

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	GUMBA		
FIRST NAME	BERTULFO		
MIDDLE NAME	MORENO		NAME EXTENSION (JR., SR) N/A
3. DATE OF BIRTH (mm/dd/yyyy)	9/2/1960	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	CARIDAD, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	1327 PUROK 2, CAIMITO House/Block/Lot No. Street CALIPAYAN GUADALUPE Subdivision/Village Tab-ang Baybay City Leyte City/Municipality Province
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	ZIP CODE	6521-A
7. HEIGHT (m)	1.58	18. PERMANENT ADDRESS	1327 House/Block/Lot No. GUADALUPE CALIPAYAN Tab-ang Subdivision/Village Baybay City Leyte City/Municipality Province
8. WEIGHT (kg)	52.2	ZIP CODE	6521-A
9. BLOOD TYPE	*O*	19. TELEPHONE NO.	NONE
10. GSIS ID NO.	B0052BM6011	20. MOBILE NO.	09268000972
11. PAG-IBIG ID NO.	1700-0035-1363	21. E-MAIL ADDRESS (if any)	bertgumba@yahoo.com
12. PHILHEALTH NO.	13-000015624-8		
13. SSS NO.	NA		
14. TIN NO.	106-014-762		
15. AGENCY EMPLOYEE NO.	V000611		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GUMBA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LUCIA	NAME EXTENSION (JR., SR) N/A	JAY C. GUMBA	5/4/1991
MIDDLE NAME	CALIPAYAN		JASON C. GUMBA	7/5/1992
OCCUPATION	HOUSEKEEPER		JENEBETH C. GUMBA	12/30/1995
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GUMBA			
FIRST NAME	ZOSIMO (DECEASED)	SR		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	MORENO			
SURNAME	SOFIA (DECEASED)			
FIRST NAME	LEONES			
MIDDLE NAME				

(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	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
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 necessary)

SIGNATURE

DATE

5-30-23

IV. CIVIL SERVICE ELIGIBILITY

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
	N.A.					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE	
1. Name of Employer	
2. Address	
3. City	
4. State	
5. Zip	
6. Dates Employed (Month/Year)	
7. Position Held	
8. Description of Duties and Responsibilities	
9. Supervisor's Name	
10. Supervisor's Title	
11. Supervisor's Phone Number	
12. Supervisor's Email Address	
13. Supervisor's Fax Number	
14. Supervisor's Signature	
15. Supervisor's Title	
16. Supervisor's Phone Number	
17. Supervisor's Email Address	
18. Supervisor's Fax Number	
19. Supervisor's Signature	
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155. Supervisor's Title	
156. Supervisor's Phone Number	
157. Supervisor's Email Address	
158. Supervisor's Fax Number	
159. Supervisor's Signature	
160. Supervisor's Title	
161. Supervisor's Phone Number	
162. Supervisor's Email Address	
163. Supervisor's Fax Number	

(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 

DATE _____

5-30-23

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		

(Continue on separate sheet if necessary)

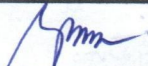
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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)

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

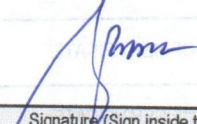
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
HANDICRAFTS: WEAVING	DISTRIBUTION OF CERTIFICATE	BFGA FOR LIVELIHOOD
DESIGNING BAGS	DISTRIBUTION OF CERTIFICATE	BFGA FOR LIVELIHOOD
LAMINATION	DISTRIBUTION OF CERTIFICATE	BFGA FOR LIVELIHOOD
SIGNATURE		DATE 5-30-23

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 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 checked="" type="checkbox"/> NO If YES, please specify ID No: <u>082708000-011W</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)		
NAME	ADDRESS	TEL. NO.
RUBEN M. GAPASIN	VSU-CAMPUS, BAYBAY CITY, LEYTE	9176336571
FELICIANO G. SINON	VSU-CAMPUS, BAYBAY CITY, LEYTE	653-7598
LUZ O. MORENO	VSU-CAMPUS, BAYBAY CITY, LEYTE	653-7598

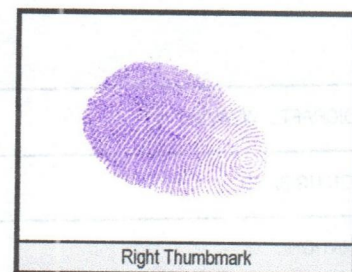
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate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

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: V000611
ID/License/Passport No.: H12-14-001798
Date/Place of Issuance: 8/28/2017 - BAYBAY CITY


Signature (Sign inside the box)
<u>7-30-23</u>
Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 24 JUL 2023, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer
Person Administering Oath