

[illegible]

I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

24. COMMUNITY TAX CERTIFICATE NO. 927405 ISSUED AT: Baybay City ISSUED ON (mm/dd/yy): 01/15/2022  
SIGNATURE: [Signature] DATE ACCOMPLISHED: (mm/dd/yyyy) 12/01/2022

Revised 1015

## VI. SPECIAL SKILLS

| 22. SPECIAL SKILLS<br>(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.) | Proficiency (Please check) |         |      | REMARKS |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|---------|------|---------|
|                                                                                                                     | Highly Skilled             | Average | Fair |         |
| WELDING                                                                                                             | /                          |         |      |         |
| PLUMBING                                                                                                            |                            | /       |      |         |
| COMPUTER                                                                                                            |                            | /       |      |         |
| MACHINING                                                                                                           |                            | /       |      |         |
| CARPENTRY                                                                                                           |                            | /       |      |         |
| DRIVING                                                                                                             |                            | /       |      |         |
|                                                                                                                     |                            |         |      |         |

## VII. TRAINING PROGRAMS (Start from the most recent training.)

| 23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES<br>(Write in full) | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy) |              | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY<br>(Write in full) |
|---------------------------------------------------------------------------|-----------------------------------------------|--------------|-----------------|--------------------------------------------|
|                                                                           | From                                          | To           |                 |                                            |
| INSTALLING AND CONFIGURING COMPUTER SYSTEM                                | 08 / 15 / 21                                  | 08 / 15 / 21 | 8               | TESDA ONLINE PROGRAM                       |
| MAINTAINING COMPUTER SYSTEM AND NETWORKS                                  | 08 / 15 / 21                                  | 08 / 15 / 21 | 8               | TESDA ONLINE PROGRAM                       |
| SETTING UP COMPUTER SERVERS                                               | 08 / 15 / 21                                  | 08 / 15 / 21 | 8               | TESDA ONLINE PROGRAM                       |
| INTRODUCTION OF COMPUTER SYTEM SERVICES                                   | 08 / 15 / 21                                  | 08 / 15 / 21 | 8               | TESDA ONLINE PROGRAM                       |

24. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?

☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

| NAME            | ADDRESS                 | TEL. NO.   |
|-----------------|-------------------------|------------|
| JUNDY R. CASTIL | VSU, BAYBAY CITY        |            |
| ALAN GUARTE     | STA.CRUIZ BAYBAY CITY   | 9264808413 |
| MILA BALAN      | SAN AGUSTIN BAYBAY CITY | 9094496137 |

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.



PHOTO

533 27052

COMMUNITY TAX CERTIFICATE NO.

BAYBAY CITY

ISSUED AT

07 / 15 / 2022

ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)

11/29/2022

DATE ACCOMPLISHED



RIGHT THUMBMARK  
(REQUIRED)

IV. CIVIL SERVICE ELIGIBILITY

| 29. CAREER SERVICE/ RA 1080 (BOARD/ BAR)<br>UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC | RATING | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) |                    |
|--------------------------------------------------------------------------------------|--------|----------------------------------------|-----------------------------------|-------------------------|--------------------|
|                                                                                      |        |                                        |                                   | NUMBER                  | DATE OF<br>RELEASE |
|                                                                                      |        |                                        |                                   |                         |                    |
|                                                                                      |        |                                        |                                   |                         |                    |
|                                                                                      |        |                                        |                                   |                         |                    |
|                                                                                      |        |                                        |                                   |                         |                    |
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## VI. SPECIAL SKILLS

| 31. | SPECIAL SKILLS<br>(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.) | Proficiency    |         |      |
|-----|-----------------------------------------------------------------------------------------------------------------|----------------|---------|------|
|     |                                                                                                                 | Highly Skilled | Average | Fair |
|     | WELDING                                                                                                         | /              |         |      |
|     | PLUMBING                                                                                                        |                | /       |      |
|     | COMPUTER                                                                                                        |                | /       |      |
|     | MACHINING                                                                                                       |                | /       |      |
|     | CARPENTRY                                                                                                       |                | /       |      |

(Continue on separate sheet if necessary)

**VII. TRAINING PROGRAMS** (Start from the most recent training.)

| 32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) |              | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY (Write in full) |
|------------------------------------------------------------------------|--------------------------------------------|--------------|-----------------|-----------------------------------------|
|                                                                        | From                                       | To           |                 |                                         |
| INSTALLING AND CONFIGURING COMPUTER SYSTEM                             | 08 / 15 / 21                               | 08 / 15 / 21 | 8               | TESDA ONLINE PROGRAM                    |
| MAINTAINING COMPUTER SYSTEM AND NETWORKS                               | 08 / 17 / 21                               | 08 / 17 / 21 | 8               | TESDA ONLINE PROGRAM                    |

(Continue on separate sheet if necessary)

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?</p> | <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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