

I. PERSONAL INFORMATION

2. SURNAME	RICARTE		
FIRST NAME	ROLAN	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	CELESTE		
3. DATE OF BIRTH (mm/dd/yyyy)	03/05/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: <input type="checkbox"/> Separated		
7. HEIGHT (m)	1.64	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street
8. WEIGHT (kg)	77	ZIP CODE	N/A SAN AGUSTIN Subdivision/Village Barangay
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121277230502		N/A N/A House/Block/Lot No. Street
12. PHILHEALTH NO.	13-050172312-7		N/A SAN AGUSTIN Subdivision/Village Barangay
13. SSS NO.	06-3697722-2	19. TELEPHONE NO.	BAYBAY LEYTE City/Municipality Province
14. TIN NO.	607-326-351-00000	20. MOBILE NO.	6521
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	N/A 0935 947 2128 ROLANRICARTE.PH@GMAIL.COM

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	ADMINISTRATIVE AIDE III			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY - MAIN CAMPUS			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	+63 53 585 0600 Local 1010			
24. FATHER'S SURNAME	RICARTE			
FIRST NAME	RODOLFO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	PALOMA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CELESTE			
FIRST NAME	MARILYN			
MIDDLE NAME	LUCERNAS			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SAN AGUSTN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2000	2006	N/A	2006	3RD HON. MENTION
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2006	2010	N/A	2010	1ST HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2010	2020	N/A	2020	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/12/2025
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V. WORK EXPERIENCE	
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Include private employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>Robert C. C.</i>	DATE	06/12/2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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7. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED																																																																																																																																																																																																																																																																																				
7.1	7.1.1	7.1.1.1	7.1.1.2	7.1.1.3	7.1.1.4	7.1.1.5	7.1.1.6	7.1.1.7	7.1.1.8	7.1.1.9	7.1.1.10	7.1.1.11	7.1.1.12	7.1.1.13	7.1.1.14	7.1.1.15	7.1.1.16	7.1.1.17	7.1.1.18	7.1.1.19	7.1.1.20	7.1.1.21	7.1.1.22	7.1.1.23	7.1.1.24	7.1.1.25	7.1.1.26	7.1.1.27	7.1.1.28	7.1.1.29	7.1.1.30	7.1.1.31	7.1.1.32	7.1.1.33	7.1.1.34	7.1.1.35	7.1.1.36	7.1.1.37	7.1.1.38	7.1.1.39	7.1.1.40	7.1.1.41	7.1.1.42	7.1.1.43	7.1.1.44	7.1.1.45	7.1.1.46	7.1.1.47	7.1.1.48	7.1.1.49	7.1.1.50	7.1.1.51	7.1.1.52	7.1.1.53	7.1.1.54	7.1.1.55	7.1.1.56	7.1.1.57	7.1.1.58	7.1.1.59	7.1.1.60	7.1.1.61	7.1.1.62	7.1.1.63	7.1.1.64	7.1.1.65	7.1.1.66	7.1.1.67	7.1.1.68	7.1.1.69	7.1.1.70	7.1.1.71	7.1.1.72	7.1.1.73	7.1.1.74	7.1.1.75	7.1.1.76	7.1.1.77	7.1.1.78	7.1.1.79	7.1.1.80	7.1.1.81	7.1.1.82	7.1.1.83	7.1.1.84	7.1.1.85	7.1.1.86	7.1.1.87	7.1.1.88	7.1.1.89	7.1.1.90	7.1.1.91	7.1.1.92	7.1.1.93	7.1.1.94	7.1.1.95	7.1.1.96	7.1.1.97	7.1.1.98	7.1.1.99	7.1.1.100	7.1.1.101	7.1.1.102	7.1.1.103	7.1.1.104	7.1.1.105	7.1.1.106	7.1.1.107	7.1.1.108	7.1.1.109	7.1.1.110	7.1.1.111	7.1.1.112	7.1.1.113	7.1.1.114	7.1.1.115	7.1.1.116	7.1.1.117	7.1.1.118	7.1.1.119	7.1.1.120	7.1.1.121	7.1.1.122	7.1.1.123	7.1.1.124	7.1.1.125	7.1.1.126	7.1.1.127	7.1.1.128	7.1.1.129	7.1.1.130	7.1.1.131	7.1.1.132	7.1.1.133	7.1.1.134	7.1.1.135	7.1.1.136	7.1.1.137	7.1.1.138	7.1.1.139	7.1.1.140	7.1.1.141	7.1.1.142	7.1.1.143	7.1.1.144	7.1.1.145	7.1.1.146	7.1.1.147	7.1.1.148	7.1.1.149	7.1.1.150	7.1.1.151	7.1.1.152	7.1.1.153	7.1.1.154	7.1.1.155	7.1.1.156	7.1.1.157	7.1.1.158	7.1.1.159	7.1.1.160	7.1.1.161	7.1.1.162	7.1.1.163	7.1.1.164	7.1.1.165	7.1.1.166	7.1.1.167	7.1.1.168	7.1.1.169	7.1.1.170	7.1.1.171	7.1.1.172	7.1.1.173	7.1.1.174	7.1.1.175	7.1.1.176	7.1.1.177	7.1.1.178	7.1.1.179	7.1.1.180	7.1.1.181	7.1.1.182	7.1.1.183	7.1.1.184	7.1.1.185	7.1.1.186	7.1.1.187	7.1.1.188	7.1.1.189	7.1.1.190	7.1.1.191	7.1.1.192	7.1.1.193	7.1.1.194	7.1.1.195	7.1.1.196	7.1.1.197	7.1.1.198	7.1.1.199	7.1.1.200	7.1.1.201	7.1.1.202	7.1.1.203	7.1.1.204	7.1.1.205	7.1.1.206	7.1.1.207	7.1.1.208	7.1.1.209	7.1.1.210	7.1.1.211	7.1.1.212	7.1.1.213	7.1.1.214	7.1.1.215	7.1.1.216	7.1.1.217	7.1.1.218	7.1.1.219	7.1.1.220	7.1.1.221	7.1.1.222	7.1.1.223	7.1.1.224	7.1.1.225	7.1.1.226	7.1.1.227	7.1.1.228	7.1.1.229	7.1.1.230	7.1.1.231	7.1.1.232	7.1.1.233	7.1.1.234	7.1.1.235	7.1.1.236	7.1.1.237	7.1.1.238	7.1.1.239	7.1.1.240	7.1.1.241	7.1.1.242	7.1.1.243	7.1.1.244	7.1.1.245	7.1.1.246	7.1.1.247	7.1.1.248	7.1.1.249	7.1.1.250	7.1.1.251	7.1.1.252	7.1.1.253	7.1.1.254	7.1.1.255	7.1.1.256	7.1.1.257	7.1.1.258	7.1.1.259	7.1.1.260	7.1.1.261	7.1.1.262	7.1.1.263	7.1.1.264	7.1.1.265	7.1.1.266	7.1.1.267	7.1.1.268	7.1.1.269	7.1.1.270	7.1.1.271	7.1.1.272	7.1.1.273	7.1.1.274	7.1.1.275

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III. OTHER INFORMATION	
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SIGNATURE	<i>R. M. L. L.</i>	DATE	06/12/2025
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NAME	ADDRESS	TEL. NO.
MILA BALAN	SAN AGUSTIN, BAYBAY CITY, LEYTE	N/A
MIRIAM M. DE LA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	N/A
EVELYN C. SOCORIN	SAN LUCAS, BAYBAY CITY, LEYTE	N/A

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



PHOTO

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath