

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	VALDEVIESO		
FIRST NAME	GELBERTO	N/A	
MIDDLE NAME	POLIQUIT		
3. DATE OF BIRTH (mm/dd/yyyy)	11/18/1974	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, 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	PUROK 2
7. HEIGHT (m)	16.2m	House/Block/Lot No.	Street
8. WEIGHT (kg)	74 kg	Subdivision/Village	GABAS
9. BLOOD TYPE	A+	BAYBAY	LEYTE
10. GSIS ID NO.	2004131969	City/Municipality	Province
11. PAG-IBIG ID NO.	1211-0077-0393		
12. PHILHEALTH NO.	19-052299237-6	ZIP CODE	6521
13. SSS NO.	33-1801902-3	18. PERMANENT ADDRESS	PUROK 2
14. TIN NO.	230-727-870-000	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	VOO719	Subdivision/Village	GABAS
		BAYBAY	LEYTE
		City/Municipality	Province
		ZIP CODE	6521
		19. TELEPHONE NO.	(053)-563-1286
		20. MOBILE NO.	(0975)-343-9655
		21. E-MAIL ADDRESS (if any)	gelberto.valdevieso@vsu.edu.ph

II. FAMILY BACKGROUND

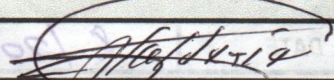
22. SPOUSE'S SURNAME	VALDEVIESO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LEILANI	N/A	ABIJAH GIL MAZO VALDEVIESO	09/27/2000
MIDDLE NAME	MAZO		ABIGAIL MAZO VALDEVIESO	08/06/2005
OCCUPATION			JAEL MAZO VALDEVIESO	11/03/2006
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY (VSU)		DOM ROBERT MAZO VALDEVIESO	08/20/2014
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	VALDEVIESO			
FIRST NAME	ROBERTO	SR		
MIDDLE NAME	TATOY			
25. MOTHER'S MAIDEN NAME				
SURNAME	POLIQUIT			
FIRST NAME	JEVINA			
MIDDLE NAME	MADERA			

(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 COMMUNITY SCHOOL	ELEMENTARY	06/06/1981	03/06/1987	GRADUATED	1986	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	06/06/1988	03/03/1993	GRADUATED	1993	NONE
VOCATIONAL / TRADE COURSE	TESDA	PWS-TESDA CERTIFICATE NO.061316038395	N/A	N/A	PASSED	2006	NONE
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/20/19
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[illegible][illegible]

SIGNATURE		DATE	8 / 20 / 15
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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

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COOKING	NONE	NONE
CARPENTRY		
TROUBLESHOOTING		

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	8/20/19
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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)		
NAME	ADDRESS	TEL. NO.
DR. PASTOR P.GARCIA	VISCA, BAYBAY CITY, LEYTE	9395906956
DR. LOURDES B. CANO	SAN ISIDRO, BAYBAY CITY, LEYTE	9176341502
MR. JUANITO F. POLIQUIT	PATAG, BAYBAY CITY, LEYTE	9772167205

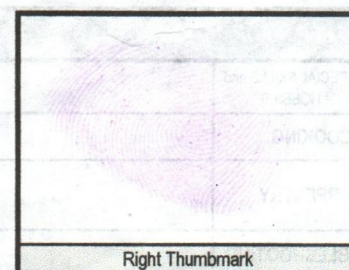
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: DRIVER'S LICENSE
ID/License/Passport No.: N01-99-240997
Date/Place of Issuance: 11/18/2017 LTO, BAYBAY, LEYTE

Signature (Sign inside the box)
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

02 SEP 2019

, affiant exhibiting his/her validly issued government ID as indicated above.

