

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	OMPOD		
FIRST NAME	GERALD	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DECIO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/09/1997	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	MATAG-OB, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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	N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.69		
8. WEIGHT (kg)	70	ZIP CODE	6521
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A STO. ROSARIO Subdivision/Village Barangay MATAG-OB LEYTE City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121277743499	ZIP CODE	6532
12. PHILHEALTH NO.	13-252631049-0		
13. SSS NO.	34-9995744-4	19. TELEPHONE NO.	N/A
14. TIN NO.	605-418-859-000	20. MOBILE NO.	0950-840-1065
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gerald.ompod@vsu.edu.ph

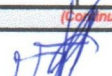
II. FAMILY BACKGROUND

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	OMPOD		
FIRST NAME	ROME	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TORILLAS		
25. MOTHER'S MAIDEN NAME			
SURNAME	DECIO		
FIRST NAME	MICHELLE		
MIDDLE NAME	MORE		

(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	SAN VICENTE ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	2004	2010		2010	VALEDICTORIAN
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2010	2014		2014	1ST HONORABLE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING	2014	2019		2019	DOST SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

SIGNATURE		DATE	February 15, 2023
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[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]

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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			
	2nd PSABE-8 Regional Convention	02/02/2023	02/03/2023	16	Technical	PSABE-8/ VSU-DABE
	Supplemental Review for ABE Licensure Examination 2022 (RESOURCE PERSON)	06/18/2022	06/19/2022	16	Technical	VSU - University Review Services / VSU - Department of Agricultural and Biosystems Engineering
	Training of Trainers on the Operation and Maintenance of Rice Machinery	04/18/2022	04/22/2022	40	Technical	Philippine Center for Postharvest Development and Mechanization
	1st PSABE Visayas-Wide Convention	12/01/2021	12/02/2021	16	Technical	Philippine Society of Agricultural and Biosystems Engineers
	CPD Webinar Series for ABEs: "Updates on CPD Implementing Guidelines"	11/16/2021	11/16/2021	8	Technical	CPD Council of Agricultural and Biosystems Engineering
	ISO 9001:2015 Awareness and Re-awareness Webinar	09/10/2021	09/10/2021	4	Technical	Visayas State University
	Visayas Energy Investment IEC "Diskarteng Enerhiya, Mura Na, Matipid Pa"	09/08/2021	09/08/2021	8	Technical	Department of Energy
	Participating the Animal Farm Structures Design COE Month: ABEngs. Week	02/17/2019	02/22/2019	5	Technical	PSAE-VSU; Visca, Baybay City, Leyte
	ABE Talks: Postharvest Operations and Losses on the Maor Crops in the Philippines	10/29/2018	10/29/2018	3	Technical	PSAE-VSU; Visca, Baybay City, Leyte
	On-the-Job Training	06/14/2018	07/27/2018	240	Technical	Philippine Rice Institute
	2-Day Scholar's Formation Program of the Filipino Patriot	04/21/2017	04/22/2017	16	Technical	Department of Science and Technology - Science Education Institute

(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)
	Computer Literate (MS Word, MS Excel, MS Powerpoint, etc.)		N/A		Philippine Society of Agricultural and Biosystems Engineers
	Structure Design using Computer-Aided Drafting (AutoCAD)				
	Photoshop Editing				
	Reading Books				
	Playing Basketball				
	Singing				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 15, 2023
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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)?

☐ YES ☒ NO

☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense?

☐ YES ☒ NO

If YES, give details: _____

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 any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ 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?

☐ YES ☒ 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)?

☐ YES ☒ NO

If YES, give details: _____

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?

☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ 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 applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. BAYRON S. BARREDO	TACLOBAN CITY, LEYTE	0951 511 2133
DR. ROBERTO C. GUARTE	VSU, BAYBAY CITY, LEYTE	0999 172 3334
ENGR. JESSIE JAMES LAYAN	SAN VICENTE, DANA O BOHOL	0919 612 9545



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC ID**

ID/License/Passport No.: **0010522**

Date/Place of Issuance: **ORMOC CITY**

Signature (Sign inside the box)
February 15, 2023
Date Accomplished



SUBSCRIBED AND SWORN to before me this **24 APR 2023**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN GUINOCOR
VSO Chief Legal Officer

Person Administering Oath