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) 2. SURNAME BONGOT NAME EXTENSION (JR., SR) FIRST NAME WILMA MIDDLE NAME ASIO 3. DATE OF BIRTH 16. CITIZENSHIP **FILIPINO** (mm/dd/yyyy) 7/22/2024 4. PLACE OF BIRTH **CEBU CITY** If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX FEMALE N/A 17. RESIDENTIAL ADDRESS N/A PUROK 4 6 CIVIL STATUS SINGLE House/Block/Lot No N/A GABAS Barangay CITY OF BAYBAY 7. HEIGHT (m) 1.57 City/Municipality Province 8. WEIGHT (kg) 52 ZIP CODE 6521 PUROK 4 18. PERMANENT ADDRESS N/A 9. BLOOD TYPE N/A House/Block/Lot No. Street N/A GABAS 10. GSIS ID NO. N/A Subdivision/Village Barangay CITY OF BAYBAY LEYTE 11. PAG-IBIG ID NO 121162628206 City/Municipality Province 12. PHILHEALTH NO. 13-025161604-4 ZIP CODE 06521 13. SSS NO. 19. TELEPHONE NO. N/A 14 TIN NO 384-211-406-000 09463313999 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. VJ002122 21. E-MAIL ADDRESS (if any) wilma.bongot@vsu.edu.ph AMII Y BACKGROUNI 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A FATHER'S SURNAME BONGOT NAME EXTENSION (JR., SR) FIRST NAME WILLIAM MIDDLE NAME **NAVARRO** 25 MOTHER'S MAIDEN NAME SURNAME ASIO MARY JANE FIRST NAME MIDDLE NAME MALINOG (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED (Write in full) HONORS (Write in full) (if not graduated) RECEIVED From To ELEMENTARY GABAS ELEMENTARY SCHOOL Grade 1 - Grade 6 2000 2006 N/A 2003 N/A FRANCISCAN COLLEGE OF THE IMMACULATE SECONDARY 1st Year - 4th Year 2007 2011 N/A 2007 N/A CONCEPTION VOCATIONAL / NA N/A NA N/A N/A N/A TRADE COURSE FRANCISCAN COLLEGE OF THE IMMACULATE BACHELOR OF SCIENCE IN INFORMATION COLLEGE 2016 2020 N/A 2001 UNIFAST CONCEPTION **TECHNOLOGY GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A N/A SIGNATURE DATE 12-9-2024

	0050111 1 1110		RATING	DATE OF				LICENSE (if ap	iplicable)
BA	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE CSE SUB-PROFESSIONAL 83.26			EVANINATION!		ATION / CONFER	MENT	NUMBER	Date of Validity
			83.26	AUG. 11, 2024	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE		SIN CITY,	N/A	N/A
									3
	XPERIENCE				parate sheet if necessary)				
INCLU	ISIVE DATES m/dd/yyyy) To	Start from your recent POSITION TIT (Write in full/Do not a	TLE	DEPARTMENT / AGEN	ndicated in the attached ICY / OFFICE / COMPANY On not abbreviate)	Mork Experie Monthly Salary	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format '00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
/17/2023	PRESENT	ADMINISTRATIVE	E AIDE III	VSU-MAIN L	VSU-MAIN LEGAL OFFICE		N/A	JOB ORDER	Y
/27/2022	7/17/2023	ENCODE		PUREGOLD BA	9,000.00 3,600.00	N/A N/A	CONTRACTUAL PERMANENT	N N	
/14/2014	12/30/2015	SALESLADYICA	ASHIER ALISON BA						YBAY BRANCH
									-
				(Continue on sepa	arate sheet if necessary)				

	VEMENT IN CIVIC / NON-GOVERNMENT	THE RESIDENCE IN COLUMN 2 IN C	THE R. P. LEWIS CO., LANSING, MICH.				
9. NAME & ADD	RESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
SECULAR FRA	NCISCAN ALLIANCE	2018	2019	N/A		VICE PRESIDENT	
SECULAR FRA	NCISCAN ALLIANCE	2017	2018	N/A		MEMBER	
CYBER L	OGIC SOCIETY	2016 2020		N/A		MEMBER	
II. LEARNING AND DEVELOPMEN	(Con IT (L&D) INTERVENTIONS/TRAINING PR	tinue on separate s	sheet if necessar TENDED	y)			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ON-THE-JOB TRAINEE, PRODUCTION AND CONSTRUCTION DIVISION	WATER QUALITY DIVISION & ENGINEERING/	12/3/2019	70 2/19/2020	300 HOURS	N/A	BAYBAY CITY WATER DISTRICT	
9							
III. OTHER INFORMATION	(Conti	inue on separate si	heet if necessary				
31. SPECIAL SKILLS and HOBBIES	32. NON-/	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					
COMPUTER LITERATE		N/A		(Write in full)			
GOOGLE WORKPLACE							
MICROSOFT OFFICE							
MUSIC							
	(Footb	nue on separate sh	neet if necessary				
	C0//U	v un soparate Sil	Hecessary				

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediately Bureau or Department where you will be apppointed, a. within the third degree?					
		NO				
	b. within the fourth degree (for Local Government Unit - Ca	NO				
			If YES, give details:			
35	a. Have you ever been found guilty of any administrative o	ffansa?				
33.	a. Haro you over book lound guilty of any during addive o	NO				
		If YES, give details:				
			-			
	b. Have you been criminally charged before any court?	NO				
		If YES, give details:				
		Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation by				
	any court or tribunal?	NO If YES, give details:				
		ii i Lo, give details.				
37.	Have you ever been separated from the service in any of t	he following modes: resignation, retirement.	YES			
	dropped from the rolls, dismissal, termination, end of term,	If YES, give details: Resignation				
	in the public or private sector?					
38.	a. Have you ever been a candidate in a national or local el Barangay election)?	NO				
			If YES, give details:			
	 b. Have you resigned from the government service during election to promote/actively campaign for a national or local 	the three (3)-month period before the last	NO			
20			If YES, give details:			
39.	Have you acquired the status of an immigrant or permaner	it resident of another country?	NO INVESTIGATION OF THE PROPERTY OF THE PROPER			
		If YES, give details (country	r):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?	서는 사람이 많은 보고 있는 것이 많은 아들은 아들이 살아야 한 그를 하는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없				
b.	Are you a person with disability?					
	Are you a person with disability?	Are you a person with disability?				
c.	Are you a solo parent?	If YES, please specify ID No:				
			If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
	ATTY. RYSAN C. GUINOCOR	VISCA, BAYBAY CITY, LEYTE	917 312 6266			
	ATTY. KAREN ABEGAIL S. MONTERON	BAYBAY CITY, LEYTE	966 833 2544	(2 4)		
	SHEILA LEMOS	KILIM, BAYBAY CITY, LEYTE	917 328 8769			
42.	I declare under oath that I have personally accomplished		A Marchael Company and Company			
	complete statement pursuant to the provisions of perti	nent laws, rules and regulations of the I	Republic of the			
	Philippines. I authorize the agency head/authorized repres	sentative to verify/validate the contents state	d herein.			
	agree that any misrepresentation made in this doc administrative/criminal case/s against me.	surnent and its attachments shall cause	e the filing of	PHOTO		
_						
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	0				
		Com				
-	overnment Issued ID: PHILHEALTH	2.0				
ID	/License/Passport No.: 13-025161604-4	x)				
D	ate/Place of Issuance: BAYBAY CITY, LEYTE	Right Thumbmark				
	CHROCOURED AND CIA/ODAL	9 DEC 2024 affiant exhibiting				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued governmer	nt ID as indicated above.		
	1	ATTY, INSAN C. GUINOCOR VSU Chie/Lagal Officer				
	L					
		Person Administering Oath	1			