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 Print legibly. Tick appropriate boxes	TO FILLING OUT THE F	PERSONAL DATA SHE eet if necessary. Indicate N	ET (PDS) BEFORE ACCOMPI I/A if not applicable. DO NOT AB	LISHING THE BREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO										
2. SURNAME	GUMBA	Printe Carlos Maria Charles (1997)	galled "Thinks on although to be	eker(i)			and property of the same		North Control	
FIRST NAME	BERTULFO				NAME EXTENSION (JR., SR)					
MIDDLE NAME	MORENO									
DATE OF BIRTH (mm/dd/yyyy)	9/2	/1960 O GRADINA TO	16. CITIZENSHIP	☑ Filipino □			Dual Citizenship ☑ by birth ☐ by naturalization			
4. PLACE OF BIRTH	CSARIDAD, BAYBAY, LEYTE		If holder of dual citizenship,		Pls. indicate coul					
5. SEX	☑ Male	☐ Female	please indicate the details.					_		
6 CIVIL STATUS	Single Widowed Other/s:	✓ Married Separated	17. RESIDENTIAL ADDRESS	al rick	1327 House/Block/Lot No. CALIPAYAN Subdivision/Village			PUROK 2, CAIMITO Street GUADALUPE (Tab-ang)		
7. HEIGHT (m)	1.58	ersic del color del Mes Mes		Baybay City City/Municipality			2011	Leyte Province		
8. WEIGHT (kg)	52.2		ZIP CODE		City/municipanty 6521-A			Trovince		
9. BLOOD TYPE	"O"		18. PERMANENT ADDRESS	1327						
10. GSIS ID NO.	B0052BM6011 1700-0035-1363			House/Block/Lot No. CALIPAYAN			4	GUADALUPE BPLV. (Tab-ang) Leyte		
11. PAG-IBIG ID NO.					Subdivision/Village Baybay City					
12. PHILHEALTH NO.	13-000015624-8		ZIP CODE		ity/Municipality		6521-A	Province 6521-A		
13. SSS NO.	NA		19. TELEPHONE NO.		NONE					
14. TIN NO.	106-014-762		20. MOBILE NO.		09268000972					
15. AGENCY EMPLOYEE NO.	4000611		21. E-MAIL ADDRESS (if any)		bertgumba@yahoo.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		GUMBA	MANE EXTENSION UP ON	23. NAME of Ch	Company of the second	Market Company	f list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	L	JCIA	NAME EXTENSION (JR., SR)			GUMBA		5/4	V1991	
MIDDLE NAME	CALIPAYAN			JASON C. GUMBA		776		5/1992		
OCCUPATION	HOUSEKEEPE		R	JENEBETH C. GL		H C. GUM	BA	12/3	30/1995	
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A									
TELEPHONE NO.		N/A				-Million Committee Committ				
24. FATHER'S SURNAME		GUMBA	les							
FIRST NAME	ZOSIMO (DECEASED)) ^{SR}			•				
MIDDLE NAME										
25. MOTHER'S MAIDEN NAME										
SURNAME	MORENO									
FIRST NAME		SOFIA (DECEASE	ED)							
MIDDLE NAME	POLING	LEONES	**************************************		(Co	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKG	ROUND								SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		LEMOS OF THE PRINCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
					From	То	(ir not graduated)		RECEIVED	
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		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 nece	ssary)						
SIGNATURE	June				DA	TE	1-9-	2019		

CAREER		0 (BOARD/ BAR) UNDER	RATING	DATE OF	PI AGE OF THE PARTY OF THE PART	00NEE2: =		LICENSE (if a	
BARA	SPECIAL LAWS	7 / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION /	CONFERMENT	200	NUMBER	Date o Validii
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WORKE	XPERIENCE		(Continu	e on separate sheet it	necessary)				
		t. Start from your rece	nt work) Desc	ription of duties s	should be indicated in the	attached V		Experience she	eet.
(mr	SIVE DATES n/dd/yyyy)	POSITION TIT			GENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	SA LA RY / JO	STATUS OF APPOINTMENT	GOV" SERVIO
1/1/2017	To PRESENT	LABORATORY TECH	INICIAN 1	National Abaca Re	esearch Center-Visayas State	629.59/day	B/ 6	Casual	Yes
1/1/2016	12/31/2016	LABORATORY TECH		at with high	University eseach Center -Visayas State	608.09/day	6	Casual	Yes
	0.406	TO THE RESERVE OF THE PERSON O		National Abaca Re	University	Single	6		111111111111111111111111111111111111111
1/1/2012	12/31/2015	LABORATORY TECH		National Abaca Re	University eseach Center -Visayas State	587.32/day	H	Casual	Yes
1/1/2000	12/31/2011	LABORATORY TECH	INICIAN 1		University	545.09/day	6	Casual	Yes
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			(Continu	ue on separate sheet i	f necessary)		Ы		
SIGNA	ATURE	fpm			DATE	1-	9	- 2019	

29. NAME & ADDRESS OF ORGANIZAT	(mm/dd/yyyy)		NUMBER OF HOURS	100000000000000000000000000000000000000	POSITION / NATURE OF WORK		
		From	То				
If YES, give details:							
III LEADNING AND DEVELOPMENT (LAD)	(Continue on se	AND RESIDENCE PROPERTY.	Name and Address of the Owner, where the Owner, which is th				
II. LEARNING AND DEVELOPMENT (L&D) is tart from the most recent L&D/training program and include						Chief/Executive/Managerial positions)	
	The state of the s	INCLUSIVE		1.16	Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TR/ PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
THOUSE SEED ON A COMME	in raily	From	To		Technical/etc)	(WITE IT IUII)	
AINING ON THE PRODUCTION OF ABACA FIBER, YARN, TO CODUCTS	WINE AND ITS DERIVED	4/14/2016	4/15/2016	16	Technical	National Abaca Research Center, Visayas State Univeristy/PHILFIDA	
ILLS 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			1/29/2015	ort 24 yne	Technical S	Department ofg Trade Industry and Department of Agriculture (DTI & DA)	
ILLS TRAINING ON ABACA FIBER MAKING CHRISTMAS DE		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			4/26/2014	24	Technical	Fiber Industry Development Authority (FIDA and Department of Agriculture (DA)	
If YES, give defails (country):							
Kills TPAINING ON allowed waste while	30 tion AND	7-30-2018	8-3-2018	40	Tecknical	Tukod project canada	
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III. OTHER INFORMATION						•	
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RE (Write in full)			RECOGNIT	ION -	MEMBERS HIP IN 33. ASSOCIAT ION/ORGA NIZATION	
ANDICRAFTS: WEAVING	DISTRIBUTION OF CERTIFICATE				sec evic.	BFGA FOR LIVELIHOOD	
ESIGNING BAGS	DISTRIBUTION OF CERTIFICATE					BFGA FOR LIVELIHOOD	
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34.	Are you related by consanguinity or affinity to the appearing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,		☐ YES ☑ NO				
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	☐ YES ☐ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, 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 ele Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):					
a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☐ NO If YES, please specify: ☐ YES ☐ NO If YES, please specify ID No: ☐ YES ☐ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)	and the second s				
	NAME	ADDRESS	TEL. NO.				
	BEN M. GAPASIN	VSU-CAMPUS, BAYBAY CITY, LEYTE	9176336571				
	LICIANO G. SINON	VSU-CAMPUS, BAYBAY CITY, LEYTE	653-7598				
100	Z O. MORENO	VSU-CAMPUS, BAYBAY CITY, LEYTE	653-7598				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this documents administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.				
P	Government Issued ID (i.e.Passport, GSIs, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Revernment Issued ID: V000611	Mmm	TICK SERVICE OF THE S				
-	0/License/Passport No.: H12-14-001798						
-	ate/Place of Issuance: 8/28/2017 - BAYBAY CITY	ox) Right Thumbmark					
-		Date Accomplished					
months of the second	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.				
		Person Administering Oat	h				