

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 if accomplished through own handwriting. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

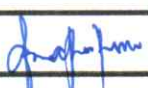
1. SURNAME	ROMO		
2. FIRST NAME	ANAROSE		NAME EXTENSION (JR., SR)
MIDDLE NAME	BAÑOC		
3. DATE OF BIRTH (dd/mm/yyyy)	3/28/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX AT BIRTH	<input type="checkbox"/> Male <input checked="" 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	N/A N/A House/Block/Lot No. Street N/A GAKAT Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.56	ZIP CODE	6521
8. WEIGHT (kg)	43	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A GAKAT Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. UMID ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121307900358	20. MOBILE NO.	09510453611
12. PHILHEALTH NO.	13-025622939-1	21. E-MAIL ADDRESS (if any)	anaroseromo@gmail.com
13. PhilSys Number (PSN):	06-4487061-2		
14. TIN NO.	613-726-997		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/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	ROMO			
FIRST NAME	ANANIAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	WENCESLAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BAÑOC			
FIRST NAME	ROSITA			
MIDDLE NAME	SAMBERE			

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	GAKAT ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	N/A	2012	Valedictorian
SECONDARY	BAYBAY NATIONAL HS AND BAYBAY CITY SHS	K-12	2013	2018	N/A	2018	With Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2018	2022	N/A	2022	Cum Laude
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	8/29/25
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/29/25
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Driving		N/A		N/A
	Reading				
	Typing				

SIGNATURE	<i>Jackie Thomas</i>	DATE	<i>8/29/25</i>
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____
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: _____
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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): _____
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
JOEL REY U. ACOB	QAC-VSU	9569161146
GIDEON NIEL D. TAN	Baybay	gideonniel.tan@vsu.edu.ph
SHARA LIZ D. BREHONIO	Inopacan	9286296510

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.



ROMO ANAROSE B.

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.: H12-19-002303

Date/Place of Issuance: Baybay

Signature (Sign inside the box)

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

AUG 20 2025

, affiant exhibiting his/her validly issued government ID as indicated above.

Doc. No.: 2007
Page No.: 20
Book No.:
Series of 2021

ATTY. KIEFER CLINT L. PETILLA
Public Attorney II
Pursuant to RA 9406
Person Administering Oath