

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	LUMBRE		
FIRST NAME	JACOB		NAME EXTENSION (JR., SR)
MIDDLE NAME	ROCA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/19/1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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	ZONE 3
7. HEIGHT (m)	1.65	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	65		GUADALUPE
9. BLOOD TYPE	O		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	121218962792		City/Municipality Province
12. PHILHEALTH NO.	13-025458978-1	ZIP CODE	6521
13. SSS NO.	N/A	18. PERMANENT ADDRESS	ZONE 3
14. TIN NO.	716-859-099-000	19. TELEPHONE NO.	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		GUADALUPE
			Subdivision/Village Barangay
			BAYBAY CITY LEYTE
			City/Municipality Province
		ZIP CODE	6521
		20. MOBILE NO.	N/A
		21. E-MAIL ADDRESS (if any)	09079212179
			jacoblumbre0110@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	LUMBRE			
FIRST NAME	MANUELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SALDUA			
25. MOTHER'S MAIDEN NAME	MYRNA BARTOLINI ROCA			
SURNAME	LUMBRE			
FIRST NAME	MYRNA			
MIDDLE NAME	ROCA		(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	Visca Foundation Elementary School	Primary Education	6/5/1995	3/16/2001	N/A	2001	N/A
SECONDARY	Baybay National HighSchool	High School	6/4/2001	4/8/2005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	University of San Carlos,Cebu City Visayas State University	BS Nursing BS COMPUTER SCIENCE	2005 2010	2008 2016	N/A	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 14, 2023
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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		
	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			
	PhilNITS-IT Passport Passer Certificate	10/25/2015	10/25/2015	8.0	Technical	Phil. National IT Standards Foundation (PhilNITS)
	Interviewer Training for Household survey on Land use Planning & Disaster Risk Management in the Philippines	8/1/2016	8/6/2016	48.0	Technical	German Institute of Evaluation (DEval)
	Target Setting Workshop	8/20/2018	8/21/2018	16.0	Technical	ODAHRD, Visayas State university
	Orientation Workshop Among JO Clerks & Laboratory Technicians	1/15/2019	1/15/2019	8.0	Technical	ODAHRD, Visayas State university
	Laravel: Advance Training for HRMIS	10/21/2019	10/22/2019	16.0	Technical	Visayas State University
	Cyber Security Workshop	12/18/2019	12/19/2019	16.0	Technical	Bienvenido S. Basal
	System Harmonization of HRIS Student Management System	12/21/2019	12/22/2019	16.0	Technical	Visayas State University










(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)
	Basketball		N/A		N/A
	Ultimate Frisbee		N/A		VSU Ultimate Frisbee Team
	Computer Games		N/A		
	Computer literacy		N/A		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 14, 2023
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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>VERONICA L. REOMA</td><td>Southern Leyte State University</td><td>(53) 577-8223</td></tr><tr><td>MARIA ROBERTA S. MIRAFLO (Head, Office of the Head of Records &amp; Archives)</td><td>Visayas State University</td><td>563-0600 1065</td></tr><tr><td>LOUELLA C. AMPAC (Director, Office of the Director of Finance)</td><td>Visayas State University</td><td>563-0600 1061</td></tr></table>			NAME	ADDRESS	TEL. NO.	VERONICA L. REOMA	Southern Leyte State University	(53) 577-8223	MARIA ROBERTA S. MIRAFLO (Head, Office of the Head of Records & Archives)	Visayas State University	563-0600 1065	LOUELLA C. AMPAC (Director, Office of the Director of Finance)	Visayas State University	563-0600 1061
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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><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: BIR</div><div>ID/License/Passport No.: 716-859-099</div><div>Date/Place of Issuance: 2/23/18 , ORMOC CITY</div></td><td><div></div><div>Signature (Sign inside the box)</div><div>08/14/2023</div><div>Date Accomplished</div></td><td><div></div><div>PHOTO</div><div></div><div>Right Thumbmark</div></td></tr><tr><td colspan="3">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</td></tr><tr><td colspan="3"><div></div><div>Person Administering Oath</div></td></tr></table>			<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: BIR</div> <div>ID/License/Passport No.: 716-859-099</div> <div>Date/Place of Issuance: 2/23/18 , ORMOC CITY</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>08/14/2023</div> <div>Date Accomplished</div>	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>	SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			<div></div> <div>Person Administering Oath</div>					
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