

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	GLORIA		
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NERI		
3. DATE OF BIRTH (mm/dd/yyyy)	6/25/1960	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, 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"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.58 M		House/Block/Lot No. Street
8. WEIGHT (kg)	56 KG.		SAN AGUSTIN
9. BLOOD TYPE	AB		Subdivision/Village Barangay
10. GSIS ID NO.	006-0017-6975-5		BAYBAY LEYTE
11. PAG-IBIG ID NO.	170000250718		City/Municipality Province
12. PHILHEALTH NO.	13000014253-1	ZIP CODE	6521
13. SSS NO.	806501981	18. PERMANENT ADDRESS	
14. TIN NO.	116-624-589		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V000607		SAN AGUSTIN
			Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		ZIP CODE	6521
		19. TELEPHONE NO.	NA
		20. MOBILE NO.	09351455089
		21. E-MAIL ADDRESS (if any)	reynglor@yahoo.com

II. FAMILY BACKGROUND

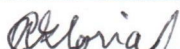
22. SPOUSE'S SURNAME	GLORIA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSEPHINE	NAME EXTENSION (JR., SR)	JOSE REY T. GLORIA	12/15/1991
MIDDLE NAME	TOMINES		JEREMIE T. GLORIA	1/1/1994
OCCUPATION	HOUSEWIFE		JEFFREY T. GLORIA	9/6/1996
EMPLOYER/BUSINESS NAME	NA		JERICO T. GLORIA	8/14/1998
BUSINESS ADDRESS	NA		JOHNREY T. GLORIA	11/20/2000
TELEPHONE NO.	NONE		JOSEPH RENZ T. GLORIA	10/25/2014
24. FATHER'S SURNAME	GLORIA			
FIRST NAME	CORNELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OQUIAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	NERI			
FIRST NAME	INOCENCIA			
MIDDLE NAME	CAÑAMO			

(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	SAN AGUSTIN ELEMENTARY SCHOOL		1968	1974			
SECONDARY	ERHS, VISCA		1977	1980			
VOCATIONAL / TRADE COURSE	ERHS, VISCA		1977	1980			
COLLEGE	VISCA	BS IN FORESTRY	1985	1992	177 UNITS		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/14/14
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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				

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	<i>Oklonga</i>	DATE	6/14/18

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
		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			
	Quality Seedling Production - Resource Person	5/29/2017	5/31/2017	24		Visayas State University
	CFES Strategic Planning workshop	4/24/2017	4/24/2017	8		Visayas State University
	Training on Getagging and Mapping	5/4/2016	5/5/2016	16		Visayas State University
	1st Discussion on the National Greening Program 9NGP) with Partner State Universities and Colleges	4/14/2016	4/16/2016	24		Visayas State University
	3rd Discussion on the National Greening Program with Partner State Universities & Colleges	12/1/2015	12/05/2015	40		Butuan City, Agusan del Norte
	Training on Clonal Propagation Technology	8/21/2015	8/22/2015	16		Babatngon Clonal Propagation Complex, Busay, Babatngon Leyte
	Isabel Farmers Cross-Visit & Training on Nursery & Tree Plantation Establishment	8/17/2012	8/18/2012	16		CFES, VSU
	Campus Advising & Student's Leadership	2/17/2006	7/20/2012	32		USSO, VSU
	CFES Month 2012	9/25/2012	9/25/2012	8		CFES, Visayas State Univeristy
	Workshop on Developoment of Implementing Rules & Regulations	4/ 11/2011	4/11/2011	8		CFES, VSU
	Agribusiness Project Operation & Mgt.	1/ 8 /1996	1/20/1996	104		Visayas State university; Central luzon State University

(Continue on separate sheet if necessary)

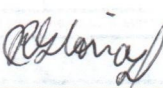
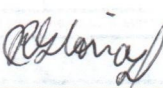
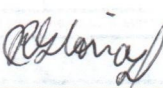









VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Carpentry	Loyalty Award 2010	FALCONS
Mason	Loyalty Award 2015	
Gardening	Best Non-Skilled Award 2017	
Farming		

(Continue on separate sheet if necessary)

SIGNATURE

DATE

6/14/18

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>TEL. NO.</th></tr></thead><tbody><tr><td>DR. EDUARDO O. MANGAOANG</td><td>CFES, VSU</td><td>563-7552</td></tr><tr><td>PROF. VICENTE ANTIPASO</td><td>IHK, VSU</td><td></td></tr><tr><td>MR. REMEGIO SANICO</td><td>HELVMU, VSU</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. EDUARDO O. MANGAOANG	CFES, VSU	563-7552	PROF. VICENTE ANTIPASO	IHK, VSU		MR. REMEGIO SANICO	HELVMU, VSU	
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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.													
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SUBSCRIBED AND SWORN to before me this <u>JUN 25 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER									
													
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