

VISAYAS STATE UNIVERSITY
PERSONAL DATA SHEET
For Job Order Workers

PLEASE PASTE an
ID picture taken within
the last 6 months
(2" x 2" or Passport Size)

(REQUIRED)

Print legibly. Mark appropriate boxes ☐ with " ☐ " and use separate sheet if necessary.

1. SURNAME		BONGON									
FIRST NAME		ROXANNE									
MIDDLE NAME		JAYME				2. NAME EXTENSION (e.g. Jr., Sr.)		N/A			
3. DATE OF BIRTH (mm/dd/yyyy)		08/27/1976		11. PRESENT ADDRESS		63 ALAURA ST., KABAJAR, GUADALUPE, CEBU CITY					
4. PLACE OF BIRTH		ORMOC CITY									
5. SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female									
6. CIVIL STATUS		<input type="checkbox"/> Single <input type="checkbox"/> Widowed		12. ZIP CODE		6000					
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated		13. TEL. NO./CEL. NO.		0915-131-8515					
		<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____		14. PHILHEALTH NO.		1201-1224416-4					
7. CITIZENSHIP		FILIPINO		9. WEIGHT (kg)		53		15. TIN	120-112-244-164		
8. HEIGHT (m)		1.56		10. BLOOD TYPE		O+		16. PAG-IBIG ID NO.			
17. SPOUSE'S SURNAME		BONGON				18. NAME OF CHILD (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)			
		FIRST NAME BEETHOVEN				GABRIELLE ANNE BONGON		07/18/2004			
		MIDDLE NAME NACION				SAMUEL BONGON		05/20/2008			
19. HIGHEST EDUCATIONAL ATTAINMENT <i>(Please check and underline the specific)</i>		<input type="checkbox"/> Elementary (Grade _____ / Graduated)				JOSHUA BONGON		04/11/2012			
		<input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated)									
		<input type="checkbox"/> College (1st, 2nd, 3rd, 4th, <u>Graduated</u>)									
		Degree: DOCTOR OF MEDICINE									
20. CAREER SERVICE ELIGIBILITY		<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: _____									
21. WORK 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)		GOV'T SERVICE (Yes / No)	
From		To									
06/01/2010		03/01/2015		ASSOCIATED PROFESSOR		CEBU INSTITUTE OF MEDICINE		P 25,000.00		PERMANENT	
04/01/2015		PRESENT		DEPARTMENT HEAD		UC SCHOOL OF MEDICINE		P 66,000.00		PERMANENT	
12/01/2017		PRESENT		QUALITY MANAGEMENT REPRESENTATIVE & AUTHORIZED		OVERSEAS WORKERS & SEAFARERS CENTER - UCMED		P 30,000.00		CONSULTANCY	
01/01/2010		PRESENT		COMPANY PHYSICIAN		NORKIS GROUP OF CLINICS		P 15,000.00		CONSULTANCY	
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check)						REMARKS			
		Highly Skilled		Average		Fair					
TEACHING & CURRICULUM DEVELOPMENT		<input checked="" type="checkbox"/>									
PROCESS IMPROVEMENT & WORKFLOW OPTIMIZATION		<input checked="" type="checkbox"/>									
LEADERSHIP & TEAM MANAGEMENT		<input checked="" type="checkbox"/>									
COMPUTER - MICROSOFT UTILIZATION		<input checked="" type="checkbox"/>									
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS		CONDUCTED/ SPONSORED BY (Write in full)					
		From	To								
PLANNING FOR TECHNOLOGY ENHANCED TEACHING		08/23/2023	08/23/3023	4		NATIONAL TEACHER TRAINING CENTER FOR HEALTH PROFESSIONS - UP MANILA					
MANAGING & CONDUCTING INTERNAL AUDIT BASED ON ISO 9001:2015 REQUIREMENTS & ISO 19011:2018 GUIDELINES		03/16/2023	03/17/2023	16		TUV RHEINLAND PHILIPPINES, INC.					
MARITIME OCCUPATIONAL SAFETY & HEALTH		04/24/2023	04/24/2023	8		NYK-FIL MARITIME E-TRAINING, INC.					

I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

24. COMMUNITY TAX CERTIFICATE NO. _____ ISSUED AT: _____ ISSUED ON (mm/dd/yy): 1/2/25

SIGNATURE : _____ DATE ACCOMPLISHED: (mm/dd/yy) 1/22/25

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS

31. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency			
	Highly Skilled	Average	Fair	
Clerical Skills				
Computer Skills				
Good interpersonal and Collaboration skills				
Leadership Skills				
Data Analysis Skills				

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____	

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS				
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	
VII. TRAINING PROGRAMS (Start from the most recent training.)				
23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		
24. Are you related by consanguinity or affinity to any of the following : a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?	<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>			
25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)				
NAME	ADDRESS	TEL. NO.	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> PLEASE PASTE an ID picture taken within the last 6 months (1"x1" or 2" x 2" or Passport Size) (REQUIRED) </div> <div style="margin-top: 20px;">PHOTO</div>	
26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.				
COMMUNITY TAX CERTIFICATE NO.	<div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 90%;"> SIGNATURE (Sign inside the box) </div>			
ISSUED AT				
/ /				
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED		<div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 90%;"> RIGHT THUMBMARK (REQUIRED) </div>	