

# 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 ( ) ☐ 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	GOGO		
FIRST NAME	GIRLINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PASCUAL		
3. DATE OF BIRTH (mm/dd/yyyy)	04/03/1974	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 CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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)	1.7	ZIP CODE	House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	67		
9. BLOOD TYPE	"O"		
10. GSIS ID NO.	2005452247		
11. PAG-IBIG ID NO.	121208741742		
12. PHILHEALTH NO.	13-000125963-7	18. PERMANENT ADDRESS	House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
13. SSS NO.	N/A	19. TELEPHONE NO.	053 563 7345
14. TIN NO.	936-201-794	20. MOBILE NO.	0919 0830387
15. AGENCY EMPLOYEE NO.	V01079	21. E-MAIL ADDRESS (if any)	girlina.gogo@vsu.edu.ph

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GOGO	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROBERTO	NAME EXTENSION (JR., SR)	GERALD GOGO 05/17/1994
MIDDLE NAME	OUANO		KATHLEEN GOGO 10/05/1997
OCCUPATION	RETIRED		SHANELLE GOGO 07/18/1999
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	053 563 7345		
24. FATHER'S SURNAME	PASCUAL		
FIRST NAME	NERELITO	SR	
MIDDLE NAME	PLEÑOS		
25. MOTHER'S MAIDEN NAME			
SURNAME	MESURADO		
FIRST NAME	CATALINA		
MIDDLE NAME	ALESNA	(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	BASIC EDUCATION	1981	1987	N/A	1987	FIRST HONORS, BEST IN MATH
SECONDARY	VISCA EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	1987	1991	N/A	1991	SECOND HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN CHEMICAL ENGINEERING	1991	1996	N/A	1996	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION MAJOR IN CHEMISTRY	2016	2019	N/A	2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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#### 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
	NON-PROFESSIONAL DRIVER'S LICENSE			ORMOC CITY	H03-01-036519	03/04/2034
	PRC LICENSE IN CHEMICAL ENGINEERING		1996	CEBU CITY	0021076	03/04/2027

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

*(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)*

<i>(Continue on separate sheet if necessary)</i>				
<b>SIGNATURE</b>		<b>DATE</b>		

**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		
	N/A				

*(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)*

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	WHY SAFETY? NEW PERSPECTIVES	07/20/2020	07/21/2020	8.0	TECHNICAL	PHILIPPINE INSTITUTE OF CHEMICAL ENGINEERS ACADEMY
	ONLINE TRAINING ON DEVELOPING A MOODLE ONLINE CLASSROOM	06/15/2020	06/17/2020	24.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	WEBINAR ON ENHANCING RESILIENCE IN THE WORK PLACE	06/08/2020	06/08/2020	2.0	TECHNICAL	ROTARACT CLUB OF CEBU FUENTE
	VIRTUAL TRAINING ON GOOGLE CLASSROOM AS A LEARNING MANAGEMENT SYSTEM	05/19/2020	05/21/2020	24.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	GOOGLE CLASSROOM WORKSHOP SERIES	12/12/2019	12/13/2019	12.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	INTERNATIONAL SEMINAR WORKSHOP ON SCIENCE TECHNOLOGY AND MATHEMATICS	04/12/2019	04/14/2019	20.0	TECHNICAL	CENTER FOR HUMAN RESEARCH AND DEVELOPMENT FOUNDATION, INC.

*(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)
	TEACHING		N/A		PHILIPPINE INSTITUTE OF CHEMICAL ENGINEERS

*(Continue on separate sheet if necessary)*

SIGNATURE	DATE
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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)?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</div> <div>If YES, give details: _____ <b>END OF CONTRACT</b> _____</div>												
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?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. ELIZABETH S. QUEVEDO</td><td>DoPAC, VSU, BAYBAY CITY, LEYTE</td><td>565 0600</td></tr><tr><td>DR. CHARIS L. RIVERA</td><td>IHK, VSU, BAYBAY CITY, LEYTE</td><td>563 7396</td></tr><tr><td>PROF. JACOB GLENN JANSALIN</td><td>DoPAC, VSU, BAYBAY CITY, LEYTE</td><td>565 0600</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. ELIZABETH S. QUEVEDO	DoPAC, VSU, BAYBAY CITY, LEYTE	565 0600	DR. CHARIS L. RIVERA	IHK, VSU, BAYBAY CITY, LEYTE	563 7396	PROF. JACOB GLENN JANSALIN	DoPAC, VSU, BAYBAY CITY, LEYTE	565 0600
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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.													
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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