

# 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	GOJOCO		
FIRST NAME	VINCENT JOSEPH	NAME EXTENSION (JR., SR) II	
MIDDLE NAME	ORING		
3. DATE OF BIRTH (mm/dd/yyyy)	07/16/1987	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Maasin City	If holder of dual citizenship, please indicate the details	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	8889 PUROK II House/Block/Lot No. Street N/A SAN MIGUEL Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province ZIP CODE 6606
7. HEIGHT (m)	1.66	18. PERMANENT ADDRESS	8889 PUROK II House/Block/Lot No. Street N/A SAN MIGUEL Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province ZIP CODE 6606
8. WEIGHT (kg)	65	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	AB	20. MOBILE NO.	09482798716
10. GSIS ID NO.	021165096440	21. E-MAIL ADDRESS (if any)	gojocovincenosephii@yahoo.com.ph
11. PAG-IBIG ID NO.	1211-7792-7389		
12. PHILHEALTH NO.	13-050090854-9		
13. SSS NO.	0627953446		
14. TIN NO.	261065742		
15. AGENCY EMPLOYEE NO.	220		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GOJOCO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LUCILLE JANE	NAME EXTENSION (JR., SR) N/A	ZAYN LUKE HIROVINCI	07/10/21
MIDDLE NAME	FIGURA			
OCCUPATION	CLERK			
EMPLOYER/BUSINESS NAME	SOUTHERN LEYTE STATE UNIVERSITY			
BUSINESS ADDRESS	SAN ROQUE, SOGOD, SOUTHERN LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GOJOCO			
FIRST NAME	ERWIN	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	EWAY			
25. MOTHER'S MAIDEN NAME				
SURNAME	ORING			
FIRST NAME	VICTORIA			
MIDDLE NAME	FLORES			

(Continue on separate sheet if necessary)

## 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 graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SAINT JOSEPH COLLEGE	ELEMENTARY	1993	1999	N/A	1999	N/A
SECONDARY	SAINT THOMAS AQUINAS COLLEGE	HIGH SCHOOL	1999	2003	N/A	2003	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT JOSEPH COLLEGE	BACHELOR OF SCIENCE IN COMMERCE MAJOR IN BANKING AND FINANCE	2003	2007	N/A	2007	N/A
	SOUTHERN LEYTE STATE UNIVERSITY-TOMAS OPPUS	DIPLOMA IN BASIC EDUCATION TEACHING	2011	2012	N/A	2012	N/A
GRADUATE STUDIES	SOUTHERN LEYTE STATE UNIVERSITY - MAIN CAMPUS	MASTER IN MANAGEMENT	2015	2017	N/A	2017	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHERS	82.6	10/02/22	LEYTE NATIONAL HIGH SCHOOL	22-5704578	07/16/26
	CAREER SERVICE PROFESSIONAL ELIGIBILITY	81.1	07/22/07	SAINT JOSEPH COLLEGE	05-035323	

#### V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

5-10-24



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

## VI. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

(Continue on separate sheet if necessary)




#### VII. OTHER INFORMATION

[illegible]


(Continue on separate sheet if necessary)

SIGNATURE		DATE	5-30-24
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<p><b>34.</b> Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>												
<p><b>35. a.</b> Have you ever been found guilty of any administrative offense?</p>  <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p><b>36.</b> Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>												
<p><b>37.</b> 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?</p>	<p><input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details:</p> <p><b>RESIGNATION</b></p> <hr/>												
<p><b>38. a.</b> Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>												
<p><b>39.</b> Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country):</p> <hr/>												
<p><b>40.</b> 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 items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p><b>41. REFERENCES</b> (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>FRANCISCO F. NARIT</td> <td>MAASIN CITY</td> <td>9155578827</td> </tr> <tr> <td>SCHUBERT S. BASCO</td> <td>MAASIN CITY</td> <td>9364999435</td> </tr> <tr> <td>MIGUEL M. BIDON</td> <td>BONTOC SOUTHERN LEYTE</td> <td>9630233434</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FRANCISCO F. NARIT	MAASIN CITY	9155578827	SCHUBERT S. BASCO	MAASIN CITY	9364999435	MIGUEL M. BIDON	BONTOC SOUTHERN LEYTE	9630233434
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<p><b>42.</b> 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.</p>													
<p><b>Government Issued ID</b> (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Government Issued ID: PRC</td> <td style="width: 50%;"></td> </tr> <tr> <td>ID/License/Passport No.: 22-5704578</td> <td></td> </tr> <tr> <td>Date/Place of Issuance: 03/31/2023/Maasin City, So. Leyte</td> <td></td> </tr> </table>	Government Issued ID: PRC		ID/License/Passport No.: 22-5704578		Date/Place of Issuance: 03/31/2023/Maasin City, So. Leyte		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; text-align: center; vertical-align: middle;">             Signature (Sign inside the box)  <b>5-30-24</b>            Date Accomplished         </td> <td style="width: 150px; height: 100px; vertical-align: bottom; text-align: center;">           Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) <b>5-30-24</b> Date Accomplished	Right Thumbmark				
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SUBSCRIBED AND SWORN to before me this 30 May 2024, affiant exhibiting his/her validly issued government ID as indicated above.

  
**ATTY. RODNEY D. ATIBULA**  
 PUBLIC ATTORNEY  
 (Pursuant to B.A. 8406)  
 Person Administering Oath