

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.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	OMPOD		
FIRST NAME	GERALD		NAME EXTENSION (JR., SR)
MIDDLE NAME	DECIO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/09/1997	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	MATAG-OB, 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"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.69	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	70	ZIP CODE	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A STO. ROSARIO Subdivision/Village Barangay MATAG-OB LEYTE City/Municipality Province 6532
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121277743499		
12. PHILHEALTH NO.	13-252631049-0		
13. SSS NO.	34-9995744-4	19. TELEPHONE NO.	N/A
14. TIN NO.	605-418-859-000	20. MOBILE NO.	0950-840-1065
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gerald.ompod@vsu.edu.ph

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	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	OMPOD			
FIRST NAME	ROME	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TORILLAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	DECIO			
FIRST NAME	MICHELLE			
MIDDLE NAME	MORE		(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 VICENTE ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	2004	2010		2010	VALEDICTORIAN
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2010	2014		2014	1ST HONORABLE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING	2014	2019		2019	DOST SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 3, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)



DATE

September 03, 2022

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)


30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Supplemental Review for ABE Licensure Examination 2022 (RESOURCE PERSON)	06/18/2022	06/19/2022	16	Technical	VSU - University Review Services / VSU - Department of Agricultural and Biosystems
Training of Trainers on the Operation and Maintenance of Rice Machinery	04/18/2022	04/22/2022	40	Technical	Philippine Center for Postharvest Development and Mechanization
1st PSABE Visayas-Wide Convention	12/01/2021	12/02/2021	16	Technical	Philippine Society of Agricultural and Biosystems Engineers
CPD Webinar Series for ABEs: "Updates on CPD Implementing Guidelines"	11/16/2021	11/16/2021	8	Technical	CPD Council of Agricultural and Biosystems Engineering
ISO 9001:2015 Awareness and Re-awareness Webinar	09/10/2021	09/10/2021	4	Technical	Visayas State University
Visayas Energy Investment IEC "Diskarteng Enerhiya, Mura Na, Matipid Pa"	09/08/2021	09/08/2021	8	Technical	Department of Energy
Participating the Animal Farm Structures Design COE Month: ABEngs. Week	02/17/2019	02/22/2019	5	Technical	PSAE-VSU; Visca, Baybay City, Leyte
ABE Talks: Postharvest Operations and Losses on the Maor Crops in the Philippines	10/29/2018	10/29/2018	3	Technical	PSAE-VSU; Visca, Baybay City, Leyte
On-the-Job Training	06/14/2018	07/27/2018	240	Technical	Philippine Rice Institute
2-Day Scholar's Formation Program of the Filipino Patriot	04/21/2017	04/22/2017	16	Technical	Department of Science and Technology - Science Education Institute

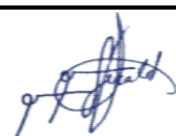
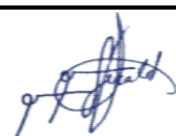
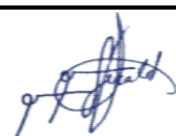
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate (MS Word, MS Excel, MS Powerpoint, etc.)	N/A	Philippine Society of Agricultural and Biosystems Engineers
Structure Design using Computer-Aided Drafting (AutoCAD)		
Photoshop Editing		
Reading Books		
Playing Basketball		
Singing		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 03, 2022
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. BAYRON S. BARREDO</td> <td>TACLOBAN CITY, LEYTE</td> <td>0951 511 2133</td> </tr> <tr> <td>DR. ROBERTO C. GUARTE</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>0999 172 3334</td> </tr> <tr> <td>ENGR. JESSIE JAMES LAYAN</td> <td>SAN VICENTE, DANA O BOHOL</td> <td>0919 612 9545</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. BAYRON S. BARREDO	TACLOBAN CITY, LEYTE	0951 511 2133	DR. ROBERTO C. GUARTE	VSU, BAYBAY CITY, LEYTE	0999 172 3334	ENGR. JESSIE JAMES LAYAN	SAN VICENTE, DANA O BOHOL	0919 612 9545
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0010522</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>ORMOC CITY</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>		Government Issued ID:	PRC ID	ID/License/Passport No.:	0010522	Date/Place of Issuance:	ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  Signature (Sign inside the box) September 03, 2022 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) September 03, 2022 Date Accomplished			
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													



PHOTO

Right Thumbmark