

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	GUMBA		
FIRST NAME	BERTULFO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MORENO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/2/1960	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	CSARIDAD, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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:	17. RESIDENTIAL ADDRESS	1327 PUROK 2, CAIMITO
7. HEIGHT (m)	5'2	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	60kgs		CALIPAYAN GUADALUPE
9. BLOOD TYPE	"O"		Subdivision/Village Tab-ang
10. GSIS ID NO.	B0052BM6011		Baybay City Leyte
11. PAG-IBIG ID NO.	1700-0035-1363		City/Municipality Province
12. PHILHEALTH NO.	13-000015624-9	ZIP CODE	6521-A
13. SSS NO.	NA	18. PERMANENT ADDRESS	1327
14. TIN NO.	106-014-762	ZIP CODE	House/Block/Lot No.
15. AGENCY EMPLOYEE NO.	V000611		Calipayan Subdivision GUADALUPE
			Subdivision/Village Tab-ang
			Baybay City Leyte
			City/Municipality Province
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09268000972
		21. E-MAIL ADDRESS (if any)	bertgumba@yahoo.com

II. FAMILY BACKGROUND

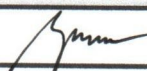
22. SPOUSE'S SURNAME	GUMBA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LUCIA	NAME EXTENSION (JR., SR)	JAY C. GUMBA	5/4/1991
MIDDLE NAME	CALIPAYAN		JASON C. GUMBA	7/5/1992
OCCUPATION	HOUSEKEEPER		JENEBETH C. GUMBA	12/30/1995
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GUMBA			
FIRST NAME	ZOSIMO (DECEASED)	SR		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME	MORENO			
FIRST NAME	SOFIA (Deceased)			
MIDDLE NAME	LEONES			

(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	CARIDAD ELEMENTARY SCHOOL	Primary Education	1968	1975	Diploma	1975	Diploma
SECONDARY	CARIDAD RURAL HIGH SCHOOL	High School	1980	1984	Diploma	1984	Diploma
VOCATIONAL / TRADE COURSE	None	None			None		None
COLLEGE	Visayas State College of Agriculture	BACHELOR OF HOME ECONOMICS AND EXTENSION	1985	1989	Diploma	1989	Diploma
GRADUATE STUDIES	None	None			None		None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6-18-2019
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	N.A.					

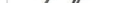
(Continue on separate sheet if necessary)

## 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)

**SIGNATURE** 

DATE \_\_\_\_\_

6-18-2019

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE'S 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		

(Continue on separate sheet if necessary)

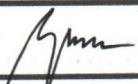
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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			
	SKILLS TRAINING ON ABACA WASTE UTILIZATION INTO DYE PRODUCTS	July 30,2018	Aug. 3,2018	40 hrs	Technical	Tukod Project Canada
	TRAINING ON THE PRODUCTION OF ABACA FIBER, YARN, TWINE AND ITS DERIVED PRODUCTS	4/14/2016	4/15/2016	16	Technical	National Abaca Research Center, Visayas State Univeristy/PHILFIDA
	SKILLS TRAINING ON ABACA WASTE UTILIZATION INTO DYE PRODUCTS	3/13/2015	3/17/2015	80	Technical	National Abaca Research Center, Visayas State Univeristy
	SKILLS TRAINING ON ANACA WASTES COMBINING TAMBO INTO BY-PRODUCTS	1/27/2015	1/29/2015	24	Technical	Department ofg Trade Industry and Department of Agriculture (DTI & DA)
	SKILLS TRAINING ON ABACA FIBER MAKING CHRISTMAS DECORS	10/22/2014	10/24/2014	16	Technical	Department of Environmental and Natural Resources (DENR)
	SKILLS TRAINING ON ABACA WASTE MAKING BAGS, HATS, TRAYS AND FLOWER BASE	4/24/2012	4/26/2014	24	Technical	Fiber Industry Development Authority (FIDA) and Department of Agriculture (DA)

(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)
	HANDICRAFTS: WEAVING		DISTRIBUTION OF CERTIFICATE		BFGA FOR LIVELIHOOD
	DESIGNING BAGS		DISTRIBUTION OF CERTIFICATE		BFGA FOR LIVELIHOOD
	LAMINATION		DISTRIBUTION OF CERTIFICATE		BFGA FOR LIVELIHOOD
SIGNATURE				DATE	6-18-2019

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?  
  
b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

☐ 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)?  
  
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:  
\_\_\_\_\_

☐ 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?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify:  
\_\_\_\_\_

☐ YES☒ NO

If YES, please specify ID No: 083708000-0165

☐ YES☒ NO

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
RUBEN M. GAPASIN	VSU-CAMPUS, BAYBAY CITY, LEYTE	9176336571
FELICIANO G. SINON	VSU-CAMPUS, BAYBAY CITY, LEYTE	
LUZ O. MORENO	VSU-CAMPUS, BAYBAY CITY, LEYTE	

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: V000611

ID/License/Passport No.: H12-14-001798


Date/Place of Issuance:

Signature (Sign inside the box)  
6-18-2019

Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 08 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSYN C. GUINOCOR  
VSU LEGAL OFFICER

Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4