## VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET For Job Order Workers



|   | ANDY                                    |   |                     |  |                                     |  |  |                           |                    |                  |  |
|---|---|---|---------------------|--|-------------------------------------|--|--|---------------------------|--------------------|------------------|--|
| FIRST NAME  |   |   |                     |  |                                     |  |  |                           |                    |                  |  |
| MIDDLE NAME   | LOPEZ                                   |   |                     | Lu posasur inos  |                                     |  | 2. NAME I  | EXTENSION (e.g. Jr.,      | , Sr.)             |                  |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) 04/02/1994  |   |   | 11. PRESENT ADDRESS |  |                                     |  |  |                           |                    |                  |  |
| 4. PLACE OF BIRTH   | ORMOC CITY, LEYTE                       |   |                     |  | ZONE 6 B                            | ZONE 6 BRGY GUADALUPE BAYBAY CITY, LEYTE |  |                           |                    |                  |  |
| 5. SEX  | Male Fema                               |   |                     |  |                                     |  |  |                           |                    |                  |  |
| 6. CIVIL STATUS   | ☑ Single ☐ Widowed                      |   |                     | 12. ZIP CODE   |                                     | 6521                                     |  |                           |                    |                  |  |
|   | ☐ Married ☐ Separated ☐ Others, specify |   |                     | 13. TEL. NO./CEL. N  | 0.                                  | 09517998179                              |  |                           |                    |                  |  |
|   | Annulled                                |   |                     | 14. PHILHEALTH NO.   |                                     | 15-0503576                               |  |                           |                    |                  |  |
| 7. CITIZENSHIP  | FILIPINO                                | 9. WEIGHT (kg)                            | 66.1                | 15. TIN  | 343-929-322-00                      |  |  |                           |                    |                  |  |
| 8. HEIGHT (m)   | 176                                     | 10. BLOOD TYPE                            | В                   | 16. PAG-IBIG ID NO   |                                     | 121106345952                             |  |                           |                    |                  |  |
| . SPOUSE'S SURNAME  |   |   |                     |  | 18. NAME OF CH                      | HILD (Write full a                       | name and I   | ist all)                  | DATE OF E          | SIRTH (mm/dd/yyy |  |
| FIRST NAME  |   |   |                     |  | ADRIAN AL F                         | RANCO CAINTIC TIMKANG                    |  | 03/18/2020                |                    |                  |  |
| MIDDLE NAME   |   |   |                     |  | AXL DAIN THEODORE CAIN              |  | AINTIC T   | TIMKANG                   | 12/15/2021         |                  |  |
| 9. HIGHEST EDUCATIONA   | AL ATTAINMENT                           | [ ] Elementary (Grade                     | ·                   | / Graduated)   |                                     |  |  |                           |                    |                  |  |
| (Please check and underline the specific)   |   | [ ] High School (1st, 2nd, 3rd, 4th,      |                     | 4th, Graduated)  |                                     |  |  |                           |                    |                  |  |
|   |   | College (1st, 2nd, 3<br>Degree: BS In AGR |                     |  |                                     |  |  |                           |                    |                  |  |
| OARES OF THE  | N-W                                     |   |                     |  |                                     |  |  |                           |                    |                  |  |
| CAREER SERVICE ELIC   | SIBILITY                                | Professiona                               |                     | Sub-Profession   | onal                                |  | thers,   | Specify:                  |                    |                  |  |
| 1. WORK EX<br>INCLUSIVE DAT   | POSITION TITLE<br>(Write in full)       |   |                     | DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)  SALARY (Daily or Monthly) |                                     |  | STATUS OF<br>APPOINTMENT<br>(Perm/Temp/<br>Job Order)            | GOVT SERVIC<br>(Yes / No) |                    |                  |  |
| From  | То                                      |   |                     |  |                                     |  |  |                           |                    |                  |  |
| 09/13/2021  | PRESENT                                 | ADMIN AIDE III                            |                     |  | OFFICEOF THE HEAD FO<br>PROCUREMENT |  |  | MONTHLY                   | JOB<br>ORDER       | Yes              |  |
| 1 1   | 1 1                                     |   |                     |  |                                     |  |  |                           |                    |                  |  |
| 1 1   | 1 1                                     |   |                     |  |                                     |  |  |                           |                    |                  |  |
| 2   |   |   |                     | Proficiency  | (Please ch                          | eck)                                     |  |                           |                    |                  |  |
| SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et al.) |   | Highly Skilled                            |                     | Average  |                                     | Fair                                     |  | ir                        | REMARKS            |                  |  |
| COMPUTER SKILLS   |   |   |                     |  |                                     |  |  |                           |                    |                  |  |
|   |   |   |                     |  |                                     |  |  |                           |                    |                  |  |
|   |   |   |                     |  |                                     |  |  |                           |                    |                  |  |
| 23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)  |   | INCLUSIVE DATES OF ATT (mm/dd/yyyy)       |                     |  |                                     | F HOURS                                  | CONDUCTED/ SPONSORED BY  |                           | D BY               |                  |  |
|   |   | From T                                    |                     | То   |                                     |  |  | (Write in full)           |                    |                  |  |
| IANDS-ONLY CARDIOPULMONARY RESUSCITATION  |   | JULY / 21/2022                            | 022 JULY / 22 /2022 |  | 4                                   |  | DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR                  |                           |                    |                  |  |
| SO 9001:2015 AWARENESS/RE-AWARENESS SIMENAR   |   |   |                     | GUST /31 /2022   | 4                                   |  | DEVELOPMENT / VISAYAS STATE UNIVERSITY  VISAYAS STATE UNIVERSITY |                           |                    |                  |  |
| SO 9001:2015 AWARENESS/RE-AWARENESS SIMENAR   |   | -   |                     | GUST/ 29 /2023   | 4                                   |  | VISAYAS STATE UNIVERSITY   |                           |                    |                  |  |
| THE 5S REVOLUTION FOR CLERKS & HEADS  |   |   |                     | NOV/29/2023  | 4                                   |  |  |                           | S STATE UNIVERSITY |                  |  |
| hereby declare that this<br>ertinent laws, rules and  | Personal Data Shee                      | et has been accom                         | plishe              | d by me, and is  |                                     |  | mplete   |                           |                    |                  |  |
| 24. COMMUNITY TAX CERTIFICATE   | E NO. <u>09446815</u> ISSUI             | ED AT: BAYBAY CITY                        | ISSU                | ED ON (mm/dd/yy): _(   | 11/04/2024                          |  |  |                           |                    |                  |  |