

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	ALMERODA		
FIRST NAME	VERONICO	NAME EXTENSION (JR, SR)	
MIDDLE NAME	BINGALAN		
3. DATE OF BIRTH (mm/dd/yyyy)	3/30/1959	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input 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	
7. HEIGHT (m)	1.56"	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	64.5		Subdivision/Village Barangay
9. BLOOD TYPE	"O"		BAYBAY LEYTE
10. GSIS ID NO.	000-3698-2064-6		City/Municipality Province
11. PAG-IBIG ID NO.	1211-4230-4594	ZIP CODE	6521
12. PHILHEALTH NO.	13-000103004-4	18. PERMANENT ADDRESS	
13. SSS NO.	03-6982064-6	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	937-624-698		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V00874		BAYBAY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09362600060
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

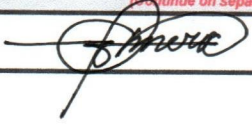
22. SPOUSE'S SURNAME	ALMERODA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANNABEL	NAME EXTENSION (JR, SR)	N/A	N/A
MIDDLE NAME	PACULANANG			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ALMERODA			
FIRST NAME	CRISOLOGO	SR		
MIDDLE NAME	DIAZ			
25. MOTHER'S MAIDEN NAME	ISRAEL			
SURNAME	ALMERODA			
FIRST NAME	EUSEBIA			
MIDDLE NAME	BINGALAN			

(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	GABAS CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	1996	1972		1972	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	1976	1980		1980	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	FOREST RANGER CERTIFICATE	1987	1990		1990	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/18/19
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	6/18/19
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*[Signature]*

6/18/19



## VI. VOLUNTARY WORK OR INVOLVEMENT IN PUBLIC / 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				

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

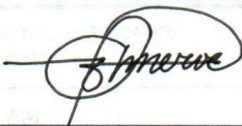
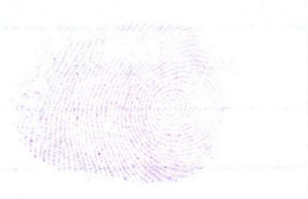
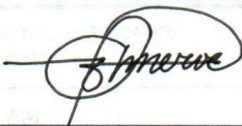
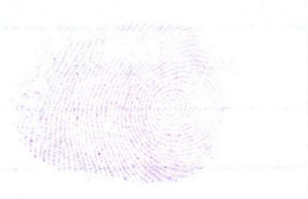
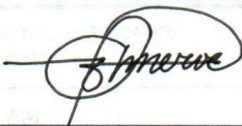
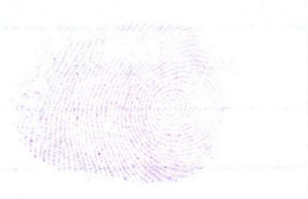
## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/18/19
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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)?	<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 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?	<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>CEL. NO.</th></tr></thead><tbody><tr><td>Dr. Anabella B. Tulin</td><td>Visca, Baybay City, Leyte</td><td>9150727521</td></tr><tr><td>Dr. Editha G. Cagasan</td><td>Visca, Baybay City, Leyte</td><td>9155913358</td></tr><tr><td>Dr. Beatriz S. Belonias</td><td>Visca, Baybay City, Leyte</td><td>9322497436</td></tr></tbody></table>		NAME	ADDRESS	CEL. NO.	Dr. Anabella B. Tulin	Visca, Baybay City, Leyte	9150727521	Dr. Editha G. Cagasan	Visca, Baybay City, Leyte	9155913358	Dr. Beatriz S. Belonias	Visca, Baybay City, Leyte	9322497436
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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: PHILHEALTH ID</td></tr><tr><td>ID/License/Passport No.: 13-000103004-4</td></tr><tr><td>Date/Place of Issuance: Baybay City, Leyte</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: PHILHEALTH ID	ID/License/Passport No.: 13-000103004-4	Date/Place of Issuance: Baybay City, Leyte	<table><tr><td> Signature (Sign inside the box) 6/18/19 Date Accomplished</td><td><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</div><p>PHOTO</p><div> Right Thumbmark</div></td></tr></table>	 Signature (Sign inside the box) 6/18/19 Date Accomplished	<div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</div> <p>PHOTO</p> <div> Right Thumbmark</div>						
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SUBSCRIBED AND SWORN to before me this <u>02 JUL 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<div>Atty. Rycaxo C. Guinocor VS LEGAL OFFICER Person Administering Oath</div>													



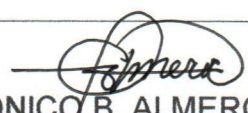
## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: Feb. 1, 2015 - present
- Position: Administrative Aide III
- Name of Office/Unit: Office of the Graduate School
- Immediate Supervisor: Dr. Anabella B. Tulin
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  1. Delivered and followed-up documents (memos, letter requests, PRs, announcements, etc.) to various offices/departments
  2. Photocopied documents e.g. GS forms, memos, and etc.
  3. Watered and tendered plants inside and outside the office
  4. Cleaned office surroundings, rooms and CRs before and after office hours
- Summary of Actual Duties
  1. Takes charge of the daily cleaning and maintenance of the office and its surroundings
  2. Records all outgoing and incoming documents
  3. Makes follow-ups of administrative and financial documents
  4. Upkeeps office facilities and equipment
  5. Grows and maintains indoor and outdoor plants of the office
  6. Facilitates photocopying of office documents as required

- Duration: Jan. 17, 2005 – Jan. 31, 2015
- Position: Utility, Messenger (Job Order)
- Name of Office/Unit: Department of Biological Sciences
- Immediate Supervisor: Dr. Analyn Mazo
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  1. Delivered and followed-up documents (memos, letter requests, PRs, announcements, etc.) to various offices/departments
  2. Cleaned office rooms and CRs before and after office hours
  3. Cleaned the surroundings within the office vicinity
- Summary of Actual Duties
  1. Takes charge of the daily cleaning and maintenance of the office and its surroundings
  2. Make follow-ups of administrative and financial documents

  
VERONICO B. ALMERODA

(Signature over Printed Name  
of Employee/Applicant)

Date: June 18, 2019

1. The purpose of this document is to provide a clear and concise overview of the project's goals, objectives, and scope. It is intended to serve as a reference for all project team members and to ensure that everyone is working towards the same goals.

2. The project is a multi-phase effort that will involve a variety of stakeholders, including the project sponsor, the project team, and the end users. The project team is responsible for the day-to-day management of the project, while the project sponsor is responsible for providing the necessary resources and support.

- The project team is composed of the following members: [List of team members]
- The project sponsor is [Name of sponsor]
- The project manager is [Name of manager]
- The project steering committee is composed of the following members: [List of steering committee members]

1. The project manager will be responsible for the overall management of the project, including the development of the project plan, the allocation of resources, and the monitoring of progress.
2. The project team will be responsible for the day-to-day management of the project, including the development of the project plan, the allocation of resources, and the monitoring of progress.
3. The project sponsor will be responsible for providing the necessary resources and support for the project.
4. The project steering committee will be responsible for providing guidance and support to the project team.

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VERONICA ALMEIDA  
Project Manager  
of Environmental  
Department