

I. PERSONAL INFORMATION

2. SURNAME	GUMALING		
FIRST NAME	BON THEOFILE	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	CASICAS		
3. DATE OF BIRTH (mm/dd/yyyy)	06/02/1998	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	CAGAYAN DE ORO CITY	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:	17. RESIDENTIAL ADDRESS	PUROK 4 House/Block/Lot No. Street SITIO LOOC GUINACOT Subdivision/Village Barangay GUINDULMAN BOHOL City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	06310
8. WEIGHT (kg)	75	18. PERMANENT ADDRESS	307 ESCALERA House/Block/Lot No. Street CALANAWAN TANKULAN Subdivision/Village Barangay MANOLO FORTICH BUKIDNON City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	08705
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.		20. MOBILE NO.	(953) 675-2953
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	bontheofilegumaling.dvm@gmail.com
13. SSS NO.			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			











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.)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GUMALING		BEA LUALHATI GUMALING PUERTO	11/24/1990
FIRST NAME	NOEL	NAME EXTENSION (JR., SR.)	BEAU THEODORE CASICAS GUMALING	03/24/2024
MIDDLE NAME	INANDAM			
25. MOTHER'S MAIDEN NAME	CONCEPCION SIMOGAN CASICAS			
SURNAME	GUMALING			
FIRST NAME	CONCEPCION			
MIDDLE NAME	CASICAS		(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)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DEL MONTE SCHOOL		06/2004	03/2010		2010	5TH
SECONDARY	GUSA REGIONAL SCIENCE HIGH SCHOOL - X		06/2010	03/2014		2014	ATHLETE OF THE YEAR
VOCATIONAL / TRADE COURSE							
COLLEGE	CENTRAL MINDANAO UNIVERSITY	MAJOR OF VETERINARY MEDICINE	06/2014	06/2022		2022	
GRADUATE STUDIES	UNIVERSITY OF SOUTHERN PHILIPPINES	DOCTORAL PROGRAM	01/2024				

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
VETERINARY MEDICINE LICENSURE EXAMINATION			09/27/2022	CAGAYAN DE ORO CITY	0011477	06/02/25
LTO DRIVER'S LICENSE	A, A1, B, B1, B2		06/02/2024	CAGAYAN DE ORO CITY	K02-15-0127	08/02/33
						
						
						
						
						

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.


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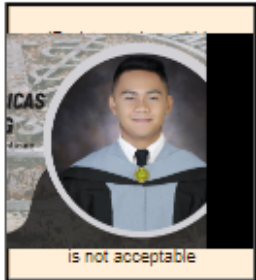


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 (Continue on separate sheet if necessary)

SIGNATURE		DATE	03/05/2024
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DATE	03/05/2024
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03/05/2024

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			
	VENERABLE KNIGHT VETERINARIAN FRATERNITY	01/09/2016	03/05/2024		MEMBER	
	MANOLO FORTICH HORSEMEN ASSOCIATION	03/17/2020	03/05/2024		MEMBER	
(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			
	ANIMAL WELFARE SEMINAR					BUREAU OF ANIMAL INDUSTRY
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	VETERINARY SURGICAL PROCEDURES	EQUINE SURGERY			MANOLO FORTICH HORSEMEN ASSOCIATION	
	FOOTBALL	ATHLETE OF THE YEAR			VENERABLE KNIGHT VETERINARIAN FRATERNITY	
	RODEO	DMPI RODEO TEAM			VET POSSE COMITATUS - DODGE	
					LGU MANOLO FORTICH RODEO TEAM	
(Continue on separate sheet if necessary)						
SIGNATURE		 <div> <div>Verified by</div> <div>03/05/2024</div> </div>		DATE	03/05/2024	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <div></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 If YES, give details: <div></div></div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: <div></div> Status of Case/s: <div></div></div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <div></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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION <div></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 If YES, give details: <div></div></div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <div></div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): <div></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 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 If YES, please specify: <div>BUKIDNON/BISAYA</div></div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <div></div></div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <div></div></div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>ELAINE M. ALKUINO, DVM</td><td>CMU, MUSUAN, MARAMAG, BUKIDNON</td><td></td></tr><tr><td>MARLA O. TANGUILAN, DVM</td><td>MANOLO FORTICH, BUKIDNON</td><td></td></tr><tr><td>SHARON E. FABELA</td><td>CAMP PHILLIPS, BUKIDNON</td><td></td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	ELAINE M. ALKUINO, DVM	CMU, MUSUAN, MARAMAG, BUKIDNON		MARLA O. TANGUILAN, DVM	MANOLO FORTICH, BUKIDNON		SHARON E. FABELA	CAMP PHILLIPS, BUKIDNON		
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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><td rowspan="4"><div>Verified by pdfFiller 03/05/2024</div><div></div><div>Signature (Sign inside the box) 03/05/2024 Date Accomplished</div></td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 0011477</td></tr><tr><td>Date/Place of Issuance: CAGAYAN DE ORO 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	<div>Verified by pdfFiller 03/05/2024</div> <div></div> <div>Signature (Sign inside the box) 03/05/2024 Date Accomplished</div>	Government Issued ID: PRC	ID/License/Passport No.: 0011477	Date/Place of Issuance: CAGAYAN DE ORO CITY	<div> is not acceptable PHOTO</div> <div></div>							
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SUBSCRIBED AND SWORN to before me this <div></div> , affiant exhibiting his/her validly issued government ID as indicated above.													
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