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 T	TO FILLING OUT THE PERSONAL DATA SHE 1 and use separate sheet if necessary. Indicate				И. 1. CS ID No.		(Do not fill up. I	For CSC use only)
I. PERSONAL INFORMATION		THAT II NOT APPRICABLE. DO NOT	TOBICE VII (TE.		00 15 110.		(20 1101 1111 44)	or occ acc ciny,
2. SURNAME	GODINEZ							
FIRST NAME	DANICA NAME EXTENSION (JR, SR)							
MIDDLE NAME	PRIMA							
3. DATE OF BIRTH	01/03/1998	16. CITIZENSHIP		✓ Filipino) П	Dual Citizenship		
(mm/dd/yyyy)		_				by naturaliza	ation	
4. PLACE OF BIRTH	BACOLOD CITY, NEGROS OCCIDENTAL	If holder of dual citizer	ship, Pls. indicate country:					
5. SEX	☐ Male ☑ Female	please indicate the de	etails.				•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS					ZONE 6	
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No.			Street GUADALUPE		
7. HEIGHT (m)	1.61	-	Subdivision/Village BAYBAY CITY			Barangay LEYTE		
, ,		710 0005	Cit	City/Municipality		Province		
8. WEIGHT (kg)	45	ZIP CODE 18. PERMANENT ADDRESS		6521			JROK SEASIDE	
9. BLOOD TYPE	0	16. PERMANENT ADDRESS	Hous				Street	
10. GSIS ID NO.	N/A					KK-HINGATUNGAN Barangay		
11. PAG-IBIG ID NO.			SILAGO City/Municipality				SOUTHERN LEYTE Province	
12. PHILHEALTH NO.	13-025457889-5	ZIP CODE		6606				
13. SSS NO.	N/A	19. TELEPHONE NO.		053-557-0765				
14. TIN NO.	732-112-206	20. MOBILE NO.		0961-464-0307				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		dp.godinez@vsu.edu.ph_				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name ar			d list all) DATE OF BIRTH (mn		ΓH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		N/A				
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	GODINEZ	1						
FIRST NAME	DIEGO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	MAHUSAY							
25. MOTHER'S MAIDEN NAME								
SURNAME	PRIMA							
FIRST NAME	JENNY							
	DAGCUTAN		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGE	ROUND							SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	BULAK ELEMENTARY SCHOOL	N/A		From	10	GRADE 6	2010	VALEDICTO RIAN
SECONDARY	HINGATUNGAN NATIONAL HIGH SCHOOL	N/A				4TH YEAR	2014	2ND HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN DEVELOPMENT COM	MUNICATION			4TH YEAR	2018	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN DEVCOM MINOR IN AGEX				2ND YEAR	2022	N/A
		Continue on separate sheet if nece	essary)					
SIGNATURE				DA	TE	Sep	otember 28, 2022	!

IV. CIVIL SI	ERVICE ELIG	iBILITY							
IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF				LICENSE (if applicable)		
BAF		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			NUMBER	Date of Validity
C	IVIL SERVICE	ELIGIBILITY	N/A	15/06/2018	VISAYAS STATE UNIVERSITY		100108180664	N/A	
V WORKE	XPERIENCE		(Con	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Exp	perience shee	t.	
	JSIVE DATES	POSITION T	ITLE	DEPARTMENT / ACC	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
	m/dd/yyyy)	(Write in full/Do not			/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
From	To	MEDIA DDODUCTIO	N ACCICTANT	DEPARTMENT	F OF DEVELOPMENT	45000.00		IOD ODDED	NI/A
07/01/2020	12/31/2020	MEDIA PRODUCTIO BROADCAST P		COMMUNICATION-VI	SAYAS STATE UNIVERSITY	15000.00	N/A	JOB ORDER	N/A
08/01/2018	06/30/2020	PRODUCER/ANN		DYDC-VISAYAS	S STATE UNIVERSITY	12000.00	N/A	JOB ORDER	N/A
01/01/2018	06/30/2018	STUDENT ASS	SISTANT	DYDC-VISAYAS	S STATE UNIVERSITY	2000.00	NA	JOB ORDER	NA
81011	ATURE	0.1	(Cor	ntinue on separate sheet		Comb CC	2022		
SIGNA	AIUKE	(had			DATE	September 28		S FORM 212 (Revised 2)	0.00

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/	VOLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES				
		(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A						
			sheet if necessary	<i>(</i>)		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P					
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
28TH ANNUAL PHILIPPINE BIODIVERSITY SYMPOSIL	JM	08/13/2019	08/16/2019	32 HOURS	TECHNICAL	BIODIVERSITY CONSERVATION SOCIETY OF THE
UNDERGRADUATE INTERSHIP IN DYHP RMN CEBU	-	07/01/2017	07/31/0217	184 HOURS	TECHNICAL	PHILIPPINES DYHP RMN CEBU & DDC-VSU
11TH PINOY MEDIA CONGRESS		02/16/2017	02/17/2017	16 HOURS	PARTICIPANT	PHILIPPINE ASSOCIATION OF COMMUNICATION
						EDUCATORS AND ABS-CBN CORPORATION PHILIPPINE ASSOCIATION OF COMMUNICATION
10TH PINOY MEDIA CONGRESS		02/18/2016	02/19/2016	16 HOURS	PARTICIPANT	EDUCATORS AND ABS-CBN CORPORATION
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessary	<u>()</u>		_
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
EVENT HOSTING	N/A					N/A
COMMUNICATION RESEARCH	†					
MEDIA PRODUCTION						
RADIO PROGRAM HOSTING/ANNOUNCING						
RADIO PLUGS, DRAMA, & DOCUMENTARIES						
RADIO PLUGS, DRAMA, & DUCUMENTARIES						
	(Con	tinue on separate	sheet if necessary	()		
SIGNATURE	The state of the s	Jii Vopuidle	, nesocial)		ATE	September 28, 2022

34. Are you related by consanguinity or affinity to the appointing	g or recommending authority, or to the				
chief of bureau or office or to the person who has immediat					
Bureau or Department where you will be apppointed,					
a. within the third degree?		☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ NO			
, ,	, , ,	If YES, give details:			
	= =, g = a =				
35. a. Have you ever been found guilty of any administrative of	ianse?	- VEC	ENO		
35. a. Have you ever been found gainty of any duministrative of	onse:	☐ YES ☑ NO			
	If YES, give detail	IS:			
b. Have you been criminally charged before any court?	☐ YES	✓ NO			
,	If YES, give detai	ls:			
	Date Filed:				
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	☐ YES ☑ NO			
by any court or tribunal?		If YES, give details:			
		ii 126, giro dotallo.			
		1			
37. Have you ever been separated from the service in any of the		✓ YES □ NO			
retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	nd of term, imisting contract or phased	If YES, give detain resigned to	ls: pursue grad studies		
, , , , ,	ation hald within the leat war / www.				
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ction neid within the last year (except	☐ YES ☑ NO If YES, give details:			
b. Have you resigned from the government service during t	he three (3)-month period before the last	☐ YES	☑ NO		
election to promote/actively campaign for a national or loca		If YES, give details:			
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES	☑ NO		
		If YES, give detail	ils (country):		
		-			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna 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?		☐ YES ☑ NO			
		If YES, please specify:			
b. Are you a person with disability?		☐ YES ☑ NO			
		If YES, please speci			
c. Are you a solo parent?		☐ YES If YES. please speci	✓ NO		
		II TES. Diease speci			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
NAME	ADDRESS	TEL. NO.			
DR. CHRISTINA A. GABRILLO	VISCA, BAYBAY CITY, LEYTE	0906-051-9067			
DR. EDITHA G. CAGASAN	VISCA, BAYBAY CITY, LEYTE	0918-270-0721			
ATTY. RUPHIL F. BANOC	CEBU CITY, PHILIPPINES	0915-668-0955			
42. I declare under oath that I have personally accomplished	I this Personal Data Sheet which is a tr	rue, correct and			
complete statement pursuant to the provisions of pertin					
Philippines. I authorize the agency head/authorized repr					
I agree that any misrepresentation made in this doc	cument and its attachments shall caus	se the filing of	PHOTO		
administrative/criminal case/s against me.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance	>				
Government Issued ID: TIN					
ID/License/Passport No.: 732-112-206	ox)				
Date/Place of Issuance: 10/19/2018 ORMOC CITY		Right Thumbmark			
		· ight · rumonant			
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issue	d government ID as indicated above.		
-					
<u> </u>					
	h				