


VISAYAS STATE UNIVERSITY

PERSONAL DATA SHEET

For Job Order Workers



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

1. SURNAME	O   C   A   Ñ   A   D   A																															
	J   E   M   U   E   L																															
	A   B   E   L   L   A   N   A																					2. NAME EXTENSION (e.g. Jr., Sr.)										
3. DATE OF BIRTH (mm/dd/yyyy)			09/04/1993			11. PRESENT ADDRESS				Zone 15 A. Tavera St. Baybay City, Leyte																						
4. PLACE OF BIRTH			BAYBAY CITY, LEYTE																													
5. SEX			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																													
6. CIVIL STATUS			<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____						12. ZIP CODE				6521																			
									13. TEL. NO./CEL. NO.				+639169797346																			
									14. PHILHEALTH NO.				13-025251624-8																			
7. CITIZENSHIP			FILIPINO			9. WEIGHT (kg)		99		15. TIN				459-282-473																		
8. HEIGHT (m)			171 cm			10. BLOOD TYPE		A+		16. PAG-IBIG ID NO.				121130178904																		
17. SPOUSE'S SURNAME  FIRST NAME  MIDDLE NAME			ORAÑO											18. NAME OF CHILD (Write full name and list all)								DATE OF BIRTH (mm/dd/yyyy)										
			ANA LEA											JUHANN ANTHON O. OCAÑADA								05/11/2020										
			GARCIANO											JUVANN ANTHON O. OCAÑADA								05/11/2020										
19. HIGHEST EDUCATIONAL ATTAINMENT <i>(Please check and underline the specific)</i>						[ ] Elementary (Grade ____ / Graduated)																										
						[ ] High School (1st, 2nd, 3rd, 4th, Graduated)																										
						[/] College (Graduated) Degree: BACHELOR OF SCIENCE IN AGRIBUSINESS																										
20. CAREER SERVICE ELIGIBILITY						<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: N/A																										
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)						POSITION TITLE  (Write in full)						DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT  (Write in full)						SALARY (Daily or Monthly)		STATUS OF APPOINTMENT (Perm/Temp/ Job Order)		GOV'T SERVICE  (Yes / No)										
From			To																													
03/05/2020			PRESENT			dDRC / CLERK						OUDRRM, VSU						QUENCINA		JOB ORDER		YES										
11/27/2014			05/07/2018			BRANCH ASSOCIATE						EUPI-PALAWAN PAWNSHOP						QUENCINA		REGULAR		NO										
06/02/2014			10/22/2014			GOVERNMENT-INTERNSHIP TRAINEE						LGU CPDO						3 MONTHS		TEMP		YES										
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)						Proficiency (Please check)																		REMARKS								
						Highly Skilled						Average						Fair														
COMPUTER PROFICIENT						/																										
PHOTOGRAPHY						/																										
MS OFFICE PROFICIENT						/																										
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)						INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)						NUMBER OF HOURS				CONDUCTED/ SPONSORED BY (Write in full)																
						From			To																							
DIGITAL JOBS PH						09/032019						11/05/2019						368 HOURS				DICT										
ANTI-MONEY LAUNDERING LAW & BRIEFING OF PAWNSHOP REGULATION						10/25/2017						10/26/2017						16 HOURS				EUPI-PPS										
ADVANCE JEWELRY APPRAISING						10/20/2016						04/22/2017						8 HOURS				EUPI-PPS										
HAPPY TO SERVE YOU AND BASIC MONEY CHANGING SEMINAR						08/11/2016						08/11/2016						8 HOURS				EUPI-PPS										
DOCUMENT TRACKING SYSTEM						11/13/2020						11/13/2020						3 HOURS				VSU-HUMAN RESOURCE INFORMATION SYSTEM										
ISO 9001:2015 Awareness/Re-awareness Webinar						11/27/2020						11/27/2020						4 HOURS				Office of Director for Quality Assurance/ Office of the President										

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. \_\_\_\_\_ ISSUED AT: \_\_\_\_\_ ISSUED ON (mm/dd/yy): \_\_\_\_\_



SIGNATURE : 

DATE ACCOMPLISHED: (mm/dd/yyyy) Jan 6, 2020



#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(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

*(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		
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If YES, give details:	

*(Continue on separate sheet if necessary)*



## 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	

## 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		
	/ /	/ /		
	/ /	/ /		

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?

If YES, give details: ☐ YES ☐ NO

---



---

## 25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.

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.

PLEASE PASTE an ID picture taken within the last 6 months (1"X1" or 2" x 2" or Passport Size)

(REQUIRED)

PHOTO

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">COMMUNITY TAX CERTIFICATE NO.</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ISSUED AT</div> <div style="border: 1px solid black; padding: 2px;">/ /</div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">SIGNATURE (Sign inside the box)</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
---	--	---



ISSUED ON (mm/dd/yyyy)

DATE ACCOMPLISHED

RIGHT THUMBMARK  
(REQUIRED)