

PERSONAL DATA SHEET

736

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	GUMAOD		
FIRST NAME	SOLIVER	NAME EXTENSION (JR, SR)	
MIDDLE NAME	BANAYAG		
3. DATE OF BIRTH (mm/dd/yyyy)	8/22/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apartment I Kilbourne House/Block/Lot No. Street Visca Campus Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.23 m	ZIP CODE	6521
8. WEIGHT (kg)	65 kg		
9. BLOOD TYPE	Type "A"	18. PERMANENT ADDRESS	House/Block/Lot No. Street Sabang Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	918171899293		
12. PHILHEALTH NO.	07-025424015-8	19. TELEPHONE NO.	NA
13. SSS NO.	06-2588862-3	20. MOBILE NO.	0936-841-3196
14. TIN NO	939-652-408	21. E-MAIL ADDRESS (if any)	soliver4u2@yahoo.com.ph
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR, SR)		
MIDDLE NAME			NA	NA
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME				
FIRST NAME	GUMAOD (DECEASED)	JR		
MIDDLE NAME	CELSO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANAYAG			
FIRST NAME	FELINA			
MIDDLE NAME	LLANO		(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	Visca Foundation Elementary School		1992	1997		1997	
SECONDARY	LSU LABORATORY HIGH SCHOOL		1998	2002		2002	
VOCATIONAL / TRADE COURSE	DUALTECH LEARNING CENTER	ELECTROMECHANICS TECHNOLOGY	2003	2005		2005	
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Nov. 26 2020
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**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	Nov. 26 2020
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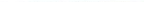
[illegible]

**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**  
(Start with 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]





VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving		
Electrician	NA	NA
Fire Brigade		

SIGNATURE		DATE	NOV. 24 2020
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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>MARLON G. BURLAS</td><td>GSD, VSU, Baybay City</td><td>9173641520</td></tr><tr><td>ELWIN JAY V. YU, M.D.</td><td>VSU, Visca, Baybay City</td><td>9334724381</td></tr><tr><td>TEODORA DORIS P. BRAGANZA</td><td>VSU, Visca, Baybay City</td><td>9336647028</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	MARLON G. BURLAS	GSD, VSU, Baybay City	9173641520	ELWIN JAY V. YU, M.D.	VSU, Visca, Baybay City	9334724381	TEODORA DORIS P. BRAGANZA	VSU, Visca, Baybay City	9336647028
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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.		<div> PHOTO</div> <div> Right Thumbmark</div>												
<div>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.: H03-05-001861 Date/Place of Issuance: Baybay, City Leyte</div>	<div> Signature (Sign inside the box) 11-24-20 Date Accomplished</div>													
SUBSCRIBED AND SWORN to before me this 12/1/20, affiant exhibiting his/her validly issued government ID as indicated above.														
<div> Person Administering Oath</div>														