

VISAYAS STATE UNIVERSITY
PERSONAL DATA SHEET
For Job Order Workers



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

1. SURNAME		FLORENDO											
FIRST NAME		ALFREDO											
MIDDLE NAME		AMIHAN			2. NAME EXTENSION (e.g. Jr., Sr.)								
3. DATE OF BIRTH (mm/dd/yyyy)		12/16/1986		11. PRESENT ADDRESS		Brgy. Guadalupe Baybay City							
4. PLACE OF BIRTH		BAYBAY, LEYTE											
5. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female											
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/>		12. ZIP CODE		6521							
				13. TEL. NO./CEL. NO.		09757322443							
				14. PHILHEALTH NO.		1302 5095 7093							
75 CITIZENSHIP		FILIPINO		9. WEIGHT (kg)		75		15. TIN		330 995 262 0000			
8. HEIGHT (m)		1.7m		10. BLOOD TYPE		O		16. PAG-IBIG ID NO.		121202 766652			
17. SPOUSE'S SURNAME		N/A				18. NAME OF CHILD (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)					
FIRST NAME						N/A							
MIDDLE NAME													
19. HIGHEST EDUCATIONAL ATTAINMENT <i>(Please check and underline the specific)</i>		<input type="checkbox"/> Elementary (Grade _____ / Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input checked="" type="checkbox"/> College (1st, 2nd, 3rd, 4th, Graduated) Degree: BSHRTM											
20. CAREER SERVICE ELIGIBILITY		<input 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											
05/09/2009		05/09/2011		Data Organizer/Cleaner		I-Man Company		Monthly		Temp YES			
07/01/2016		12/30/2023		UTILITY/MESSENGER		RCCRDC		Monthly		Job Order YES			
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check)						REMARKS					
		Highly Skilled		Average		Fair							
MS WORD,POWERPOINT & EXCEL				✓									
DOCUMENT PROCESSING				✓									
DRIVING				✓									
CARPENTRY				✓									
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									
NATIONAL CONFERENCE ON CLIMATE CHANGE RESEARCH, DEVELOPMENT AND EXTENSION EASTERN VISAYAS INTER-PROVINCIAL CONFERENCE ON HUMANITARIAN PREPAREDNESS AND RESPONSE TO CLIMATE-		12/12/2018		12/14/1018		24		VSU RCCRDC					
REGIONAL CLIMATE CHANGE RESEARCH AND DEVELOPMENT CENTER SECOND BATCH OF THE COMMUNITY FOR RESILIENCETRAINING OF TRAINERS (CORE-TOT)		12/04/2017		12/06/2017		24		VSU RCCRDC					
2ND REGIONAL CONFERENCE ON CLIMATE CHANGE RDE		12/18/2017		12/20/2017		24		VSU RCCRDC					
COMMUNITY FOR RESILIENCE TRAINING (CORE- TOT)		08/22/2018		08/24/2018		24		VSU RCCRDC					
NATIONAL YOUTH CONFERENCE ON CLIMATE CHANGE ADAPTATION AND MITIGATION, DISASTER RISK REDUCTION AND RESILIENCE CLIMATE CHANGE ADAPTATION ANDMITIGATION TRAINING OF WOMANGROVE ACTION TEAMS		11/20/2019		11/22/2019		24		VSU RCCRDC					
KLIMA ESKWELA: CLIMATE SCIENCE, ADAPTATION, AND THE ARTS		08/25/2022		08/26/2022		16		VSU, THE CLIMATE REALITY PROJECT PHIL. & INSTITUTE FOR CLIMATE AND SUSTAINABLE CITIES					
5S TRAINING FOR UTILITY AND MESSENGER PERSONNEL		11/25/2022		11/25/2022		8		VISAYAS STATE UNIVERSITY					
HANDS-ONLY CARDIOPULMONARY RESUSCITATION		07/21/2022		07/22/2022		16		DOH, EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT					
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.18930060 ISSUED AT: BAYBAY CITY ISSUED ON (mm/dd/yy): 01/06/2023 SIGNATURE : _____ DATE ACCOMPLISHED: (mm/dd/yyyy) _____													

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	

(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)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>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?</p>	<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?

☐ YES ☐ NO

If YES, give details: _____

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

NAME	ADDRESS	TEL. NO.

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.

PLEASE PASTE an ID picture taken within the last 6 months (1"X1" or 2" x 2" or Passport Size)

(REQUIRED)

PHOTO

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">COMMUNITY TAX CERTIFICATE NO.</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ISSUED AT</div> <div style="border: 1px solid black; padding: 2px;">/ /</div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">SIGNATURE (Sign inside the box)</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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ISSUED ON (mm/dd/yyyy)

DATE ACCOMPLISHED

RIGHT THUMBMARK
(REQUIRED)