PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person

concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1 CS ID No. Print legibly, Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 2 SURNAME **ASILOM** NAME EXTENSION (JR., SR) VINCENT PAUL FIRST NAME MIDDLE NAME CONCOLES 3. DATE OF BIRTH 11/17/1988 16. CITIZENSHIP Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization **RAYRAY I FYTE** Pls. indicate country: 4 PLACE OF BIRTH If holder of dual citizenship please indicate the details ☐ Female ✓ Male 5 SEX 17 RESIDENTIAL ADDRESS JOSE P. LAUREL ☐ Single ✓ Married 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated DOMINGO C VELOSO Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 5'7" City/Municipality Province 8. WEIGHT (kg) 67 ZIP CODE 6521-A JOSE P. I AUREI 18. PERMANENT ADDRESS "B" 9. BLOOD TYPE House/Block/Lot No. Street DOMINGO C. VELOSO 10. GSIS ID NO. NONE Subdivision/Village Barangay BAYBAY LEYTE 11 PAG-IBIG ID NO 1212-0167-9140 City/Municipality Province 12. PHILHEALTH NO 13-201223255-5 ZIP CODE 6521-A 2 NONE 13 SSS NO 19 TELEPHONE NO NONE 482-439-671 14 TIN NO 09759748501 20. MOBILE NO V01132 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) asilomvincent88@gmail.com 22. SPOUSE'S SURNAME DE LOS SANTOS 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/vyyy) NAME EXTENSION (JR., SR) III **JOMALYN** FIRST NAME GABIJAN MARY MAILYN D. ASILOM 1/9/2012 MIDDLE NAME BRGY, TREASURER OCCUPATION MARY PAULYN D. ASILOM 1/9/2012 EMPLOYER/BUSINESS NAME N/A VINCE MANVIR D. ASILOM 10/21/2019 **BUSINESS ADDRESS** N/A MAEVE VENICE D. ASILOM 4/29/2023 TELEPHONE NO NONE ASIL OM FATHER'S SURNAME NAME EXTENSION (JR., SR) SENIO ANTONIO FIRST NAME MIDDLE NAME BORINAGA MOTHER'S MAIDEN NAME CONCOLES SURNAME FIRST NAME CORAZON MIDDLE NAME VILLAR (Continue on separate sheet if necessary SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS RECEIVED UNITS EARNED (if not graduated) (Write in full) From To FLEMENTARY BAYBAY SOUTH CENTRAL SCHOOL PRIMARY EDUCATION 1995 2001 GRADUATED 2001 NONE SECONDARY BAYBAY NATIONAL HIGH SCHOOL HIGH SCHOOL 2001 2005 GRADUATED 2005 NONE VOCATIONAL / TESDA SMAW NCI AUG 2011 NOV. 2011 GRADUATED 2011 NONE COLLEGE NIA NIA N/A N/A N/A N/A N/A GRADUATE STUDIES NIA NIA NIA NIA NIA NIA SIGNATURE DATE 10-09-2023

IV. CIVIL SERVICE ELIGIBILITY 27: CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER PATING			DATE OF		LICENSE (if-applicable)				
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
DRIVER'S LICENSE			NON-PROF	6/9/2020 LTO BAYBAY				H-12-20-001942	11/17/202
		di di militari. Di siliminati con circa y suste di similari di mana					n terdeli viti samminuum valimetun eti		
V WORK	EXPERIENCE		(Co	ntinue on separate sheet i	f necessary)				
		t. Start from your recent	work) Description	of duties should be i	indicated in the attached	Work Exper	lence sheet.		
	USIVE DATES im/dd/yyyy) To	POSITION TI (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
NOV. 2012	DEC.2013	LABORE	ER .	VISAYAS ST	ATE UNIVERSITY	220/DAY	N/A	JO	YES
JAN.2014	MAY.2014	UTILITY/WELD	ER AIDE	VISAYAS STATE UNIVERSITY		240/DAY	N/A	JO	YES
JULY.2014	NOV.15, 2018	WELDER/MESENG	ER/UTILITY	VISAYAS STATE UNIVERSITY		300/DAY	N/A	JO.	YES.
NOV.16,2018	DEC.31,2019	ADMIN. AI	DE I	VISAYAS STATE UNIVERSITY		503.09/DAY	1	CASUAL	YES
JAN.1,2020	DEC.31,2020	ADMIN. AI	DE I	VISAYAS ST	529.05/DAY	1	CASUAL	YES	
JAN.1,2021	DEC.31,2021	ADMIN. All	DE I	VISAYAS STATE UNIVERSITY		547.00/DAY	1	CASUAL	YES
JAN.1,2022	DEC.31, 2022	ADMIN. All	DE I	VISAYAS STATE UNIVERSITY		568.95/DAY	1	CASUAL	YES
JAN.1, 2023	DEC.31,2023	ADMIN. AIDE I		VISAYAS STATE UNIVERSITY		590.91/DAY	1	CASUAL	YES
								_	
				1					
		*							
30									
0/01/	TUDE		(Con	tinue on separate sheet if					
SIGNA	TURE				DATE		0-09-	- 2023 FORM 212 (Revised 20	

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT /	PEOPLE / VOL	UNTARY OF	RGANIZATIONS		The your plantage of the second of the secon	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A							
		-					
	(Con	ntinue on separate	sheet if necessar	y)			
VII. LEARNING AND DEVELOPMENT (L&D) II						a una lo beralinas dues i lavo una evidit de	
30. TITLE OF LEARNING AND DEVELOPMENT INTE	recent L&D. training program and include only the relevant L&D. training taken for the last control of the		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy) From To			Supervisory/ Technical/etc)	(Write in full)	
SMAW NCII (TESD.	A)	1/8/2011	11/16/2011	520.0	Technical	TECHNICAL EDUTATION & SKILLS DEVELOPMENT AUTHORITY (TESDA)	
FRONTLINE and EXCELLENT CUS	TOMER SERVICE	11/9/2022	11/11/2022	24.0	Customer Service	PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES, INC. (POAP)	
<u> </u>							
		-					
		-		-			
	PI						
	211.12.11.						
	(Co	ntinue on separate	sheet if necessa	iny)			
VIII. OTHER INFORMATION			-				
31. SPECIAL SKILLS and HOBBIES	32. NO		ite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
WELDING		N	Α			N/A	
	91					•	
	(Car	ntinue on separate	sheet if necessary	ryl			
SIGNATURE		minus un separate	arreet ii mecessa	1	ITE	10-09-2023	
						1,000	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate		-		
	Bureau or Department where you will be apppointed, a. within the third degree?				
		YES NO			
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	YES V NO		
			If YES, give details:		
35.	a. Have you ever been found guilty of any administrative offe	nse?	YES NO		
			If YES, give details:		
	b. Have you been criminally charged before any court?		YES VO		
			If YES, give details: Date Filed:		
			Status of Case/s:		
36.	Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation by	☐ YES ☑ NO		
	any court or tribunal?	If YES, give details:			
37	Have you ever been separated from the service in any of the	following modes: maignation			
31.	retirement, dropped from the rolls, dismissal, termination, end	☐ YES ☑ NO If YES, give details:			
	(abolition) in the public or private sector?	The state of the s	in Fee, give details,		
38.		a. Have you ever been a candidate in a national or local election held within the last year (except			
	Barangay election)?		If YES, give details:		
	b. Have you resigned from the government service during the		YES NO		
	election to promote/actively campaign for a national or local of	candidate?	If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	YES : V NQ		
			If YES, give details (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag				
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items.	YES. Z NO.		
		If YES, please specify:			
b.	Are you a person with disability?	YES NO. If YES, please specify ID No:			
C.	Are you a solo parent?		☐ YES ☑ NO		
			If YES, please specify ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a NAME	ADDRESS	TEL NO.		
	MARIO LILIO P. VALENZONA	VSU, PPO, Baybay City	9176341514		
	MARLON G. BURLAS	VSU, PPO, Baybay City	9176341520		
	AMIEL R. ARMADA	VSU, PPO, Baybay City	9154094809		
42.	I declare under oath that I have personally accomplished				
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer				
	agree that any misrepresentation made in this docur				
	administrative/criminal case/s against me.				
	overnment issued ID (= Persport, GSIS, SSS, PRC, Driver's License, etc.)		Million		
н	oversinest issued © PHILHEALTH				
10	0/License/Passport No.; 13-201223255-5	ox)			
D	ate/Place of Issuance: BAYBAY CITY	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	. affiant exhibiti	ng his/her velidly issued government ID as indicated above.		
		E STEORY O. SANTINUM	The second secon		
		Person Administering Oat	th		
		-			