

[illegible]

3. DATE OF BIRTH (mm/dd/yyyy)	08/19/1988		11. PRESENT ADDRESS	Brgy. Candadam, Baybay City, Leyte
4. PLACE OF BIRTH	Butuan City, Agusan Del Norte		12. ZIP CODE	6521 - A
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		13. TEL. NO./CEL. NO.	099-9880-3433
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed		14. PHILHEALTH NO.	12 - 050571-8327
	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated		15. TIN	274 - 015 - 544 - 000
	<input type="checkbox"/> Annulled <input type="checkbox"/>			
7. CITIZENSHIP	<b>FILIPINO</b>	9. WEIGHT (kg)	<b>82</b>	16. PAG-IBIG ID NO.
				167001916478
8. HEIGHT (m)	<b>5'10"</b>	10. BLOOD TYPE	<b>O+</b>	17. EMAIL ADDRESS
				allenconde36@gmail.com / allen.conde@vsu.edu.ph

17. SPOUSE'S SURNAME		PALERMO	18. NAME OF CHILD (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		LADIE ANNE	ALFONZO SEBASTIAN P. CONDE		05/03/2016
MIDDLE NAME		GASES			
19. HIGHEST EDUCATIONAL ATTAINMENT		[ ] Elementary (Grade ____ / Graduated)			
(Please check and underline the specific)		[ ] High School (1st, 2nd, 3rd, 4th, Graduated)			
		<input checked="" type="checkbox"/> College (1st, 2nd, 3rd, 4th, <u>Graduated</u> ) Degree: <u>Bachelor in ICT</u>			

20. CAREER SERVICE ELIGIBILITY	<input type="checkbox"/> Professional	<input type="checkbox"/> Sub-Professional	<input type="checkbox"/> Others, Specify: _
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21.	WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)	SALARY (Daily or Monthly)	STATUS OF APPOINTMENT (Perm/Temp/ Job Order)	GOV'T SERVICE (Yes / No)
	From	To					
	April 17, 2023	October 17, 2023	AACUP Data Gatherer	Visayas State University	P603.40/day	Job Order	YES
	January 16, 2022	February 24, 2023	Health Care Assistant	MaryCare Limited		Casual	NO
	February 2, 2020	March 10, 2023	Front of House Servery Supervisor	University of Otago		Permanent	NO
	November 2017	December 31, 2019	Administrative Aide	Visayas State University Integrated High School	P300.00 daily	Job Order	YES
	July 2014	July 2017	Research Associate	Visayas State University Phil- LIDAR	P35,000.00/Month	Job Order	YES

22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	
Computer Skills	✓			
Keyboard Typing	✓			
Driving Car and Motorcycle	✓			

23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
Essential First Aide Course	12/03/2020	12/04/2020	16 hrs	New Zealand Red Cross

I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

4. COMMUNITY TAX CERTIFICATE NO. CC12021 18943903 ISSUED AT: BAYBAY CITY ISSUED ON (mm/dd/yy): 3/29/2023

SIGNATURE: APL DATE ACCOMPLISHED: (mm/dd/yyyy) 10/2/2023



IV. CIVIL SERVICE ELIGIBILITY					
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
N/A	N/A	N/A	N/A	N/A	N/A

**(Continue on separate sheet if necessary)**

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## VI. SPECIAL SKILLS

31.	SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency		
		Highly Skilled	Average	Fair
	Computer Skill Software / Hardware Repair	✓		
	Computer Typing	✓		
	Driving Car and Motorcycle	✓		

		(Continue on separate sheet if necessary)
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## VII. TRAINING PROGRAMS (Start from the most recent training.)


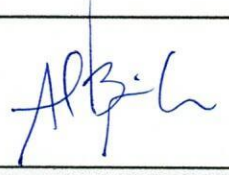

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		

(Continue on separate sheet if necessary)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?</p>	<p>If YES, give details:</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

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VI. SPECIAL SKILLS					
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS	
	Highly Skilled	Average	Fair		
Computer Skill Software / Hardware Repair	✓				
Computer Typing	✓				
Driving Car and Motorcycle	✓				
(Continue on separate sheet if necessary)					
VII. TRAINING PROGRAMS (Start from the most recent training.)					
23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
	From	To			
Essential First Aid Course	12/03/2020	12/04/2020	16	New Zealand Red Cross	
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
24. Are you related by consanguinity or affinity to any of the following :					
a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div>_____</div> <div>_____</div>			
25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)					
NAME	ADDRESS	TEL. NO.			
Dr. Aleli Villocino	Visayas State University				
Dr. Charis B. Limbo-Rivera	Visayas State University	+63 948 5105 847			
Dr. Shalom Grace C. Sugano	Visayas State University	+63 953 563 0541			
26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.					
I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.					
CC12021 18943903 COMMUNITY TAX CERTIFICATE NO.					
BAYBAY CITY, LEYTE					
ISSUED AT					
03/29/2023 ISSUED ON (mm/dd/yyyy)		SIGNATURE (Sign inside the box)			
		10/2/2023 DATE ACCOMPLISHED		RIGHT THUMBMARK (REQUIRED)	