## VISAYAS STATE UNIVERSITY

| TUDE | NAL DATA SITELI  |  |
|------|------------------|--|
| For. | ob Order Workers |  |

| Print legibly. Ma  | ark appropriate boxes   | ] with "☑ "aı                                | nd use                  | e separate sheet i    | f necessar | ry.  | 1           | -                |              |   |                            |
|--|---|--|-------------------------|-----------------------|------------|--|-------------|------------------|--------------|---|----------------------------|
| 1. SURNAME   | MIAIN   | A   G   B                                    | A                       | N   A   G             | 1 1        |  |             | 1                | 1 1          | 1 1 1   | 1 1 1 1                    |
| FIRST NAME   | MIAIR   | K I I J I O                                  | H                       | N                     |            | 111  |             |                  | 11           |   |                            |
| MIDDLE NAME  | MIAIR   | AINIGI                                       | U                       | T                     | 11         | 2 NAN  | ME EXTEN    | SION (e.g        | g. Jr., Sr.) |   |                            |
| 3. DATE OF BIRTH   | (mm/dd/yyyy)  | 11/07/1997                                   |                         | 11. PRESENT ADDRES    | SS         |  |             |                  |              |   |                            |
| 4. PLACE OF BIRTH  | BAYB  | AY CITY, LEYTE                               |                         |                       |            |  | PANGA       | SUGAI            | N, BAYB      | AY CITY, LEYT   | E                          |
| 5. SEX   | ☑ Male ☐ Fe   | emale  |                         |                       |            |  |             |                  |              |   |                            |
| 6. CIVIL STATUS  | Ø Single □  | Widowed                                      |                         | 12. ZIP CODE          |            |  |             |                  | 6521         |   |                            |
|  |   | Separated                                    |                         | 13. TEL. NO./CEL. NO. |            |  |             | no               | 97924        |   |                            |
|  | □ Annulled □  | Others, specify                              |                         | 14. PHILHEALTH NO.    |            |  | 1           |                  | 5-0364       |   |                            |
| 7. CITIZENSHIP   | FILIPINO  | 9. WEIGHT (kg)                               | 74                      | 15. TIN               |            |  |             |                  | 25-657-      |   |                            |
| 8. HEIGHT (m)  | 5'6   | 10. BLOOD TYPE                               | 0+                      | 16. PAG-IBIG ID NO.   |            | ))   |             |                  | 2-6871       |   |                            |
| 17. SPOUSE'S SURNAL  |   | o sperio ascilio 6/2001/2000                 |                         |                       | 18. NAME O | OF CHILD (Write t                                | full name a |                  |              | THE RESERVE TO SHARE THE PARTY OF THE PARTY | IRTH (mm/dd/yyyy)          |
| FIRST N  |   | N/A  |                         |                       |            |  | N/A         |                  |              |   | N/A                        |
| MIDDLE   |   | N/A<br>N/A                                   |                         |                       |            |  | N/A         |                  |              |   | N/A                        |
| 19. HIGHEST EDUC   | CATIONAL ATTAINMENT   | [ ] Elementary (Grade                        |                         | / Graduated)          |            |  | N/A         |                  |              |   | N/A                        |
| (Please check and  | d underline the specific)   | [ ] High School (1st, 2r                     | nd, 3rd,                | 4th, Graduated)       |            |  | N/A         |                  |              |   | N/A                        |
|  |   | College (1st, 2nd, 3<br>Degree: Agribusiness | rd, 4th,                | Graduated)            |            |  | N/A         | H                |              |   | N/A                        |
| 20. CAREER SERV  | ICE ELIGIBILITY   | □ Professiona                                | 0                       | Sub-Profession        | al [       | □ Othe   | ers, Sp     | ecify: _         |              |   | e l                        |
| And the state of t | RK EXPERIENCE<br>E DATES (mm/dd/yyyy)   | AND RECEIVED ASSESSED ASSESSED.              | SITION T<br>Vrite in fi |                       | OFFICE / C | MENT / AGENCY<br>OMPANY /PROJE<br>Vrite in full) |             | SAL<br>(Daily or |              | STATUS OF<br>APPOINTMENT<br>(Perm/Temp/<br>Job Order)   | GOVT SERVICE<br>(Yes / No) |
| From   | То  |  |                         |                       |            |  |             |                  |              |   |                            |
| 1/9/2020   | Present   | Ac   | dmin A                  | ide                   | VSU        | JIHS - SHS                                       |             | Mon              | ithly        | JOB   | YES                        |
| 06/02/2015   | 07/25/2015  | 0  | VER A                   | LL                    | 1          | ARTMENT of                                       |             | Mon              | ithly        | SUMMER  | YES                        |
| 22.  | PECIAL SKILLS   |  |                         | Proficiency           |            |  |             |                  |              |   |                            |
| (i.e. compute<br>plumbing, c   | er skills, typing, welding,<br>earpentry, auto mechanic,<br>driving, et. al.) | Highly Skilled                               | ı                       | Average               |            |  | Fair        |                  |              | F   | EMARKS                     |
| COMPUTER SKILLS  | 3   |  |                         |                       | -          |  |             |                  |              | Harry   |                            |
| TYPING   |   |  |                         |                       | -          |  |             |                  |              |   |                            |
| DRIVING  |   |  |                         |                       | -          |  |             |                  |              |   |                            |
| COOKING  |   |  |                         |                       |            |  |             |                  |              |   |                            |
| THE RESERVE OF THE PARTY OF THE | EVANT TRAININGS<br>INAR/WORKSHOP<br>ATTENDED                                  |  | ATES OF                 | ATTENDANCE<br>(yy)    | NUMBER C   | F HOURS  |             | C                |              | D/ SPONSORED BY   |                            |
|  | (Write in full)   | From   |                         | То                    | 7.25       |  |             |                  |              |   |                            |
| Linne  | go ng Kabataan  | 8 / 12 / 2017                                |                         | 8 / 19 / 2017         | 561        | nrs.   |             | G                | ymnasium     | , Baybay City, Leyte  | and the last               |
| Seminar Workshop B   | Barangay Development Planning   | 10 / 23 / 2018                               |                         | 10 / 25 / 2018        | 24 1       | nrs.   |             | IS               | RDS, VSU     | , Baybay City, Leyte  |                            |
|  | on of Proper and Complete Items<br>nical Specification                        | 08 / 28 / 2020                               |                         | 08 / 28 / 2020        | 8 h        | rs.  |             |                  |              | BAC   |                            |
| ISO 90001:2015 Awarene   | ess/Re-awareness  | 11 / 27 / 2020                               |                         | 11 / 27 / 2020        | 8 h        | rs.  |             |                  |              | QAC   |                            |
|  | diopulmonary Resuscitation  | 04 / 21 / 2022                               |                         | 04 / 22 / 2022        | 4 h        | rs.  |             |                  | Departmen    | nt of Health (DOH)  |                            |
|  | egistrars of GASTPE Schools on<br>intary Requirements                         | 08 / 26 / 2022                               |                         | 08 / 26 / 2022        | 4 h        | rs.  |             | Private Ed       | ducation As  | ssistance Committee   | (PEAC)                     |

I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the

| TITLE OF SEMINAR/CONFERENCE/WORK (Write in full)  24. Are you related by consanguinity or affinity to any of the following:  a. Within the third degree with the apport recommending authority, chief of offic or person who has immediate supervioletice, Department/Project where you | sinting authority, ce/bureau/ department rision over you in the            |           | ICLUSIVE I ATTEND (mm/dd.                 | DATES COANCE (Yyyyy) | To               | NUMBER OF<br>HOURS | CONDUCTED/ SPO<br>(Write in fi |              |
|---|--|-----------|---|----------------------|------------------|--------------------|--------------------------------|--------------|
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apportecommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | sinting authority, ce/bureau/ department rision over you in the            |           | From  / / / / / / / / / / / / / / / / / / | DATES CANCE (Yyyyy)  | To               |                    |                                |              |
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apportecommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | sinting authority, ce/bureau/ department rision over you in the            |           | From  / / / / / / / / / / / / / / / / / / | DATES CANCE (Yyyyy)  | To               |                    |                                |              |
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apportecommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | sinting authority, ce/bureau/ department rision over you in the            |           | From  / / / / / / / / / / / / / / / / / / | DATES CANCE (Yyyyy)  | To               |                    |                                |              |
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apportecommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | sinting authority, ce/bureau/ department rision over you in the            |           | From  / / / / / / / / / / / / / / / / / / | DATES CANCE (Yyyyy)  | To               |                    |                                |              |
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| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apportecommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | sinting authority, ce/bureau/ department rision over you in the            |           | ATTEND (mm/dd.                            | ANCE<br>/yyyy)       | To               |                    |                                |              |
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apport recommending authority, chief of offic or person who has immediate superv Office, Department/Project where you   | inting authority,<br>ce/bureau/ department<br>rision over you in the       |           | ATTEND (mm/dd.                            | ANCE<br>/yyyy)       | To               |                    |                                |              |
| Are you related by consanguinity or affinity to any of the following:  Within the third degree with the apport recommending authority, chief of offic or person who has immediate superv. Office, Department/Project where you  | ce/bureau/ department rision over you in the                               |           | /<br>/<br>/<br>/                          |                      |                  |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportection or person who has immediate supervioration. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               |           | !<br>!<br>!                               |                      | /<br>/<br>/<br>/ |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportection or person who has immediate supervioration. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               |           | /<br>/<br>/                               | 1 1                  | /<br>/<br>/      |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportecommending authority, chief of office or person who has immediate superv. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               |           |   | 1 1                  | 1                |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportection or person who has immediate supervioration. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               | 1         |   | 1                    | 1                |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportecommending authority, chief of office or person who has immediate superv. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               | \/        | 1   | 1                    | 1                |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportection or person who has immediate supervioration. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               | \/        | 1   |                      |                  |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportection or person who has immediate supervioration. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               | 1         | 1   | 1 /                  | /                |                    |                                |              |
| affinity to any of the following:  Within the third degree with the apportecommending authority, chief of office or person who has immediate superv. Office, Department/Project where you   | ce/bureau/ department rision over you in the                               |           |   |                      |                  |                    |                                |              |
|   |  | III YES,  | give deta                                 | alls:                |                  | of whinits to      | viiniunnsenoo ve bate          | Are you rela |
|   |  | a give    | 337 JI                                    | 10 1                 |                  |                    |                                |              |
| 5. REFERENCES (Person not related by consangue)   | guinity or affinity to applicant /   | appointe  | ee)                                       | la constantina       |                  |                    |                                |              |
| NAME  | ADDRESS  |           | TEL.                                      | NO.                  |                  |                    |                                |              |
| : Shalom Grace C. Sugano  | Visca Baybay City  | 91226     | 654495                                    |                      |                  |                    |                                |              |
| . Nancy D. Abunda   | Visca Baybay City  | 9484      | 143834                                    |                      |                  |                    | - CELL                         |              |
| Christy M. Desades  | Visca Baybay City  | 9978      | 407423                                    |                      |                  |                    | 100                            |              |
| I declare under oath that this Person is a true, correct and complete stater rules and regulations of the Republic I also authorize the agency head / au contents stated herein. I trust that the   | ment pursuant to the proceed of the Philippines.  uthorized representative | ovisions  | s of per                                  | tinent               | laws,            |                    | РНОТО                          |              |
| OA 447 G 43 COMMUNITY TAX CERTIFICATE NO.   |  | $\bigcap$ |   |                      |                  |                    |                                |              |
| Da ha (j+   | SIGNATINE  | (Sign ins | ide the bo                                | x)                   |                  |                    |                                |              |