extra copy

VISAYAS STATE UNIVERSITY
PERSONAL DATA SHEET
For Job Order Workers

Print legibly. Mark appropriate boxes ☐ with " ☑ " and use separate sheet if necessary.

1. SURNAME	L E S I D A N		
FIRST NAME	E M M A N U E L		
MIDDLE NAME	P A D E R E S	2. NAME EXTENSION (e.g. Jr., Sr.)	N/A
3. DATE OF BIRTH (mm/dd/yyyy)	12/08/1984	11. PRESENT ADDRESS	858/ PUROK SUNFLOWER BRGY. MARCOS BAYBAY CITY, LEYTE
4. PLACE OF BIRTH	Baybay LeytE		
5. SEX	☑ Male ☐ Female		
6. CIVIL STATUS	☐ Single ☐ Widowed ☑ Married ☐ Separated ☐ Annulled ☐ Others, specify _____	12. ZIP CODE	6521-A
		13. TEL. NO./CEL. NO.	+639090368134
		14. PHILHEALTH NO.	01-050638199-7
7. CITIZENSHIP	FILIPINO / 9. WEIGHT (kg): 63	15. TIN	306-183-806-000
8. HEIGHT (m)	1.68 / 10. BLOOD TYPE: AB+	16. PAG-IBIG ID NO.	121099788839

17. SPOUSE'S SURNAME	LESIDAN	18. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JHEMYR ANN	CEDRIX ANDERSEN A. LESIDAN	01/27/2014
MIDDLE NAME	ABABAT		

19. HIGHEST EDUCATIONAL ATTAINMENT *(Please check and underline the specific)*	[ ] Elementary (Grade _____ / Graduated) [ ] High School (1st, 2nd, 3rd, 4th,Graduated) [/]College (1st, 2nd, 3rd, 4th, Graduated) Degree:

20. CAREER SERVICE ELIGIBILITY ☐ Professional ☐ Sub-Professional ☐ Others, Specify: _____

21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy) From	To	POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)	SALARY (Daily or Monthly)	STATUS OF APPOINTMENT (Perm/Temp/ Job Order)	GOVT SERVICE (Yes / No)
03/15/2018	06/30/2022	LABORATORY TECHNICIAN	DEPARTMENT OF MECHANICAL ENGINEERING	DAILY	JOB ORDER	YES
01/05/2016	03/10/2018	WELDER FABRICATOR/TECHNICIAN	NATIONAL ABACA RESEARCH CENTER	DAILY	JOB ORDER	YES
03/10/2011	09/30/2016	WELDER FOREMAN/SUPERVISOR	SALIM M. ALJOAIB	MOTHLY	TEMP	NO
05/01/2008	12/20/2010	WELDER FABRICATOR	IR CHEMICALS	MOTHLY	JOB ORDER	NO

22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check) Highly Skilled	Average	Fair	REMARKS
Computer skills		/		
Typing		/		

23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
INSTALLING AND CONFIGURING COMPUTER SYSTEM	8/15/2021	08/15/2021	8	TESDA ONLINE PROGRAM
MAINTAINING COMPUTER SYSTEM AND NETWORKS	08/17/2021	08/17/2021	8	TESDA ONLINE PROGRAM
SETTING UP COMPUTER SERVERS	08/20/2021	08/20/2021	8	TESDA ONLINE PROGRAM
INTRODUCTION OF COMPUTER SYTEM SERVICES	08/25/2021	08/25/2021	8	TESDA ONLINE PROGRAM
MACHINING NCII	03/25/2018	03/15/2018	8	TESDA

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 [illegible] ISSUED AT: Baybay City ISSUED ON (mm/dd/yy): 01/15/2022

SIGNATURE : _____ DATE ACCOMPLISHED: (mm/dd/yyyy) 12/01/2022

VI. SPECIAL SKILLS

22. SPECIAL SKILLS (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 (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 / 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.CRUZ BAYBAY CITY	9264808413
MILA BALAN	SAN AGUSTIN BAYBAY CITY	909449613 7

PHOTO

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.

533 2.7052 COMMUNITY TAX CERTIFICATE NO.		
BAYBAY CITY ISSUED AT	SIGNATURE (Sign inside the box)	
01 / 15 / 2022 ISSUED ON (mm/dd/yyyy)	11/29/2022 DATE ACCOMPLISHED	

RIGHT THUMBMARK (REQUIRED)

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IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE

(Continue on separate sheet if necessary)

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(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS

31. SPECIAL SKILLS (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)

36. 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, Bureau or Department where you will be appointed?	☐ YES ☑ NO If YES, give details: _____ _____	

(Continue on separate sheet if necessary)