

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                    | DE PADUA  |   |  |
| FIRST NAME                    | ELDON   | NAME EXTENSION (JR., SR)                                    |  |
| MIDDLE NAME                   | PAREÑAS   |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 9/18/1994   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 4. PLACE OF BIRTH             | SURALLAH, SOUTH COTABATO  | 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: |   |  |
| 7. HEIGHT (m)                 | 1.63  | 17. RESIDENTIAL ADDRESS                                     | Eucalyptus St.   |
| 8. WEIGHT (kg)                | 65  | ZIP CODE  | House/Block/Lot No. Street   |
| 9. BLOOD TYPE                 | O   |   | Libertad   |
| 10. GSIS ID NO.               | 2005073260  |   | Subdivision/Village Barangay   |
| 11. PAG-IBIG ID NO.           | 121206526984  |   | Surallah South Cotabato  |
| 12. PHILHEALTH NO.            | 13-025429656-3  |   | City/Municipality Province   |
| 13. SSS NO.                   |   | 18. PERMANENT ADDRESS                                       | 9512   |
| 14. TIN NO.                   | 332 656 499   | ZIP CODE  | House/Block/Lot No. Street   |
| 15. AGENCY EMPLOYEE NO.       |   |   | Pangasugan   |
|                               |   |   | Subdivision/Village Barangay   |
|                               |   |   | Baybay City Leyte  |
|                               |   |   | City/Municipality Province   |
|                               |   | 19. TELEPHONE NO.   | 6521   |
|                               |   | 20. MOBILE NO.  | NA   |
|                               |   | 21. E-MAIL ADDRESS (if any)                                 | 09159675079/09073659646  |
|                               |   |   | eldondepadua18@gmail.com   |

II. FAMILY BACKGROUND

|   |            |                          |   |                            |
|---|------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME                      | N/A        |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME                                |            | NAME EXTENSION (JR., SR) | N/A   |                            |
| MIDDLE NAME                               |            |                          |   |                            |
| OCCUPATION                                |            |                          |   |                            |
| EMPLOYER/BUSINESS NAME                    |            |                          |   |                            |
| BUSINESS ADDRESS                          |            |                          |   |                            |
| TELEPHONE NO.                             |            |                          |   |                            |
| 24. FATHER'S SURNAME                      | DE PADUA   |                          |   |                            |
| FIRST NAME                                | ELIZAR     | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME                               | RAMPING    |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME                  |            |                          |   |                            |
| SURNAME                                   | PAREÑAS    |                          |   |                            |
| FIRST NAME                                | DOVENA     |                          |   |                            |
| MIDDLE NAME                               | TONOGBANUA |                          |   |                            |
| (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                | Surallah Central Elementary School                        | NA   | 2001                 | 2007 | NA   | 2007           | None                                  |
| SECONDARY                 | Libertad National High School                             | NA   | 2007                 | 2011 | NA   | 2011           | 2nd Honorable Mention                 |
| VOCATIONAL / TRADE COURSE | None  |  |                      |      |  |                |                                       |
| COLLEGE                   | Mindanao State University - General Santos City (MSU-GSC) | BS in Agricultural Engineering                           | 2011                 | 2016 | NA   | 2016           | University Scholar                    |
| GRADUATE STUDIES          | University of the Philippines Los Baños                   | MS in Agricultural Engineering ( Farm Power & Machinery) | 2017                 | 2020 | NA   | 2020           | Ched K-12                             |

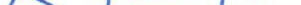
|   |              |
|---|--------------|
| (Continue on separate sheet if necessary) |              |
| SIGNATURE                                 | DATE         |
|   | July 2, 2020 |



[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 | July 2, 2020 |
|-----------|---|------|--------------|



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

| 29.  | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|------|---|---------------------------------|----|-----------------|---------------------------|
|      |   | From                            | To |                 |                           |
| None |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |
|      |   |                                 |    |                 |                           |

(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)

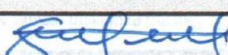
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS<br>(Write in full) | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy) |                | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                |
|-----|--|---|----------------|-----------------|---|---|
|     |  | From  | To             |                 |   |   |
|     | 15th International Agricultural and Biosystems Engineering Conference and Exhibition | 4/22/2018                                     | 4/28/2018      | 56              | Technical   | Philippine Society of Agricultural Engineers              |
|     | 14th International Agricultural and Biosystems Engineering Conference and Exhibition | 4/23/2017                                     | 4/29/2017      | 56              | Technical   | Philippine Society of Agricultural Engineers              |
|     | Communication Skill Seminar and Workshop   | 04 / 20 / 2016                                | 04 / 20 / 2016 | 4               | Supervisory   | AE 196 class, Dept. of Agricultural Engineering, MSU-GSC  |
|     | Personality Development Seminar and Workshop   | 04 / 20 / 2016                                | 04 / 20 / 2016 | 4               | Supervisory   | AE 196 class, Dept. of Agricultural Engineering, MSU-GSC  |
|     | Halal Science and Technology Dialogue: Standards and Certification                   | 02 / 18 / 2016                                | 02 / 18 / 2016 | 8               | Supervisory   | Department of Science and Technology Region 12 (DOST-XII) |
|     | Youth Science and Technology Assembly  | 02 / 17 / 2016                                | 02 / 17 / 2016 | 8               | Technical   | Department of Science and Technology Region 12 (DOST-XII) |
|     | Symposium on Strengthening Regions Resilience to the Impacts of Climate Change       | 02 / 16 / 2016                                | 02 / 16 / 2016 | 8               | Technical   | Department of Science and Technology Region 12 (DOST-XII) |
|     | GENSAR Young Leaders Convergence 2015  | 08 / 22 / 2015                                | 08 / 22 / 2015 | 8               | Supervisory   | MSU-GSC, Supreme Student Council                          |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |
|     |  |   |                |                 |   |   |

(Continue on separate sheet if necessary)







# VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES                                      | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full)   |
|-----|---|-----|--|-----|---|
|     | News writing  |     | None   |     | Philippine Society of Agricultural and Biosystems Engineers |
|     | Feature Writing   |     |  |     |   |
|     | Computer Literate (MS Word, Powerpoint, Excel, Access, AutoCAD) |     |  |     |   |
|     | Badminton   |     |  |     |   |
|     | Table Tennis  |     |  |     |   |
|     | Volleyball  |     |  |     |   |
|     |   |     |  |     |   |
|     |   |     |  |     |   |

(Continue on separate sheet if necessary)

|           |   |      |              |
|-----------|---|------|--------------|
| SIGNATURE |  | DATE | 02 July 2020 |
|-----------|---|------|--------------|



| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, give details: _____   |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
|--|--|---|---------------------------------|--|---|--|---------------------------------|-----------------------------|-------------------|-------------|----------------------------|-------------------|-------------|
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br>Date Filed: _____<br>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<br>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<br>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)?<br><br>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<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>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<br>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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>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. Edward R. Lapong</td><td>General Santos City</td><td>09256771976</td></tr><tr><td>Dr. Rossana Marie C. Amongo</td><td>Los Baños, Laguna</td><td>09175190658</td></tr><tr><td>Dr. Delfin C. Suministrado</td><td>Los Baños, Laguna</td><td>09176960082</td></tr></tbody></table>  |  | NAME  | ADDRESS                         | TEL. NO.   | Dr. Edward R. Lapong  | General Santos City  | 09256771976                     | Dr. Rossana Marie C. Amongo | Los Baños, Laguna | 09175190658 | Dr. Delfin C. Suministrado | Los Baños, Laguna | 09176960082 |
| NAME   | ADDRESS  | TEL. NO.  |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Dr. Edward R. Lapong   | General Santos City  | 09256771976   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Dr. Rossana Marie C. Amongo  | Los Baños, Laguna  | 09175190658   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Dr. Delfin C. Suministrado   | Los Baños, Laguna  | 09176960082   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| 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.)<br/>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: VSU ID</td></tr><tr><td>ID/License/Passport No.: V00930</td></tr><tr><td>Date/Place of Issuance: 09/06/2016/ Visayas State University</td></tr></table>  | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance   | Government Issued ID: VSU ID  | ID/License/Passport No.: V00930 | Date/Place of Issuance: 09/06/2016/ Visayas State University | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>02 JULY 2020</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | 02 JULY 2020                | Date Accomplished |             |                            |                   |             |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Government Issued ID: VSU ID   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| ID/License/Passport No.: V00930  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Date/Place of Issuance: 09/06/2016/ Visayas State University   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
|    |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Signature (Sign inside the box)  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| 02 JULY 2020   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Date Accomplished  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| <table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>  |  |  | Right Thumbmark                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
|   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Right Thumbmark  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| SUBSCRIBED AND SWORN to before me this 03 AUG 2020, affiant exhibiting his/her validly issued government ID as indicated above.  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| <table><tr><td>ATTY. RYBAN C. GUINOCOR<br/>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>  |  | ATTY. RYBAN C. GUINOCOR<br>VSU LEGAL OFFICER  | Person Administering Oath       |  |   |  |                                 |                             |                   |             |                            |                   |             |
| ATTY. RYBAN C. GUINOCOR<br>VSU LEGAL OFFICER   |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |
| Person Administering Oath  |  |   |                                 |  |   |  |                                 |                             |                   |             |                            |                   |             |



## WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

- Duration: September 06, 2016 - Present
- Position: Instructor I
- Name of Office/Unit: Department of Agricultural and Biosystems Engineering -Visayas State University
- Immediate Supervisor: Dr. Rpberto C. Guarte
- Name of Agency/Organization and Location: Department of Agricultural and Biosystems Engineering -Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Produced Instructional Materials for major subjects (Lecture and Laboratory Manuals)
  - Conducted Research and Extension Projects
  - Conducted classes, quizzes, long exams, term exams and practical exams
  - Developed and revised course syllabi and made table of specifications
  - Conducted support services to the university
- Summary of Actual Duties
  - Responsible for imparting knowledge to students; motivates students to learn by giving examinations, quizzes, and projects; conducts research study and extend services in nearby communities. Performs other related functions.

  
ELDON P. DE PADUA

(Signature over Printed Name  
of Employee/Applicant)

Date: 02 JULY 2020