

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	GEROMO		
FIRST NAME	RONEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BANLUTA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/22/1997	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	TAGBILARAN CITY, BOHOL	If holder of dual citizenship, please indicate the details.	
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:		
7. HEIGHT (m)	1.69	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	77.5		Subdivision/Village Barangay
9. BLOOD TYPE	O+		BAYBAY LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	N/A	ZIP CODE	6521
12. PHILHEALTH NO.	13-025513605-5	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	N/A		Subdivision/Village Barangay
14. TIN NO.	708-408-068		UBAY BOHOL
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality Province
16. CITIZENSHIP		ZIP CODE	6315
17. RESIDENTIAL ADDRESS		19. TELEPHONE NO.	N/A
18. PERMANENT ADDRESS		20. MOBILE NO.	+63-975-150-0824
19. TELEPHONE NO.		21. E-MAIL ADDRESS (if any)	ronelbgeromo@gmail.com

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)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GEROMO			
FIRST NAME	RODRIGO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BABOR			
25. MOTHER'S MAIDEN NAME	LYNIE DANDO BANLUTA			
SURNAME	BANLUTA			
FIRST NAME	LYNIE			
MIDDLE NAME	DANDO		(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	CALANGGAMAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	4/3/2002	4/11/2008	N/A	2008	SALUTATORI AN

SECONDARY	BOHOL NORTHEASTERN EDUCATION FOUNDATION	SECONDARY EDUCATION	6/9/2008	4/26/2013	N/A	2013	2ND HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	6/10/2013	6/9/2017	N/A	2017	COLLEGE/ UNIVERSITY
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN ANIMAL SCIENCE	8/7/2018	6/14/2019	N/A	2019	DOST- ASTHRDP
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				

IV. CIVIL SERVICE ELIGIBILITY

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
	HONOR GRADUATE ELIGIBILITY (HGE) - PD 907	N/A	6/14/2017	CSC REGIONAL OFFICE VIII - PALO, LEYTE	1002108170713	NOT STATED
	RA 1080 - Licensed PROFESSIONAL AGRICULTURIST	81.0	11/27/2017	LEYTE NATIONAL HIGH SCHOOL, LINO, GONZAGA AVE., DOWNTOWN, TACLOBAN CITY, LEYTE	0027556	4/22/2021

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE				DATE			

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			
	N/A	N/A	N/A	N/A	N/A	
(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			
	N/A	N/A	N/A	N/A	N/A	N/A
(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)	
	DNA EXTRACTION, ISOLATION PURIFICATION & GEL ELECTROPHORESIS				SOCIETY OF ANIMAL SCIENCE STUDENTS (VISAYAS STATE UNIVERSITY)	
	PRACTICES IN POULTRY PRODUCTION				VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION	

COMPUTER LITERATE		VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION	
SINGING & DANCING			
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

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 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 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 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>CONTACT NO.</td></tr><tr><td>DR. DINAH M ESPINA</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9173276367</td></tr><tr><td>DR. MILAGROS C. BALES</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9495082487</td></tr><tr><td>DR. MASAHIDE NISHIBORI</td><td>HIROSHIMA, JAPAN</td><td>81824247992</td></tr></table>			NAME	ADDRESS	CONTACT NO.	DR. DINAH M ESPINA	VISCA, BAYBAY CITY, LEYTE	9173276367	DR. MILAGROS C. BALES	VISCA, BAYBAY CITY, LEYTE	9495082487	DR. MASAHIDE NISHIBORI	HIROSHIMA, JAPAN	81824247992
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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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC ID</div> <div>ID/License/Passport No.: 0027556</div> <div>Date/Place of Issuance: 4/14/2018/PRC Tagbayan</div>		<div><div>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</div><div>PHOTO</div><div></div></div>												
		<div>Signature (Sign inside the box)</div>												

Date/Place of Issuance: 1/11/2016/PRC Tachoban

Date Accomplished

Right Thumbmark

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

Person Administering Oath

