

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 () ☐ 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	GOGO		
FIRST NAME	GIRLINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PASCUAL		
3. DATE OF BIRTH (mm/dd/yyyy)	04/03/1974	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. _____ Street _____ BRGY. GUADALUPE Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.7	ZIP CODE	6521
8. WEIGHT (kg)	65		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ BRGY. GUADALUPE Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	2005452247	ZIP CODE	6521
11. PAG-IBIG ID NO.	121208741742		
12. PHILHEALTH NO.	13-000125963-7		
13. SSS NO.	N/A	19. TELEPHONE NO.	053 563 7345
14. TIN NO.	936-201-794	20. MOBILE NO.	0919 0830387
15. AGENCY EMPLOYEE NO.	V01079	21. E-MAIL ADDRESS (if any)	girlina.gogo@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GOGO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROBERTO	NAME EXTENSION (JR., SR)	GERALD GOGO	05/17/1994
MIDDLE NAME	OUANO		KATHLEEN GOGO	10/05/1997
OCCUPATION	RETIRED		SHANELLE GOGO	07/18/1999
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	053 563 7345			
24. FATHER'S SURNAME	PASCUAL			
FIRST NAME	NERELITO	SR		
MIDDLE NAME	PLEÑOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MESURADO			
FIRST NAME	CATALINA			
MIDDLE NAME	ALESNA		(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	BASIC EDUCATION	1981	1987	N/A	1987	FIRST HONORS, BEST IN MATH
SECONDARY	VISCA EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	1987	1991	N/A	1991	SECOND HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN CHEMICAL ENGINEERING	1991	1996	N/A	1996	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION MAJOR IN CHEMISTRY	2016	2019	N/A	2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 2, 2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED




[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 2, 2022
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<p>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,</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>												
<p>35. a. 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>36. 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>												
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">END OF CONTRACT</p>												
<p>38. a. 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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. 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>												
<p>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:</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>41. REFERENCES (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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. SHALOM GRACE SUGANO</td> <td>VSUIHS, VISCA, BAYBAY CITY, LEYTE</td> <td>563 7027</td> </tr> <tr> <td>DR. NANCY ABUNDA</td> <td>VSUIHS, VISCA, BAYBAY CITY, LEYTE</td> <td>563 7027</td> </tr> <tr> <td>DR. ROSARIO ABELA</td> <td>DTE, COLLEGE OF EDUCATION, VSU</td> <td>0918 3641159</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. SHALOM GRACE SUGANO	VSUIHS, VISCA, BAYBAY CITY, LEYTE	563 7027	DR. NANCY ABUNDA	VSUIHS, VISCA, BAYBAY CITY, LEYTE	563 7027	DR. ROSARIO ABELA	DTE, COLLEGE OF EDUCATION, VSU	0918 3641159
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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: DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.: H03-01-036519</td> </tr> <tr> <td>Date/Place of Issuance: 04/03/2019 / BAYBAY CITY</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: DRIVER'S LICENSE	ID/License/Passport No.: H03-01-036519	Date/Place of Issuance: 04/03/2019 / BAYBAY CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">08/02/2022</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	08/02/2022	Date Accomplished				
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<p style="text-align: center;">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;"> Person Administering Oath </div> </div>													

ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark