

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 () ☐ 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	GUARTE			N/A	
FIRST NAME	ALAN			NAME EXTENSION (JR., SR)	
MIDDLE NAME	MASION				
3. DATE OF BIRTH (mm/dd/yyyy)	7/17/1974	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	MAASIN CITY, SO. 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 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)	1.625		House/Block/Lot No. Street		
8. WEIGHT (kg)	85		Subdivision/Village Barangay		
9. BLOOD TYPE	O+		BAYBAY CITY LEYTE		
10. GSIS ID NO.	4748445170963207		City/Municipality Province		
11. PAG-IBIG ID NO.			ZIP CODE 6521		
12. PHILHEALTH NO.	13-0500395 22-3	18. PERMANENT ADDRESS			
13. SSS NO.	06222761549		House/Block/Lot No. Street		
14. TIN NO.	437-579-974		Subdivision/Village Barangay		
15. AGENCY EMPLOYEE NO.	V01140		MAASIN CITY SO. LEYTE		
			City/Municipality Province		
			ZIP CODE 6600		
		19. TELEPHONE NO.	N/A		
		20. MOBILE NO.	09264808423		
		21. E-MAIL ADDRESS (if any)	alan.guarte@vsu.edu.ph		

II. FAMILY BACKGROUND

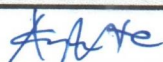
22. SPOUSE'S SURNAME	GUARTE	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EVANGELINE	NAME EXTENSION (JR., SR)	GUARTE, ANGELICA R.	6/11/2002
MIDDLE NAME	ROCABELLA		GUARTE, KRISTINE MAY R.	5/3/2005
OCCUPATION	HOUSEWIFE		GUARTE, STEPHANIE R.	9/6/2007
EMPLOYER/BUSINESS NAME	N/A		GUARTE, ALVIN R.	8/12/2009
BUSINESS ADDRESS	N/A		GUARTE, ANICA R.	1/14/2018
TELEPHONE NO.	N/A		GUARTE, ELLA R.	2/24/2020
24. FATHER'S SURNAME	GUARTE	N/A		
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANTILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MASION			
FIRST NAME	FRESINA			
MIDDLE NAME	PAMAONG			

(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	CABULIHAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1982	1988	GRADUATED	1988	N/A
SECONDARY	SAINT JOSEPH COLLEGE	HIGH SCHOOL	1988	1992	GRADUATED	1992	GOVERNMENT SCHOLAR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	JAN. 03, 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]

SIGNATURE		DATE	JAN. 03, 2023
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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					

(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			
	LECTURE-DEMONSTRATION-WORKSHOP ON BIOFUELS	5/22/2019	5/22/2019	8.0	TECHNICAL	RERC, VISAYAS STATE UNIVERSITY
	ORIENTATION WORKSHOP AMONG JO CLERKS AND LABORATORY TECHNICIANS	1/15/2019	1/15/2019	8.0	TECHNICAL	1ST FLOOR COE BUILDING, VSU
	ENERGY EFFECIENCY & CONSERVATION	4/13/2013	4/13/2013	8.0	TECHNICAL	CONVENTION CENTER
	SEMINAR ON FIRE PREVENTION & SAFETY AWARENESS	3/25/2013	3/25/2013	8.0	TECHNICAL	CCE, VSU
	RESEARCH PROPOSAL PREPARATION & OPCR/IPCR FORMULATED & EMPLEMENTATION	1/14/2013	1/18/2013	40.0	TECHNICAL	COE, CONFERENCE ROOM, VSU
	ENHANCED TRAINORS METHODOLOGY I PLUS COURSE	1/19/2011	1/18/2013	40.0	TECHNICAL	OVPRE, VSU
	2 DAY TM I PLUS PREPARATORY COURSE	1/17/2011	1/18/2011	16.0	TECHNICAL	OVPRE, VSU
	SEMINAR WORKSHOP ON PUBLIC ACCOUNTABILITY, CUSTOMER SERVICE PMS-OPES FOR GSD STAFF	1/19/2010	1/19/2010	8.0	TECHNICAL	COE, VSU
	HANDS ON TRAINING ON THE ORIENTATION AND MAINTENANCE OF PLANT OIL STOVE	3/3/2004	3/3/2004	8.0	TECHNICAL	CROP PROCESSING BUILDING, DAE, VSU

(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)
	WELDING/ FABRICATION		N/A		N/A
	LATTE MACHINING				
	CARPENTRY				
	TOPIARY & PLANT POT MAKING				
	TOMP STOVE ENGRAVING				










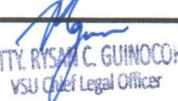
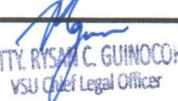
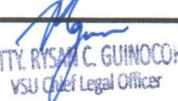
(Continue on separate sheet if necessary)

SIGNATURE



DATE

Jan. 03, 2023

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <u>PARTIAL EYE INJURY</u> <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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JUNDY CASTIL</td><td>MARCOS, BAYBAY CITY</td><td>9124147540</td></tr><tr><td>PHILIP CAEZAR EBIT</td><td>VISCA, VSU, BAYBAY CITY</td><td>9356306153</td></tr><tr><td>ANTONETTE CRUZ</td><td>ALBUERA LEYTE</td><td>9365169958</td></tr></table>		NAME	ADDRESS	TEL. NO.	JUNDY CASTIL	MARCOS, BAYBAY CITY	9124147540	PHILIP CAEZAR EBIT	VISCA, VSU, BAYBAY CITY	9356306153	ANTONETTE CRUZ	ALBUERA LEYTE	9365169958
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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: TIN</td></tr><tr><td>ID/License/Passport No.: 437-579-974</td></tr><tr><td>Date/Place of Issuance: 7/9/2013</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: TIN	ID/License/Passport No.: 437-579-974	Date/Place of Issuance: 7/9/2013	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JAN. 03, 2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JAN. 03, 2023	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>19 JAN 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOK VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOK VSU Chief Legal Officer	Person Administering Oath									
													
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