## PERSONAL DATA SHEET

| NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE UNITS EARNED Write in full)  Write in full)  Write in full)  Write in full)  PERIOD OF ATTENDANCE UNITS EARNED GRADUATED HONOR   |                        | E TO FILLING OUT THE PERSONAL DATA SHE<br>es ( ) and use separate sheet if necessary. Indicate N   |  |  | (Do not fill up.        | For CSC use onl    |
|--|------------------------|--|--|--|-------------------------|--------------------|
| PIST TAME  | . PERSONAL INFORMATIO  |  |  |  |                         |                    |
| DICE NAME  | 2. SURNAME             | ASILOM   |  |  | -                       |                    |
| 1   C   C   C   C   C   C   C   C   C  | FIRST NAME             | VINCENT PAUL   |  | NAME                                       | EXTENSION (JR., SR) N/A |                    |
| Maried   Piper   Delicate Country   Delicate Country   Piper   Delicate Country    | MIDDLE NAME            | CONCOLES   |  |  |                         |                    |
| ## APACE OF BRITH   BAYBAY LEYTE   |                        | 11/17/1988   | 16. CITIZENSHIP  | □ Filining □ Du                            | -! Citizenshin          |                    |
| ## PERMANENT ADDRESS (##)  ## PERMANENT ADDRESS  | (mm/ad/yyyy)           |  |  |  |                         | alization          |
| SEC   Make   | 4. PLACE OF BIRTH      | BAYBAY LEYTE   | If holder of dual citizenship,   |  |                         | 80                 |
| Widowed   Separabed   Downson Separabed   Downson CYCLOGO   Down   | 5. SEX                 | Service Control of the Control of th | please indicate the details.   | •  |                         | maja T             |
| Widowed   Separated   PhosesBook Mbs   Steel   DOMINOO CRECKSO     | 6 CIVIL STATUS         | PART PARTIES TO PROPERTY   | THE STATE OF |  |                         | NÖV. 2012          |
| SAPARAY   ESTE   |                        |  |  |  |                         | SO                 |
| Present   Pres   |                        | Other/s: YADIONS 1116273   | A UR SYNTE SETTION   | Subdivision/Village                        | Barangay                | JA US. VIALE       |
| 8. WEIGHT (kig) 8. BLOOD TYPE 18. PERMANENT ADDRESS 16. PERMANENT ADDRESS 17. PACIBIGID NO. 1212-0167-9140 1212-0 | 7. HEIGHT (m)          | 5'7" AIM YAGGOS YTTERE   | A SID STATE DAYARS   |  |                         | JULY 2014          |
| B   B   B   B   B   B   B   B   B   B  | 8. WEIGHT (kg)         | 67 I YAMBUCOL YTTER  | ZIP CODE   | 13-  |                         | NOVITE, 20         |
| Possibility      |                        |  |  | ADMIN AIDE L                               |                         | LAN 1 202          |
| 11   |                        |  |  | House/Block/Lot No.                        |                         | SO                 |
| 12 PRIJERALTH NO   | IU. Gala III NO.       | NONE   TALIBUTES   |  |  | Barangay                | 193.11000          |
| NONE  15 TELEPHONE NO  ASSA NO.  AND  16 TELEPHONE NO.  ASSA NO.  ASSA 9434-571  20 MOGBLE NO.  20 MOGBLE NO.  30 MOGBLE NO.   | I1. PAG-IBIG ID NO.    | 1212-0167-9140   | AL STATE DAYARY  |  | - ARMA (1950/31)        | JAN.1,202          |
| ALTINIO 482-439-671 20 MOBILE NO. 09755748501  5 AGENCY EMPLOYEE NO V0132 21. EMAIL ADDRESS (/f any) asilomyrincent88@gmail.com  15 AGENCY EMPLOYEE NO V0132 21. EMAIL ADDRESS (/f any) asilomyrincent88@gmail.com  15 AGENCY EMPLOYEE NO V0132 21. EMAIL ADDRESS (/f any) asilomyrincent88@gmail.com  15 AGENCY EMPLOYEE NO V0132 21. EMAIL ADDRESS (/f any) asilomyrincent88@gmail.com  15 AGENCY EMPLOYEE NO DE LOS SANTOS  20 NAME OF CHILDREN (Write full name and lost all) DATE OF BRITH (mm/dd  21 SPOUSES SURPAME  30 JOMALYN JOHN ASILOM 18/2012  22 NAME OF CHILDREN (Write full name and lost all) DATE OF BRITH (mm/dd  31 JOMALYN JOHN ASILOM 18/2012  32 NAME OF CHILDREN (Write full name and lost all) DATE OF BRITH (mm/dd  33 NAME Y MAILYN D. ASILOM 18/2012  34 JOMALYN JOHN ASILOM 18/2012  35 NAME VINCE MANVIR D. ASILOM 18/2012  36 JONALYN JOHN ASILOM 18/2012  36 JONALYN J | 12. PHILHEALTH NO.     | 13-201223255-5   | ZIP CODE   | 6521-A                                     | 13 DEC 31,2023          | JAW.1, 201         |
| 15. AGENCY EMPLOYEE NO. V01132  21. E-MAIL ADDRESS (if any)  22. RAMIE OF CHILDREN (Write full name and list all)  23. NAME of CHILDREN (Write full name and list all)  24. DAMALYN  DATE OF BIRTH (Immids)  25. NAME of CHILDREN (Write full name and list all)  DATE OF BIRTH (Immids)  DATE OF BIRTH (Immids)  26. NAME of CHILDREN (Write full name and list all)  DATE OF BIRTH (Immids)  DATE OF BIRTH (Immids)  16. NAME OF CHILDREN (Write full name and list all)  DATE OF BIRTH (Immids)  DATE OF BIRTH (Immids)  16. NAME OF CHILDREN (Write full name and list all)  DATE OF BIRTH (Immids)  16. NAME OF CHILDREN (Write full name and list all)  DATE OF BIRTH (Immids)  MARY PAULYN D. ASILOM  16. NAME OF SCHOOL  (WRITE OF SCHOOL  (Write In full)  DATE OF BIRTH (Immids)  MARY PAULYN D. ASILOM  16. NAME OF SCHOOL  (Write In full)  DATE OF BIRTH (Immids)  MARY PAULYN D. ASILOM  16. NAME OF SCHOOL  (Write In full)  DATE OF BIRTH (Immids)  MARY PAULYN D. ASILOM  16. NAME OF SCHOOL  (Write In full)  DATE OF BIRTH (Immids)  MARY PAULYN D. ASILOM  16. NAME OF SCHOOL  (Write In full)  DATE OF BIRTH (Immids)  AND  | 13. SSS NO. 3 (AUSA)   | NONE   YAGITE COS YTTESTS  | 19. TELEPHONE NO.  | NON ADMIK AIDE.                            | E TWESTER AS            | OS F MAL           |
| IL FAMILY BACKGROUND  22 SPOUSES SURNAME  DE LOS SANTOS  JOMALYN   | 4. TIN NO.             | 482-439-671  | 20. MOBILE NO.   | 0975974                                    | 18501                   |                    |
| 22 SPOUSES SURNAME DE LOS SANTOS JOMALYN NAME EXTENSION LAR, SR) III  RIPST NAME GABIJAN MARY MAILYN D. ASILOM 1/8/2012 DECUPATION BRGY, TREASURER MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA BRGY, TREASURER MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA BRGY, TREASURER MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA WARE EXTENSION (RR, SR) SERIOR MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA WARE EXTENSION (RR, SR) SERIOR MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA MARE EXTENSION (RR, SR) SERIOR MARY MAILYN D. ASILOM 1/8/2012 DEPLOYERBUSINESS NAME NA MARE EXTENSION (RR, SR) SERIOR MARE EXTENSI | 5. AGENCY EMPLOYEE NO. | V01132   | 21. E-MAIL ADDRESS (if any)  | asilomvincent8                             | 8@gmail.com             |                    |
| 23 NAME OF CHILDREN (Write full name and list all)  DATE OF BIRTH (mm/dd FIRST NAME JOMALYN NAME EXTENSION (AR, ER) III  MARY MAILYN D, ASILOM 1/9/2012  DATE OF BIRTH (mm/dd FIRST NAME MODE NAME GABIJAN  MARY PAULYN D, ASILOM 1/9/2012  BRGY, TREASURER MARY PAULYN D, ASILOM 1/9/2012  BRIGY, TREASURER MARY PAULYN D, ASILOM 1/9/2012  BUSINESS NAME NA  BUSINESS NAME NA  NA  MAE VENICE D, ASILOM 1/9/2023  TELEPHONE NO NONE ASILOM ANTONIO MAME EXTENSION (AR, SR) SERIOR MODULE NAME CORAZON  WILLAR  CONCOLES  CONCOLES  CORAZON  WILLAR  CONCOLES  CORAZON  WILLAR  CONCOLES  CONCOLES  CORAZON  WILLAR  CONCOLES  CONCOLES  CORAZON  WILLAR  CONCOLES  C | I. FAMILY BACKGROUND   |  |  |  |                         |                    |
| MIDDLE NAME GABIJAN MIDDLE NAME GABIJAN BRGY. TREASURER MARY PAULYN D. ASILOM 19/2012 EMPLOYER/BUSINESS NAME NIA WINGE MANVIR D. ASILOM 10/21/2019  BUSINESS ADDRESS NIA MAEVE VENICE D. ASILOM 4/29/2023  TELEPHONE NO NONE ASILOM FRIST NAME ANTONIO MAME EXTENSION (AR. SR) SENOR MODLE NAME BORINAGA  MATHERS SURNAME CONCOLES FREST NAME CONCOLES FREST NAME VILLAR CONTROLLS FROM TO CONCOLES FREST NAME CONCOLES FREST NAME VILLAR FROM TO CONCOLES FREST NAME FROM TO CONCOLES FROM TO | 22. SPOUSE'S SURNAME   | DE LOS SANTOS  | 23. NAME o   | of CHILDREN (Write full name and list all) | DATE OF BIF             | (TH (mm/dd/yyyy    |
| CCCUPATION BRGY. TREASURER MARY PAULYN D. ASILOM 1/9/2012  EMPLOYER/BUSINESS NAME N/A VINCE MANVIR D. ASILOM 10/21/2019  BUSINEGS ADDRESS N/A MAEVE VENICE D. ASILOM 4/29/2023  TELEPHONE NO NONE  ### FATHERS SURMAME ASILOM NAME EXTENSION (AR. SR) SENIOR  ### BORINAGA  ***CONCOLES***  **CONCOLES***  **CONCOLES**  **CONCOLES***  **CONCOLES**  ** | FIRST NAME             | JOMALYN  | NAME EXTENSION (JR., SR) III   |  |                         |                    |
| EMPLOYER/BUSINESS NAME BUSINESS ADDRESS N/A TELEPHONE NO NONE ASILOM ASILOM ASILOM ASILOM ASILOM ASILOM ANTONIO MAME EXTENSION (JR., SR) SENIOR FIRST NAME MODLE NAME BORINAGA  SURMAME CONCOLES CORAZON WILLAR CONCOLES CORAZON WILLAR CONCOLES (Write in full)  ELEVEL NAME OF SCHOOL (Write in full)  ELEVEL BAYBAY SOUTH CENTRAL SCHOOL PRIMARY EDUCATION PRIM | MIDDLE NAME            | GABIJAN  |  | MARY MAILYN D. ASILOM                      | 1/!                     | )/2012             |
| BUSINESS ADDRESS NAA  BUSINESS ADDRESS NAA  BUSINESS ADDRESS NONE  ASILOM ASILOM FERST NAME ANTONIO  MAME EXTENSION (AR., SR) SENIOR  MODULE NAME BORINAGA  MOTHERS MAIDEN NAME CONCOLES SERVAME CORAZON  VILLAR  CONTINUE OF SCHOOL (Write in full)  ELEVEL  NAME OF SCHOOL (Write in full)  BASIC EDUCATION DEGREE COURSE (Write in full)  From To  GRADUATED GRADUATED GRADUATED SCHOOL RECENTARY  BAYBAY SOUTH CENTRAL SCHOOL  BAYBAY NATIONAL HIGH SCHOOL  PRIMARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL  BAYBAY NATIONAL HIGH SCHOOL  PRIMARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL  PRIMARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL  BAYBAY NATIONAL HIGH SCHOOL  MICH SCHOOL  PRIMARY EDUCATION BAYBAY NATIONAL HIGH SCHOOL  PRIMARY EDUCATION BAYBA | OCCUPATION             | BRGY. TREASURER  |  | MARY PAULYN D. ASILOM                      | 1/5                     | 2/2012             |
| TELEPHONE NO.  NONE  ASILOM  FIRST NAME  MIDDLE NAME  BORINAGA  SURNAME  CONCOLES  CORAZON  MIDDLE NAME  CONCOLES  CORAZON  MIDDLE NAME  CONCOLES  CORAZON  MIDDLE NAME  CONCOLES  CORAZON  MIDDLE NAME  CONTROLES  MIDDLE NAME  CONTROLES  MIDLES  MIDDLE NAME  CONTROLES  MIDLES  MIDDLE NAME  CONTROLES  MIDDLE NAME  MIDDLE NAME  CONTROLES  MIDDLE NAME  CONTROLES  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  CONTROLES  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDLE NAME  MIDLE NAME  MIDDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME | EMPLOYER/BUSINESS NAME | N/A  |  | VINCE MANVIR D. ASILOM                     | 10/3                    | 21/2019            |
| ASILOM FIRST NAME MIDDLE NAME CONCOLES CORAZON MIDDLE NAME MIDDLE  | BUSINESS ADDRESS       | N/A  |  | MAEVE VENICE D. ASILOM                     | 4/2                     | 9/2023             |
| FIRST NAME MIDULE NAME BORINAGA  MOTHERS MAIDEN NAME CONCOLES  SURVAME CONCOLES  FRST NAME CORAZON  MIDULE NAME VILLAR  CONTITUE ON SUPPORT STRONG  MIDULE NAME VILLAR  (Contitue On superate sheet if necessary)  LEVEL  NAME OF SCHOOL (Write in full)  BASIC EDUCATIONDEGREE/COURSE (Write in full)  FROM  TO  GRADUATED GRADUATED GRADUATED HIGHEST LEVEL UNITS EARNED (If not graduated) GRADUATED HONGR RECENT RECENT FROM  BAYBAY SOUTH CENTRAL SCHOOL PRIMARY EDUCATION 1995 2001 GRADUATED 2005 RADUATED 2005 NONE  VOCATIONAL! 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  N/  | TELEPHONE NO.          |  |  |  |                         |                    |
| MIDDLE NAME BORINAGA  MODILE NAME SURNAME CONCOLES FRST NAME CORAZON  WILLAR CONTINUE ON SUPERIOR SHOWLY INCHES THE VELL UNITS EARNED ((Write in full) From To (Write in full) From To (From graduated) FROM GRADUATED FROM GRADUATED FROM TO (Write in full) FROM TO (FROM GRADUATED FROM TO (FROM |                        |  | NAME EXTENSION (JR., SR) SENIOR  |  |                         |                    |
| SURNAME  CONCOLES  FRST NAME  CORAZON  VILLAR  CONTINUE ON SEPARAGE IN TRICESSARY)  LEVEL  NAME OF SCHOOL  (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From To  From To  GRADUATED  BAYBAY SOUTH CENTRAL SCHOOL  PRIMARY EDUCATION  BAYBAY SOUTH CENTRAL SCHOOL  PRIMARY EDUCATION  BAYBAY SOUTH CENTRAL SCHOOL  PRIMARY EDUCATION  1995  2001  GRADUATED  2005  RADUATED  2005  NONE  SECONDARY  BAYBAY NATIONAL HIGH SCHOOL  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  N/  |                        |  |  |  |                         | $\rightarrow$      |
| SURNAME CORAZON  WILLAR  CONTINUE ON SEPARATE SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From To  BAYBAY SOUTH CENTRAL SCHOOL  SECONDARY BAYBAY NATIONAL HIGH SCHOOL  BAYBAY NATIONAL HIGH SCHOOL  FROM  BAYBAY NATIONAL HIGH SCHOOL  MICH SCHOOL  BAYBAY NATIONAL HIGH SCHOOL  MICH |                        | BORINAGA   |  |  |                         |                    |
| FRST NAME  CORAZON  VILLAR  (Continue on separate sheet, if recessary)  EDUCATIONAL BACKGROUND  BASIC EDUCATION/DEGREE/COURSE (Write in full)  ELEVEL  NAME OF SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From  To  GRADUATED  GRADUATED  FROM  FR |                        | 55,400,50  |  |  |                         |                    |
| ELEVEL NAME OF SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  ELEVEL NAME OF SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From To To GRADUATED SCHOOL (Write in full)  ELEMENTARY  BAYBAY SOUTH CENTRAL SCHOOL PRIMARY EDUCATION  PRIMARY EDUCATION  1995 2001 GRADUATED 2001 NONE  SECONDARY  BAYBAY NATIONAL HIGH SCHOOL HIGH SCHOOL 2001 2005 GRADUATED 2005 NONE  VOCATIONAL/ TRADE COURSE  N/A  |                        |  |  |  |                         |                    |
| LEVEL NAME OF SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From To To GRADUATED SCHOOL (Write in full)  ELEMENTARY  BAYBAY SOUTH CENTRAL SCHOOL  PRIMARY EDUCATION  PRIMARY EDUCATION  1995  2001  GRADUATED  RECENT  SECONDARY  BAYBAY NATIONAL HIGH SCHOOL  HIGH SCHOOL  AUG.2011  NOV. 2011  GRADUATED  2005  NONE  VOCATIONAL/  TRADE COURSE  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/  |                        |  |  |  |                         |                    |
| LEVEL NAME OF SCHOOL (Write in full)  BASIC EDUCATION/DEGREE/COURSE  (Write in full)  PERIOD OF ATTENDANCE UNITS EARNED (If not graduated)  From To  GRADUATED  RECEIVE  BAYBAY SOUTH CENTRAL SCHOOL  PRIMARY EDUCATION  PRIMARY EDUCATION  1995  2001  GRADUATED  2001  NONE  SECONDARY  BAYBAY NATIONAL HIGH SCHOOL  MIGH SCHOOL  SMAW NCII  AUG.2011  NOV. 2011  GRADUATED  2011  NONE  COLLEGE  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/  |                        |  |  | (Continue on separate s                    | heet if necessary)      |                    |
| LEVEL (Write in full)  ELEMENTARY BAYBAY SOUTH CENTRAL SCHOOL PRIMARY EDUCATION 1995 2001 GRADUATED GRADUATED HONOR RECEIVED (Write in full)  SECONDARY BAYBAY NATIONAL HIGH SCHOOL HIGH SCHOOL 2001 2005 GRADUATED 2005 NONE  VOCATIONAL TESDA SMAW NCII AUG.2011 NOV. 2011 GRADUATED 2011 NONE  COLLEGE N/A  | EDUCATIONAL BACKG      |  | The state of the s | DEDICT OF ATTENDANCE HIGH                  | EST LEVEL NEAD          | SCHOLARSHIP/       |
| 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  N/   | LEVEL                  |  | 40 - He NES HER  | UNIT:                                      | S EARNED GRADUATED      | HONORS<br>RECEIVED |
| VOCATIONAL / TESDA SMAW NCII AUG.2011 NOV. 2011 GRADUATED 2011 NONE  COLLEGE N/A   | ELEMENTARY             | BAYBAY SOUTH CENTRAL SCHOOL  | PRIMARY EDUCATION  | 1995 2001 GRA                              | DUATED 2001             | NONE               |
| TRADE COURSE  COLLEGE  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/   | SECONDARY              | BAYBAY NATIONAL HIGH SCHOOL  | HIGH SCHOOL  | 2001 2005 GRADU                            | 2005                    | NONE               |
| GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A   |                        | TESDA  | SMAW NCII  | AUG.2011 NOV. 2011 GRAD                    | OUATED 2011             | NONE               |
|  | COLLEGE                | N/A  | N/A  | N/A N/A                                    | N/A N/A                 | N/A                |
| (Continue on separate sheet if necessary)  | GRADUATE STUDIES       | N/A  | N/A  | N/A N/A                                    | N/A N/A                 | N/A                |
| SIGNATURE DATE D7-D4-24  |                        | (C   | ontinue on separate sheet if necessary)  |  |                         |                    |

| 27. CARE   |                              | 080 (BOARD/ BAR) UNDER   | RATING           | DATE OF                                 |   |  |  | LICENSE (if ap                    | oplicable)                 |
|--|------------------------------|--|------------------|---|---|--|--|-----------------------------------|----------------------------|
| BA   |                              | VS/ CES/ CSEE<br>TY / DRIVER'S LICENSE   | (If Applicable)  | EXAMINATION /<br>CONFERMENT             | PLACE OF EXAMINATION / CONFERMENT         |  | RMENT  | NUMBER                            | Date of Validity           |
| HOSTOR   | DRIVER'S L                   | ICENSE   | NON-PROF         | 6/9/2020                                | LTO E                                     | BAYBAY                                     | made in the  | H-12-20-001942                    | 11/17/202                  |
| 0.027 0.1 0.0  | Ling will                    | Laurier I  | HING THE POS FO  | EFORE ACCOMPLAS<br>LOSSILE, DO NOT ARRI | AL DATA SHEET (PDS) I                     | ILLING OUT THE PERSONAL DATA SHEET (PDS) I |  | WED GUIDE 70<br>Topprete boyes (T | HE ATTAC                   |
|  |                              |  |                  |   |   |  | 10018  | A CONTRACTOR                      | EME IN                     |
|  | IND SELECTION                | (F) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A   | (Co              | ntinue on separate sheet i              | (naraccary)                               |  | NOONE FOR  |                                   | ENAME                      |
|  | EXPERIENCE<br>rate employmen | t. Start from your recent  | h I              |   |   | l Work Exper                               | ience sheet.   |                                   |                            |
| A STATE OF THE PARTY OF THE PAR | USIVE DATES<br>nm/dd/yyyy)   | POSITION T   |                  |   | NCY / OFFICE / COMPANY Do not abbreviate) | MONTHLY<br>SALARY                          | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable)& STEP<br>(Format "00-0")/ | STATUS OF<br>APPOINTMENT          | GOV'T<br>SERVICE<br>(Y/ N) |
| From   | То                           |  |                  |   |   |  | INCREMENT  |                                   | (17 N)                     |
| NOV. 2012  | DEC.2013                     | LABORI   | Market H         | VISAYAS ST                              | ATE UNIVERSITY                            | 220/DAY                                    | N/A  | JO                                | YES                        |
| JAN.2014   | MAY.2014                     | UTILITY/WELD   | ER AIDE          | VISAYAS ST                              | ATE UNIVERSITY                            | 240/DAY                                    | N/A  | JO                                | YES                        |
| JULY.2014  | NOV.15, 2018                 | WELDER/MESENC  | SER/UTILITY      | VISAYAS ST                              | ATE UNIVERSITY                            | 300/DAY                                    | N/A  | JO                                | YES                        |
| NOV.16,2018  | DEC.31,2019                  | ADMIN. A   | DE I             | VISAYAS ST                              | ATE UNIVERSITY                            | 503.09/DAY                                 | 1  | CASUAL                            | YES                        |
| JAN.1,2020   | DEC.31,2020                  | ADMIN. A   | DEI              | VISAYAS ST                              | ATE UNIVERSITY                            | 529.05/DAY                                 | 1 1  | CASUAL                            | YES                        |
| JAN.1,2021   | DEC.31,2021                  | ADMIN. A   | DEI              | VISAYAS ST                              | ATE UNIVERSITY                            | 547.00/DAY                                 | 1 340  | CASUAL                            | YES                        |
| JAN.1,2022   | DEC.31, 2022                 | ADMIN. A   | DE I             | VISAYAS ST                              | ATE UNIVERSITY                            | 568.95/DAY                                 | 212-01 <b>1</b> 7-914  | CASUAL                            | YES                        |
| JAN.1, 2023  | DEC.31,2023                  | ADMIN. A   | DE I             | VISAYAS STATE UNIVERSITY                |   | 590.91/DAY                                 | 2250110054   | CASUAL                            | YES                        |
| JAN. 1, 2024   | PRESENT                      | ADMIN. A   | DE I             | VISAYAS ST                              | ATE UNIVERSITY                            | 590.91/DAY                                 | 1 340  | CASUAL                            | YES                        |
|  |                              | 00758748501  |                  | ENG.                                    | ISOM AX                                   |  | 82-439-671   |                                   |                            |
|  | moo lismi                    | aslomvincent88@  |                  | (yns t) 223/00A                         | W45 JS                                    |  | 01132  | V E OX BB                         | TOJSKE YO                  |
|  |                              |  |                  |   |   |  |  | NAME TO BE                        |                            |
| bimm + 1 = 10 -  | DATE                         | Write full name and list ail)  | NAME of CHILDREN |   |   | 80   | E LOS SANT   | J BMA                             | DAUS SEE                   |
|  |                              |  |                  |   |   |  | UYJAMO   |                                   | BMAM I                     |
|  |                              | MOUNTAIN THE PROPERTY OF THE P | VELH             |   |   | gagi                                       | DOY TREAS  | 1                                 | THE SEA VON                |
| print to the   |                              | MANVIR D. ASILOM   | RONIV            |   |   |  | Al   | 41 360 3 200                      | E. INSEYO                  |
| ESDE CEU   |                              | VENICE O. ASILOM   | MAEV             |   |   |  | Al   | 4                                 | nou seak                   |
|  |                              | × .  |                  |   |   |  | OME  | 4                                 | OH BMOHP                   |
|  |                              |  |                  |   |   |  | SILOM  | A BMAK                            | HERE SUR                   |
|  |                              |  |                  | Michiela (pile Perferience              |   |  | NTONIO   | A                                 | EMAM                       |
|  |                              |  |                  |   |   |  | ADANINO  |                                   | JMAN 3.1                   |
|  |                              |  |                  |   |   |  |  |                                   |                            |
|  |                              |  |                  |   |   |  | ONCOLES<br>ORAZON  |                                   | 38(6)                      |
|  |                              | AAGI AUSGAN AND AND AND AND  |                  |   |   |  | LLAR   | 7                                 | BUAL BU                    |
|  |                              |  |                  |   |   |  |  |                                   |                            |
| SCHOE  | av Nava                      | Table of San Article   | *                | HERE HOW MOUTH DIE                      | vá  | DHOS SO RIVE                               |  |                                   |                            |
| D38  | Calebo                       | and low pi   | - From           |   |   |  |  |                                   |                            |
| NONE 1   | TED 200                      | S ZUUT GRADU   | Ber Francisco    | ACKYR SOOS YSJANISY                     | T schoof                                  | SOUTH CENTR                                | BAYBAY   |                                   | YRATIO                     |
|  |                              |  | (Cor             | tinue on separate sheet it              | necessary)                                |  | •  |                                   |                            |
| SIGN   | ATURE                        | 2005 GRADUATE  |                  | awarde comi                             | DATE                                      | ANTIUMAL OF                                | D7-1   | 74-24                             | 1                          |

| )                    | NAME & ADDRESS OF ORGANIZATION (Write in full) |                             | INCLUSIVE DATES<br>(mm/dd/yyyy) |                                      | NUMBER OF HOURS | POSITION / NATURE OF WORK                                    |  |
|----------------------|--|-----------------------------|---------------------------------|--------------------------------------|-----------------|--|--|
|                      | (write in run)                                 | av D. Lee                   | From                            | То                                   |                 | . POSITION / NATURE OF WORK                                  |  |
|                      | N/A  | TYES, give detail           | N/A                             | N/A                                  | N/A             | iU Inëmmev   | s, within the faults A/N Cookel Go   |
|                      |  | and ong to at it            |                                 |                                      |                 |  |  |
|                      | ON S   | av 🗆 🗀                      |                                 |                                      | sive offense?   | ny administra  | a. Have you ever been found guilty of a  |
|                      | isi  | If YES, give detail         |                                 |                                      |                 |  |  |
|                      | on Fig.  | (C                          | ontinue on separa               | e sheet if necessa                   | <u>n</u> )      |  |  |
|                      |  | NTERVENTIONS/TRAINING PA    | ROGRAMS AT                      | TENDED                               |                 | ierial nostlione)  |  |
|                      |  | RVENTIONS/TRAINING PROGRAMS | INCLUSI                         | VE DATES OF<br>ENDANCE<br>v/dd/yyyy) | NUMBER OF HOURS | Type of LD<br>(Managerial/<br>Supervisory/<br>Technical/etc) |  |
|                      | SMAW NCII ( TESD                               | A)                          | 1/8/2011                        | To 11/16/2011                        | 520.0           |  | TECHNICAL EDUTATION & SKILLS DEVELOP   |
| EPONTI IN            | E and EXCELLENT CUS                            |                             | 11/9/2022                       | 11/11/2022                           | 520.0           | Technical  | AUTHORITY (TESDA) PERSONNEL OFFICERS ASSOCIATION OF TH   |
| PROMILIN             | - will briother the out                        | alsh sylp 33Y11 Tuo bes     | 111012022                       | 111112022                            | 24.0            | Service  | PHILIPPINES, INC. (POAP)   |
|                      |  |                             | on the same trans               | i di manus si                        | noibala la      | lan lenolten   | abolition) in the public or private seffer.  A Raye you ever been a candidate in a   |
|                      | No. 12 Talia                                   | If YES, give deta           |                                 |                                      |                 |  | Barangay election)?  |
|                      | ON, ST   | elsot 🔲 vecle               | el endlad bon                   | (S) m (th se                         | anny the thic   | ent service o  | b. Have you resigned from the govern   |
|                      | 218  | If Yes, give deu            |                                 |                                      | BAILS ASSAULT   | ASTROBERT OF IL  | Inglighted yearnescentilland or monoon   |
|                      | ON 🕞   | L YES LEVE dolor            |                                 |                                      |                 |  |  |
|                      |  |                             |                                 |                                      |                 | /LEON LOVE   |  |
|                      |  |                             | enseling itsens                 | answer (ne K                         |                 | (1 Ve0 AVI) I  | Pursuant to: (a) Indigenous People's Ac<br>PE(F), and (c) colo malents Wellare Ap  |
|                      | ON E   | TYES please speci           |                                 |                                      |                 | Squa   | As you a member of any indigenous us   |
|                      | ON V   | eav 🔲 💮                     |                                 |                                      |                 |  | Are you a person with disability?  |
|                      | <u> </u>                                       | 23 / [7]                    |                                 |                                      |                 |  | Are you a solo parent?   |
|                      | :oM 01 yi                                      | If YES, please speci        |                                 |                                      |                 |  | 27,44  |
|                      |  |                             |                                 |                                      | selmoosi musika | d vinita v po  | REFERENCES' (Person not missed by consensue  |
|                      |  | TEL NO.                     | 8239                            | _                                    |                 |  | DAME   |
|                      |  | 9176341614                  | Boybay Cit                      |                                      |                 | AVI  | MARIO LILIO R. VALENZO   |
|                      |  | 9176341520                  | Baybay Cit                      |                                      |                 |  | MARLON G. BURLAS   |
|                      |  | POSACOARD Suit 8 24 4       | 180 vadve8                      | 499 USV                              | SI AIM Harlalle | onally accor   | AMIEL R. ARMADA  |
| II. OTHER INFORMATIO | DN .   |                             | ontinue on separa               | e sheet if necessa                   | ry)             |  |  |
| 31. SPECIAL SKILLS   |  | 32. No                      | ON-ACADEMIC DIS                 |                                      | OGNITION        |  | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT  |
| WELDIN               | G  | . (Write in full)           |                                 |                                      |                 |  | N/A  |
| сомрит               | ER   |                             |                                 |                                      |                 | eoneus   | Vernment is sued to have a confidence of the EASE INDICATE to Number and Incept in   |
|                      | 6  | 4 1 5                       | al various                      |                                      |                 |  | Wearhow issued ID LICENSE LICENSE Assum No H-12-20-001942  |
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| ACIDAGO ( III        |  | United                      |                                 |                                      |                 |  |  |
| BYOUS DOBERDY        | as di manimovogi                               |                             |                                 |                                      |                 |  | The state of the s |
|                      | /  | \((C)                       | intinue on cenarat              | sheet if necessar                    | IUI             |  |  |

| chief of bureau or office or to the person who has immedia  |   |                                     | O'HALL ST              |  |  |
|---|---|-------------------------------------|------------------------|--|--|
| Bureau or Department where you will be apppointed,  |   | DDAESS OF ORGANIZATION              |                        |  |  |
| a. within the third degree?   | YES V NO  |                                     |                        |  |  |
| b. within the fourth degree (for Local Government Unit - Ca   | n the fourth degree (for Local Government Unit - Career Employees)?   |                                     |                        |  |  |
|   |   | If YES, give details:               | *                      |  |  |
| 35. a. Have you ever been found guilty of any administrative o  | ffense?   | YES V NO                            |                        |  |  |
|   |   | If YES, give details:               |                        |  |  |
|   |   |                                     |                        |  |  |
| b. Have you been criminally charged before any court?   |   | YES 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?  |   | ☐ YES ☑ NO If YES, give details:    |                        |  |  |
|   |   | (AGEST) HOM M                       |                        |  |  |
| 37. Have you ever been separated from the service in any of t   | he following modes: resignation.  | YES V NO                            | X3 bas BMLTMGSR Pro    |  |  |
| retirement, dropped from the rolls, dismissal, termination, e (abolition) in the public or private sector?  | If YES, give details:   |                                     |                        |  |  |
| 38. a. Have you ever been a candidate in a national or local el   | lection held within the last year (except   | ☐ YES ☑ NO                          | 0                      |  |  |
| Barangay election)?   |   | If YES, give details:               |                        |  |  |
| : THE CHECKEN FOR THE CHECKEN C   | 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 loca  | If YES, give details:   |                                     |                        |  |  |
| 39. Have you acquired the status of an immigrant or permaner  | nt resident of another country?   | YES V NO                            | 0                      |  |  |
|   |   | If YES, give details (country)      |                        |  |  |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?                      | ☐ YES ☑ N If YES, please specify: ☐ YES ☑ N If YES, please specify ID No: ☐ YES ☑ N If YES, please specify ID No: | 0                                   |                        |  |  |
| 41. REFERENCES (Person not related by consanguinity or affinity to applican   | t /appointee)   |                                     |                        |  |  |
| NAME  | ADDRESS   | TEL. NO.                            |                        |  |  |
| MARIO LILIO P. VALENZONA  | VSU, PPO, Baybay City   | 9176341514                          |                        |  |  |
| MARLON G. BURLAS  | VSU, PPO, Baybay City   | 9176341520                          | 100)                   |  |  |
| AMIEL R. ARMADA   | VSU, PPO, Baybay City   | 9154094809                          | ATA I                  |  |  |
| 42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me. | inent laws, rules and regulations of the sentative to verify/validate the contents state                          | Republic of the                     | VINCENT PHUL C. ASILOM |  |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: LICENSE  |   |                                     | BAIG 154               |  |  |
| ID/License/Passport No.: H-12-20-001942   | Signature (Sign inside the b  | ox)                                 |                        |  |  |
| Date/Place of Issuance: BAYBAY CITY   |   | Right Thumbmark                     |                        |  |  |
| SUBSCRIBED AND SWORN to before me this  | , affiant exhibiti  | ng his/her validly issued governmen |                        |  |  |
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| 142 -40 FO 3140   |   |                                     |                        |  |  |
|   | Person Administering Oat  | h                                   |                        |  |  |