

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. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	TROYO			
FIRST NAME	RODEN		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	DY		N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	11/14/84	16. CITIZENSHIP		
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country: PHILIPPINES	
5. SEX	MALE			
6. CIVIL STATUS	SINGLE			
7. HEIGHT (m)	1.75	17. RESIDENTIAL ADDRESS		
8. WEIGHT (kg)	76	House/Block/Lot No.	Street	
9. BLOOD TYPE	O	Subdivision/Village	BUNGA	
10. CSIS ID NO.	02004351565	BAYBAY	Barangay	
11. PAG-IBIG ID NO.	N/A	City/Municipality	LEYTE	
12. PHILHEALTH NO.	N/A	6603	Province	
13. SSS NO.	N/A	18. PERMANENT ADDRESS		
14. TIN NO.	438-449-686	House/Block/Lot No.	Street	
15. AGENCY EMPLOYEE NO.	V000812	Subdivision/Village	BUNGA	
		BAYBAY	Barangay	
		City/Municipality	LEYTE	
		6621	Province	
		19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	09166201071	
		21. E-MAIL ADDRESS (if any)	roden.troyo@gmail.com, roden.troyo@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	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	TROYO		N/A	N/A
FIRST NAME	ENRIQUE	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	CONDES		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	DY		N/A	N/A
FIRST NAME	ANITA		N/A	N/A
MIDDLE NAME	MORALES		N/A	N/A

(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	ACCELERATED CHRISTIAN SCHOOL	PRIMARY EDUCATION	1991	1996	N/A	1996	N/A
SECONDARY	VISCA LABORATORY HIGHSCHOOL	HIGH SCHOOL	1996	2001	N/A	2001	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE STATE UNIVERSITY	BS AGRICULTURE	2001	2005	N/A	2005	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS HORTICULTURE	2010	2013	N/A	2013	DOST

(Continue on separate sheet if necessary)

SIGNATURE

DATE

4/27/2017

[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]

SIGNATURE	DATE	DATE	4/27/2017
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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		
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____				

[illegible]

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
TRAVELLING		PHILIPPINE SOCIETY FOR THE STUDY OF NATURE (PSSN), INC.
ORNAMENTAL/EDIBLE LANDSCAPING		ORGANIC AGRICULTURE SOCIETY OF THE PHILIPPINES (OASP), INC.
FLOWER ARRANGEMENT		PHILIPPINE ASSOCIATION FOR PLANT TISSUE CULTURE AND BIOTECHNOLOGY (PAPTCB), INC.
PLANT TISSUE CULTURE		PHILIPPINE SOCIETY FOR LACTIC ACID BACTERIA (PSLAB), INC.

4/9

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. VICTOR B. ASIO	COLLEGE OF AGRICULTURE AND FOOD SCIENCE, VISAYAS STATE UNIVERSITY, LOCAL BARANGAY LEVEL	9064434012
DR. JOSE L. BACUSMO	OFFICE OF THE DIRECTOR FOR RESEARCH, VISAYAS STATE UNIVERSITY, LOCAL BARANGAY LEVEL	9173108076

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.



RODEN D. TROYO

PHOTO

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

Government Issued ID: AO PROFESSIONAL REGULATION COMMISSION

ID/License/Passport No.: 2795

Date/Place of Issuance: 8/1/2005/MANILA

Signature (Sign inside the box)
4/27/2017
Date Accomplished



SUBSCRIBED AND SWORN to before me this

, affiant exhibiting his/her validly issued government ID as indicated above.

DDC. NO. 290
PAGE NO. 160
BOOK NO. 110
SERIES OF 1017

APR 27 2017

TATTO ROMMEL B. OLIVA
NOTARY PUBLIC

FOR THE PROVINCE OF LAGUNA
PTR No. 6222106-1/13/17/Cal. City Lag.
IBP Lifetime No. 007756 MANILA
Roll No. 37137
FILE No. V0001987

Person Administering Oath

MY COMMISSION EXPIRES ON DEC. 31,