

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	OMALAY		
FIRST NAME	ROLDAN		NAME EXTENSION (JR., SR)
MIDDLE NAME	ESPINA		
3. DATE OF BIRTH (mm/dd/yyyy)	1/3/1997	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input 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	BAYBAY,LEYTE		
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 ZIP CODE	A. BONIFACIO House/Block/Lot No. Street ZONE 12 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.67		
8. WEIGHT (kg)	70		
9. BLOOD TYPE	O		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	9172-5725-6447	18. PERMANENT ADDRESS ZIP CODE	A. BONIFACIO House/Block/Lot No. Street ZONE 12 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
12. PHILHEALTH NO.	12-025661746-9		
13. SSS NO.			
14. TIN NO.	342-837-328	19. TELEPHONE NO.	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09353222026
		21. E-MAIL ADDRESS (if any)	roldan.omalay@vsu.edu.ph / roldan.omalay@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	KLYNDELLE DANE S. OMALAY	11/20/2016
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	OMALAY			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DIGMAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESPINA			
FIRST NAME	ROSALIE			
MIDDLE NAME	BICALAS		(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	BAYBAY NORTH CENTRAL SCHOOL	PRIMARY EDUCATION	6/1/2003	3/30/2009		2009	
SECONDARY	BAYBAY NATTIONAL HIGH SCHOOL	HIGH SCHOOL	6/1/2009	3/30/2013		2013	BEC SALUTATORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR IN SECONDARY EDUCATION	6/1/2013	3/30/2017		2017	Acad. Honors (2014- 2015)
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 25,2022
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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

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			
	Women Inspiring Women	3/7/2022	3/7/2022	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	Training-Workshop on Assessment in Higher Education:Creation of Table of Specifications (TOS)	11/25/2021	11/25/2021	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS WEBINAR	9/13/2021	9/13/2021	4.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	PHILIPPINE IDENTIFICATION SYSTEM PRE-REGISTRATION TRAINING	1/15/2021	1/16/2021	16.0	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	PHILIPPINE IDENTIFICATION SYSTEM PRE-REGISTRATION TRAINING	10/1/2020	10/3/2020	24.0	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	COMMUNITY OUTREACH	12/19/2018	12/19/2018	8.0	TECHNICAL	DLABS , VISAYAS STATE UNIVERSITY
	PROTOTYPE LESSON PLANNING AND INSTRUCTIONAL MATERIALS PREPARATION SEMINAR AND WORKSHOP	9/21/2013	9/21/2013	8.0	TECHNICAL	FCIC , BAYBAY
	CATECHETICAL APOSTOLATE	8/13/2013	8/13/2013	8.0	TECHNICAL	FCIC , BAYBAY




(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 25,2022
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34. 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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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 items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ANGELICA P. BALDOS</td><td>VISCA,BAYBAY</td><td>9495079680</td></tr><tr><td>RHEA ANGELIE FERNANDEZ</td><td>VISCA,BAYBAY</td><td>9615054578</td></tr><tr><td>MARK VINCENT BONJE</td><td>VISCA,BAYBAY</td><td>9465363071</td></tr></table>		NAME	ADDRESS	TEL. NO.	ANGELICA P. BALDOS	VISCA,BAYBAY	9495079680	RHEA ANGELIE FERNANDEZ	VISCA,BAYBAY	9615054578	MARK VINCENT BONJE	VISCA,BAYBAY	9465363071
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 1835546</td></tr><tr><td>Date/Place of Issuance: ORMOC CITY,LEYTE</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PRC	ID/License/Passport No.: 1835546	Date/Place of Issuance: ORMOC CITY,LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>3/25/2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	3/25/2022	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
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