

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	UMPAD		
FIRST NAME	MA. ELSA	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	MAGALLANES		
3. DATE OF BIRTH (mm/dd/yyyy)	December 5, 1966	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	Ormoc City	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"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.50	17. RESIDENTIAL ADDRESS	501 Rizal Extension House/Block/Lot No. Street Subdivision/Village Barangay Ormoc City Leyte Province
8. WEIGHT (kg)	49	ZIP CODE	6541
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	501 Rizal Extension House/Block/Lot No. Street Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. GSIS ID NO.	B6625EMU028	ZIP CODE	6541
11. PAG-IBIG ID NO.	1700-0026-3905		
12. PHILHEALTH NO.	13-000014287-6		
13. SSS NO.	NA	19. TELEPHONE NO.	NA
14. TIN NO.	140-031-919	20. MOBILE NO.	09954713935
15. AGENCY EMPLOYEE NO.	V000524	21. E-MAIL ADDRESS (if any)	elsa.umpad@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	UMPAD		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RUDOLFO	NAME EXTENSION (JR., SR) NA	RUDELAIZA ANNE M. UMPAD	May 25, 1989
MIDDLE NAME	BARRIOS		RACHEL ANNE M. UMPAD	August 1, 1992
OCCUPATION	Private Employee		RUDEL JOSHUA M. UMPAD	July 10, 2001
EMPLOYER/BUSINESS NAME	OCCCI			
BUSINESS ADDRESS	Ormoc City			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	MAGALLANES			
FIRST NAME	ERNESTO	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	SEGOVIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BACENSE			
FIRST NAME	FRANCISCA			
MIDDLE NAME	JALIPA			

(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	ORMOC CITY CENTRAL SCHOOL	Elementary graduate	1973	1979	Graduated	1979	w/honors
SECONDARY	ORMOC CITY HIGH SCHOOL	High School graduate	1979	1983	Graduated	1983	NA
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BS AGRICULTURE	1983	1987	Graduated	1987	NA
GRADUATE STUDIES	VISAYAS STATE COLLEGE OF AGRICULTURE	MS AG. EXTENSION	1993	2000	30 units (undergraduate)	NA	NA

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	Dec 17, 2021

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]







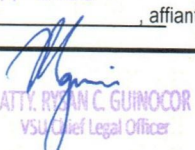
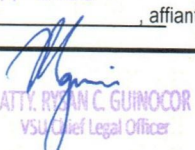
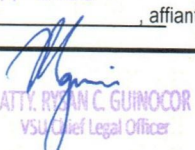
(Continue on separate sheet if necessary)

[Handwritten signature]

DATE _____

Dec 17, 2021

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			
NA						
(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			
	Course on Strengthening Integrity and Accounatbility Amidst Covid-19 Pandemic	Dec 2, 4, 2020	Dec 9, 202	24.0	Supervisory	Civil Service Commission Region 8
	Introduction to Remote Auditing	Nov 4, 2020	Nov 5, 2020	16.0	Technical	TUV Rhienland
	Internal Audit Training Workshop	April 12, 2019		8.0	Technical	TUV Rheinland
	Transformational Leadership in a Changing Environment	Oct 16, 2018	Oct 19, 2018	30.0	Supervisory	Personnel Officers Association of the Philippines (POAP)
	Training on Techniques of High Performance Liquid Chromatography	Sept 9, 2018	Sept 10, 2018	16.0	Technical	Molave Trading
	Seminar Workshop on the 2017 ORA OHRA	May 9, 2018	May 10, 2018	16.0	Supervisory	Civil Service Commission Region 8
	ASEAN Cassava Breeders Meeting	Dec 3, 2017	Dec 6, 2018	36.0	Technical	Centro Internacional dela Agricultural Tropical
	Orientation on PRIME-HRM	Aug 24, 2017		8.0	Supervisory	Civil Service Commission Region 8
	PhilGEPS Buyers Training	May 25, 2017	May 26-2017	16.0	Technical	Philippine Government Electronic Procurement System (PhilGEPS)
	Leave Administration Training Course for Effectiveness	Sept 27, 2017	Sept 28, 2018	16.0	Technical	Civil Service Commission Region 8
	Full Length Training Course on Government Reform Act and its Revised IRR	May 3, 2017	May 5, 2017	24.0	Technical	Department of Budget and Management Reg 8
	Internal Quality Audit Training Course	Jan 23, 2017	Jan 25, 2017	24.0	Technical	AGF Auditing Firm
	Procurement Planning Workshop	Sept 13, 2016		8.0	Technical	Visayas State University
	National Workshop on Invasive Pests and diseases of Cassava	Mar 14, 2016	Mar 17, 2016	32.0	Technical	Centro Internacional dela Agricultural Tropical
	ISO 9001:2008 Orientation and Writeshop	Oct 5, 2015		8.0	Technical	Visayas State University
	Training Workshop on Dynamic Classrooms for Sociology Teachers	Apr 26, 2015	Apr 30, 2015	40.0	Technical	Visayas State University
(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)	
	Reading, Cooking, Travelling		2020 CSC PAGASA Group Category		LSU-Administrative Personnel Association	
			2021 VSU Administrative Support Staff			
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	Dec 17, 2021	

34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in 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 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. Erlinda A. Vasquez</td><td>PhilRootcrops, VSU, Baybay City, Leyte</td><td>053 563 7229</td></tr><tr><td>Ms. Lisa I. Arce</td><td>PhilRootcrops, VSU, Baybay City, Leyte</td><td>053 563 7229</td></tr><tr><td>Dr. Allen Glennie P. Lambert</td><td>OP, USN, Baybay City</td><td>053 JES 6000</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Erlinda A. Vasquez	PhilRootcrops, VSU, Baybay City, Leyte	053 563 7229	Ms. Lisa I. Arce	PhilRootcrops, VSU, Baybay City, Leyte	053 563 7229	Dr. Allen Glennie P. Lambert	OP, USN, Baybay City	053 JES 6000
NAME	ADDRESS	TEL. NO.											
Dr. Erlinda A. Vasquez	PhilRootcrops, VSU, Baybay City, Leyte	053 563 7229											
Ms. Lisa I. Arce	PhilRootcrops, VSU, Baybay City, Leyte	053 563 7229											
Dr. Allen Glennie P. Lambert	OP, USN, Baybay City	053 JES 6000											
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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: UMID</td></tr><tr><td>ID/License/Passport No.: 006-0017-7029-4</td></tr><tr><td>Date/Place of Issuance: Maasin City</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: UMID	ID/License/Passport No.: 006-0017-7029-4	Date/Place of Issuance: Maasin City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Dec 17, 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Dec 17, 2021	Date Accomplished				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: UMID													
ID/License/Passport No.: 006-0017-7029-4													
Date/Place of Issuance: Maasin City													
													
Signature (Sign inside the box)													
Dec 17, 2021													
Date Accomplished													
<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>17 JAN 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
 ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer													
Person Administering Oath													