## VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

Print legibly. Mark app	propriate boxes —	with 🖭 and u	se sep	parate sneet if i	necessary.				-117	11	
1. SURNAME	C   A   B		E	R   O					1 1	1	
FIRST NAME	IMIAIR	B   E   L	. 1	1 1 1 1	1 1 1	1 1 1	1 1	1 1 1	1 1	ĺ	
MODIEMME	L   A   P   A   R   A			1 1 1	2. NAME EXTENSION (e.g. Jr., Sr.)						
MIDDLE NAME  3. DATE OF BIRTH (mm/dd/yyy	y) 11/22/1999			11. PRESENT ADDR							
4. PLACE OF BIRTH BAYBAY CITY				BRGY. PANGASUGAN B					BAYBAY CIT	Y. LEYTE	
5. SEX	Male Female			1		,					
6. CIVIL STATUS	TATUS Single Wid		lowed		12. ZIP CODE		6521-A				
☐ Married ☐ Sep		ers, specify		13. TEL. NO/CEL, NO.		09465293071					
				14. PHILHEALTH NO.		13-202845625-9					
7. CITIZENSHIP		9. WEIGHT (kg) 54		15. TIN		619-706-686-000					
8. HEIGHT (m)	150			16. PAG-IBIG ID NO.		1213-1013-2218					
17. SPOUSE'S SURNAME		N/A			18. NAME OF CH	ILD (Write full nam	ne and l			BIRTH (mm/dd/yyyy)	
FIRST NAME							N/A			N/A	
MIDDLE NAME		N/A N/A		N/A N/A			N/A				
19. HIGHEST EDUCATION	IAL ATTAINMENT			ry (Grade /				100		1473	
(Please check and und				ol (1st, 2nd, 3rd, 4th		H				,	
(2 to the chief this time	comme ene operga)	✓ ] College (1st, 2nd,	3rd, 4t	h, Graduated)	Degre	e: BSAB					
20. CAREER SERVICE EL	CAREER SERVICE ELIGIBILITY			□ Professional □ Sub-Profession				Others,	Specify:		
WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)			COMPA	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 1/3/2023	06/30/2023	ADMINISTRATIVE AIDE III			ACCOUNTING OFFICE,			603.4	Jo	YES	
10/10/2022	12/31/2022 ADMINISTRATIVE			E AIDE 1	AIDE 1 ACCOUN		ITING OFFICE,		JO	18.118.48.	
				VISAYAS ST.		ATE UNIVERSITY 553.4		30	YES		
22	1.00000			Proficiency	(Please che	ack)					
SPECIAL SKILLS  (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Highly Skilled		Average		Fair		REMARKS			
OMPUTER SKILLS											
							_				
23. DELEVANT	TDAMINOS										
SEMINARA	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)			NUMBER OF	NUMBER OF HOURS CONDUCTED/ SPONSORED BY						
ATTENDED (Write in full)		From		То					(Write in full)		
hereby declare that this ertinent laws, rules and	Personal Data Shee regulations of the Re	t has been accomp	lished	d by me, and is	a true, correc	ct and comp	lete :	statement pur	suant to the	provisions of	
4. COMMUNITY TAX CERTIFICATE	NO18932	090 ISSUED AT: _	BA	AYBAY CITY	ISSUED ON (mm/de	d/yy):JAN	NUAF	RY 13, 2023			
IGNATURE:		DATE ACCOMPLISHED: (mi	m/dd/yy	05/11/2023							