VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET



A | U | R | E | | | | | | | | 1. SURNAME N | O | R | E | E | N | | K | A | Y | E | | | FIRST NAME 2. NAME EXTENSION (e.g. Jr., Sr.) N | A | P | O | L | E | S | | | | | | | | | | | | | | | MIDDLE NAME BRGY, GABAS, BAYBAY CITY, LEYTE 11. PRESENT ADDRESS 11/08/1981 3 DATE OF BIRTH (mm/dd/vvvv) WLGH BAYBAY LEYTE 4. PLACE OF BIRTH Male / Female 5. SEX 6521 12. ZIP CODE 6. CIVIL STATUS Single ☐ Widowed 09484461273 ☐Married ☐Separated 13. TEL. NO./CEL. NO. Annulled | Others, specify 130252249452 14. PHILHEALTH NO. 452788869 15 TIN 77KG FILIPINO 9. WEIGHT (kg) 7. CITIZENSHIP 121161617974 16. PAG-IBIG ID NO. AB+ 4'11 10. BLOOD TYPE 8. HEIGHT (m) 18. NAME OF CHILD (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) SPOUSE'S SURNAME FIRST NAME MIDDLE NAME [] Elementary (Grade ____ / Graduated) 19. HIGHEST EDUCATIONAL ATTAINMENT [] High School (1st, 2nd, 3rd, 4th, Graduated) (Please check and underline the specific) [/] College (1st, 2nd, 3rd, 4th, Graduated) Others, Specify: Sub-Professional Professional 20 CAREER SERVICE ELIGIBILITY STATUS OF DEPARTMENT / AGENCY / OFFICE / SALARY GOV'T SERVICE POSITION TITLE (Daily or Monthly) (Perm/Tempi Job Order) WORK EXPERIENCE COMPANY /PROJECT (Yes / No) (Write in full) (Write in full) INCLUSIVE DATES (mm/dd/yyyy) From JOB ORDER NO ST.PETER LIFE PLAN INC. MONTHLY DATA ENCODER 9/1/2016 06/06/2016 YES VSU BAKERY MONTHI Y JOB ORDER ADMINISTRATIVE AIDE 12/31/2017 1/8/2016 NO BAYBAY DOCTORS HOSPITAL MONTHLY JOB ORDER RII I ING/PHILHEALTH CLERK 01/22/22 07/27/2020 Proficiency (Please check) REMARKS SPECIAL SKILLS Fair Highly Skilled Average (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.) COMPUTER SKILLS 1 DRIVING BAKING INCLUSIVE DATES OF ATTENDANCE 23. CONDUCTED/ SPONSORED BY RELEVANT TRAININGS SEMINAR/WORKSHOP NUMBER OF HOURS (Write in full) ATTENDED (Write in full) To VIRTUAL SEMINAR WORKSHOPS ON BASIC RECORDS AND ARCHIVES MANAGEMENT NATIONAL ARCHIVES OF THE PHILIPPINES 40 11/19/2021 11/15/2021 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 ISSUED AT: CITY OF PAYDAY ISSUED ON (mm/dd/yy): 01/19/2024 09451533 24. COMMUNITY TAX CERTIFICATE NO.__ DATE ACCOMPLISHED: (mm/dd/yyyy) 01/19124 SIGNATURE : Revised 2015

	_				
SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check			
	y, Highl	y Skilled	Average	Fair	REMARKS
COMPUTER SKILLS			1		
DRIVING			1		
BAKING			1		
VI TRAINING PROGRAMS (Start from the most recent training.					
		INCLUSIVE DATES OF ATTENDANCE			
23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)		dd/yyyy)	NUMBER OF HOURS	CONDUCTED/ SPONSORED B' (Write in full)	
	From	То			
VIRTUAL SEMINAR WORKSHOPS ON BASIC RECORDS AND ARCHIVES MANAGEMENT	11/15/2021	11/19/2021	40	NATIONAL AF	
	1 1	1 1			
-	1 1	1 1			
a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed?	or If YES, give de	YES ytails:	NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed?	If YES, give de		NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the	If YES, give de		NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applicant the comment of	If YES, give de	etails:	NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS	If YES, give de	etails:	NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS Shemelyn B. Martinez Baybay City, Leyte	If YES, give de	etails:	NC NC		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applicar NAME ADDRESS Shemelyn B. Martinez Baybay City, Leyte Melissa B. Pical Baybay City, Leyte	If YES, give de la	and is a true,	NO NO		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS Shemelyn B. Martinez Baybay City, Leyte Melissa B. Pical Baybay City, Leyte Marjorie Tabudlong Baybay City, Leyte 26. I declare under oath that this Personal Data Sheet has been acconcorrect and complete statement pursuant to the provisions of pert of the Republic of the Philippines. I also authorize the agency head / authorized representative to ve stated herein. I trust that this information shall remain confidentia	If YES, give de la	and is a true,	NO NO	РНОТО	
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS Jhemelyn B. Martinez Baybay City, Leyte Melissa B. Pical Baybay City, Leyte Marjorie Tabudlong Baybay City, Leyte 26. I declare under oath that this Personal Data Sheet has been acconcorrect and complete statement pursuant to the provisions of pert of the Republic of the Philippines. I also authorize the agency head / authorized representative to ve	If YES, give de la	and is a true,	NO NO		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS Shemelyn B. Martinez Baybay City, Leyte Melissa B. Pical Baybay City, Leyte Marjorie Tabudlong Baybay City, Leyte 26. I declare under oath that this Personal Data Sheet has been according correct and complete statement pursuant to the provisions of pert of the Republic of the Philippines. I also authorize the agency head / authorized representative to vestated herein. I trust that this information shall remain confidentian COPUSIS33 COMMUNITY TAX CERTIFICATE NO.	If YES, give de la	and is a true, and regulations	NO NO		
recommending authority, chief of office/bureau/ department person who has immediate supervision over you in the Office, Department/Project where you will be appointed? 25. REFERENCES (Person not related by consanguinity or affinity to applican NAME ADDRESS Shemelyn B. Martinez Baybay City, Leyte Melissa B. Pical Baybay City, Leyte Marjorie Tabudlong Baybay City, Leyte 26. I declare under oath that this Personal Data Sheet has been acconcorrect and complete statement pursuant to the provisions of pert of the Republic of the Philippines. I also authorize the agency head / authorized representative to vestated herein. I trust that this information shall remain confidentian COGUSTAL COMMUNITY TAX CERTIFICATE NO. CITY OF (DAYDAT) ISSUED AT SIGNATURE 25. REFERENCES (Person not related by consanguinity or affinity to applicant to applic	If YES, give de late of the second of the se	and is a true, and regulations			