

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 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	GOFREDO		
FIRST NAME	TEOFILO		NAME EXTENSION (JR., SR)
MIDDLE NAME	CANETE		
3. DATE OF BIRTH (mm/dd/yyyy)	12/1/1968	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5'5m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	70 kls		HIBUNAWAN
9. BLOOD TYPE	"O"		Subdivision/Village Barangay
10. GSIS ID NO.	BP NO. 2001715885		BAYBAY LEYTE
11. PAG-IBIG ID NO.	RTN# 1210900871		City/Municipality Province
12. PHILHEALTH NO.	13-000016646-5	6521	
13. SSS NO.	33-4241302-2	18. PERMANENT ADDRESS	
14. TIN NO.	116-624-677	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V00813		HIBUNAWAN
			Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		6521	
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09261730619
		21. E-MAIL ADDRESS (if any)	yolep03@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GOFREDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEAN	NAME EXTENSION (JR., SR)	GOFREDO, MA. THERESA OCON	01/22/1999
MIDDLE NAME	DAGATAN			
OCCUPATION	BARANGAY HEALTH WORKER (BHW)			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GOFREDO			
FIRST NAME	SATURNINO (DECEASED)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CALUNGSOD			
25. MOTHER'S MAIDEN NAME	ESTOPA			
SURNAME	GOFREDO			
FIRST NAME	CALIXTRA			
MIDDLE NAME	CANETE			

(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	HIBUNAWAN ELEM. SCHOLL		1974	1980		1980	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		1981	1984		1984	
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	JUNIOR SECRETARIAL	1984	1986		1986	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06-22-18
-----------	---	------	----------

[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	06-22-18
-----------	---	------	----------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC OR GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

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

[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)
COMPUTER LITERATE/DRIVING		LSU Administrative Personnel Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06-22-18
-----------	---	------	----------

