VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

Print legibly. Mark app	ropriate boxes w	vith " ☑ " and u	ise sep	parate sheet if r	necessary.					
1. SURNAME	MASICI	AIRI) INI	415							
FIRST NAME	121100		1					Pim P	MASCARINA	
MIDDLE NAME	18101N16			1111	1 1 1	2. NAME E	EXTENSION (e.g. Jr.,	Sr.)	MAJCANIA	
3. DATE OF BIRTH (mm/dd/yyyy		08 26	78	11. PRESENT ADDR	ESS	BRGY:	PANICA	SULAN)	
4. PLACE OF BIRTH	BAY E		10				Y CIT			
5. SEX	Male Femal		,			PATER	, 41	Leg	18	
6. CIVIL STATUS	Single . Widowed			12. ZIP CODE	12 ZIP CODE 6521 - A					
	✓ Married ☐ Separated							6 545 12 48		
	☐ Annulled ☐ Othe	ers, specify	_	14. PHILHEALTH N			0 1034			
7. CITIZENSHIP	FILLOUNG	9. WEIGHT (kg)	72	15. TIN	9		-669-			
8. HEIGHT (m)	11-11-0	10. BLOOD TYPE	0	16. PAG-IBIG ID NO					2 /	
7. SPOUSE'S SURNAME	4 1		10	To. Tho bid ip to		LD (Write full name and I	-542			
FIRST NAME	MASCARINAS SANDRA							DATE OF BIRTH (mm/dd/yyyy)		
					ZUPPIL MASO				11 16 2008	
MIDDLE NAME		BANAG			ZUPPI	L MASCA	MUN	1 04 01 2010		
 HIGHEST EDUCATIONA (Please check and und 	ferline the specific)	[] Elementary (Grad [] High School (1st, 2 [,] College (1st, 2, d), Degree:	2nd, 3rd,	4th, Graduated)						
CAREER SERVICE ELIC	GIBILITY	□ Professiona	al 🗆	Sub-Profession	onal	□ Others,	Specify:			
MORK 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)	GOVT SERVICE (Yes / No)	
DQC 16 2009	NIAD OI SOLE	B.E.O	102.0	ne L En	DRAD	TC	MONTHLY	10	YES	
		FIELD WO COMPANY DR			SOPHIA'S BAKESH			DERM	NO	
pot 01 2015		THE WORK	D H	PENTOD APP	507(11)	Det c	MONTHLY	10	yas	
JAN 04 2021	OCT 30 2021						MOTHLY	10	YES	
NOY 03 2021	99c 30 200					CRIC	MONTAY	10	YES	
, , , , ,	700 70 000	(71						
2				Proficiency	(Please che	eck)				
SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Highly Skilled		Aver			Fair		REMARKS	
DRIVING SMALL ENGING MECHANIC YVLCANIZER		/								
		-								
		_		-						
23.		INCLUSIVE DAT	ES OF AT	TENDANCE						
RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)			NUMBER OF	HOURS	CONDUCTED/ SPONSORED BY			
		From *		To	HOMOENO	ricons		(Write in full)		
			10000							
e e			+							
			+							
			-							
			_					-	*	
183										
				3.85						
		•								
hereby declare that this pertinent laws, rules and					a true, corre	ct and complete	statement pur	suant to the	provisions of	
4. COMMUNITY TAX CERTIFICAT		DATE ACCOMPLISHED:		Cron		2023				
SIGNATURE:				Cron	08	2023				