |  | ATTY. RYSAN O. GUINOCOR<br>VSU LEGRE SOF ROLL OF CONTROL O | h                                 |                                |  |  |