

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 (☐) and 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	ASILOM		
FIRST NAME	VINCENT PAUL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CONCOLES		
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1988	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 LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	JOSE P. LAUREL House/Block/Lot No. Street DOMINGO C. VELOSO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521-A
7. HEIGHT (m)	5'7"	18. PERMANENT ADDRESS	JOSE P. LAUREL House/Block/Lot No. Street DOMINGO C. VELOSO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521-A
8. WEIGHT (kg)	67		ZIP CODE 6521-A
9. BLOOD TYPE	"B"	19. TELEPHONE NO.	NONE
10. GSIS ID NO.	NONE	20. MOBILE NO.	09759748501
11. PAG-IBIG ID NO.	1212-0167-9140	21. E-MAIL ADDRESS (if any)	asilomvincent88@gmail.com
12. PHILHEALTH NO.	13-201223255-5		
13. SSS NO.	NONE		
14. TIN NO.	482-439-671		
15. AGENCY EMPLOYEE NO.	V01132		

II. FAMILY BACKGROUND

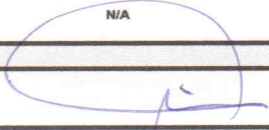
22. SPOUSE'S SURNAME	DE LOS SANTOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOMALYN	NAME EXTENSION (JR., SR) III		
MIDDLE NAME	GABIJAN		MARY MAILYN D. ASILOM	1/9/2012
OCCUPATION	BRGY. TREASURER		MARY PAULYN D. ASILOM	1/9/2012
EMPLOYER/BUSINESS NAME	N/A		VINCE MANVIR D. ASILOM	10/21/2019
BUSINESS ADDRESS	N/A		MAEVE VENICE D. ASILOM	4/29/2023
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	ASILOM			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR) SENIOR		
MIDDLE NAME	BORINAGA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CONCOLES			
FIRST NAME	CORAZON			
MIDDLE NAME	VILLAR			

(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	BAYBAY SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	1995	2001	GRADUATED	2001	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2001	2005	GRADUATED	2005	NONE
VOCATIONAL / TRADE COURSE	TESDA	SMAW NCII	AUG.2011	NOV. 2011	GRADUATED	2011	NONE
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07-04-24
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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
	DRIVER'S LICENSE	NON-PROF	6/9/2020	LTO BAYBAY	H-12-20-001942	11/17/2024

V. WORK EXPERIENCE

[illegible]

SIGNATURE	DATE	07-04-24
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

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

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	07-04-24

<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> <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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:35%;">NAME</th><th style="width:35%;">ADDRESS</th><th style="width:30%;">TEL. NO.</th></tr></thead><tbody><tr><td>MARIO LILJO P. VALENZONA</td><td>VSU, PPO, Baybay City</td><td>9176341514</td></tr><tr><td>MARLON G. BURLAS</td><td>VSU, PPO, Baybay City</td><td>9176341520</td></tr><tr><td>AMIEL R. ARMADA</td><td>VSU, PPO, Baybay City</td><td>9154094809</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MARIO LILJO P. VALENZONA	VSU, PPO, Baybay City	9176341514	MARLON G. BURLAS	VSU, PPO, Baybay City	9176341520	AMIEL R. ARMADA	VSU, PPO, Baybay City	9154094809
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: LICENSE</p> <p>ID/License/Passport No.: H-12-20-001942</p> <p>Date/Place of Issuance: BAYBAY CITY</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Signature (Sign inside the box)</p><p><u>07-04-24</u></p><p>Date Accomplished</p></div> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Right Thumbmark</p></div>												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p>													



PHOTO

VINCENT/PAUL C. ASILOM



Right Thumbmark