

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 ☐ ) and 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	CASUNDO			
	FIRST NAME	GERALD	NAME EXTENSION (JR., SR)	
	MIDDLE NAME	CATIBO		
3. DATE OF BIRTH (mm/dd/yyyy)	08-06-2000	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	BAYBAY CITY			
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	394 PUROK 3 House/Block/Lot No. Street BUNGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
	7. HEIGHT (m)		1.727 m	
	8. WEIGHT (kg)		54 kg	
9. BLOOD TYPE		18. PERMANENT ADDRESS	394 PUROK 3 House/Block/Lot No. Street BUNGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
10. GSIS ID NO.				
11. PAG-IBIG ID NO.				
12. PHILHEALTH NO.	08-255023402-1	ZIP CODE	6521	
13. SSS NO.		19. TELEPHONE NO.		
14. TIN NO.		20. MOBILE NO.	+63936 063 5540	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	gc.casundo@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	N/A NAME EXTENSION (JR., SR)		
	MIDDLE NAME	N/A		
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CASUNDO			
	FIRST NAME	ANECETO NAME EXTENSION (JR., SR) JR		
	MIDDLE NAME	TORENUOVA		
25. MOTHER'S MAIDEN NAME				
	SURNAME	CATIBO		
	FIRST NAME	ELVIRA		
	MIDDLE NAME	TUDAS		

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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CAULISIHAN ELEMENTARY SCHOOL	BASIC EDUCATION	2006	2012		2012	THIRD HONOR
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	BASIC EDUCATION	2012	2016		2016	
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	CROP AND ANIMAL PRODUCTION	2016	2018		2018	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE (PLANT PROTECTION	2018	2022		2022	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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		

(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			

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	READING	DANCE (DANCE SPORT COMPETITION)		COLLEGE OF AGRICULTURE AND FOOD SCIENCE-CAFS (BOARD MEMBER)
	DANCING			
	COOKING			

(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 chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:  
Date Filed: \_\_\_\_\_  
Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

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?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES☒ NO

If YES, give details: \_\_\_\_\_

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?

☐ YES☒ NO

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):  
\_\_\_\_\_

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

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 specify ID No: \_\_\_\_\_

c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
ELSIE E. SALAMAT	VSU, BAYBAY CITY	+639282563474
ROBELYN T. PIAMONTE	COGON, BAYBAY CITY	(+63- 053) 525-0140

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:

ID/License/Passport No.:

Date/Place of Issuance:

Signature (Sign inside the box)

Date Accomplished

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm  
(passport size)  
  
With full and handwritten name tag and signature over printed name  
  
Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

