

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



Print legibly. Mark appropriate boxes ☐ with " ☒ " and use separate sheet if necessary.

|  |  |  |  |  |  |  |  |   |  |                                    |  |  |
|--|--|--|--|--|--|--|--|---|--|------------------------------------|--|--|
| 1. SURNAME   |  | MORDIUNA   |  |  |  |  |  |   |  |                                    |  |  |
| FIRST NAME   |  | ALISUN   |  |  |  |  |  |   |  |                                    |  |  |
| MIDDLE NAME  |  | DIAOLIVIA  |  |  |  |  |  |   |  | 2. NAME EXTENSION (e.g., Jr., Sr.) |  |  |
| 3. DATE OF BIRTH (mm/dd/yyyy)  |  | NOV, 1, 2000   |  | 11. PRESENT ADDRESS  |  | BRUY, PANGSUGAN, 3 AYBAY CITY, LEYTE       |  |   |  |                                    |  |  |
| 4. PLACE OF BIRTH  |  | DAYBAY, CITY, LEYTE  |  | 12. ZIP CODE   |  |  |  |   |  |                                    |  |  |
| 5. SEX   |  | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female         |  |  |  |  |  |   |  |                                    |  |  |
| 6. CIVIL STATUS  |  | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed      |  | 13. TEL. NO./CEL. NO.  |  | 09125813130                                |  |   |  |                                    |  |  |
|  |  | <input type="checkbox"/> Married <input type="checkbox"/> Separated              |  | 14. PHILHEALTH NO.   |  | 01-255323 22429                            |  |   |  |                                    |  |  |
|  |  | <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ |  | 15. TIN  |  | 602 - 500 - 266 - 00000                    |  |   |  |                                    |  |  |
| 7. CITIZENSHIP   |  | FILIPINO   |  | 9. WEIGHT (kg)   |  | 60   |  | 16. PAG-BIG ID NO.                                    |  |                                    |  |  |
| 8. HEIGHT (m)  |  |  |  | 10. BLOOD TYPE   |  | O  |  |   |  |                                    |  |  |
| 17. SPOUSE'S SURNAME   |  |  |  | 18. NAME OF CHILD (Write full name and list all)   |  |  |  | DATE OF BIRTH (mm/dd/yyyy)                            |  |                                    |  |  |
| FIRST NAME   |  |  |  |  |  |  |  |   |  |                                    |  |  |
| MIDDLE NAME  |  |  |  |  |  |  |  |   |  |                                    |  |  |
| 19. HIGHEST EDUCATIONAL ATTAINMENT<br>(Please check and underline the specific)  |  |  |  | <input type="checkbox"/> Elementary (Grade ____ / Graduated)<br><input checked="" type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated)<br><input type="checkbox"/> College (1st, 2nd, 3rd, 4th, Undergraduate) Degree |  |  |  |   |  |                                    |  |  |
| 20. CAREER SERVICE ELIGIBILITY   |  |  |  | <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: _____   |  |  |  |   |  |                                    |  |  |
| 21. WORK EXPERIENCE<br>INCLUSIVE DATES (mm/dd/yyyy)  |  | POSITION TITLE<br>(Write in full)  |  | DEPARTMENT / AGENCY / OFFICE /<br>COMPANY / PROJECT<br>(Write in full)   |  | SALARY<br>(Daily or Monthly)               |  | STATUS OF<br>APPOINTMENT<br>(Perm/Temp/<br>Job Order) |  | GOV'T SERVICE<br>(Yes / No)        |  |  |
| From To  |  |  |  |  |  |  |  |   |  |                                    |  |  |
| JUN, 3, 2021 JAN, 15, 2022   |  | B&KHOE OPERATOR  |  | AUIR   |  | 400  |  | JEMP  |  | NO                                 |  |  |
|  |  |  |  |  |  |  |  |   |  |                                    |  |  |
|  |  |  |  |  |  |  |  |   |  |                                    |  |  |
|  |  |  |  |  |  |  |  |   |  |                                    |  |  |
| 22. SPECIAL SKILLS<br>(i.e. computer skills, typing, welding, plumbing,<br>carpentry, auto mechanic, driving, et. al.) |  | Proficiency (Please check)   |  |  |  |  |  | REMARKS   |  |                                    |  |  |
|  |  | Highly Skilled   |  | Average  |  | Fair                                       |  |   |  |                                    |  |  |
| OPERATOR   |  |  |  |  |  | /  |  |   |  |                                    |  |  |
| CARPENTRY  |  |  |  |  |  | /  |  |   |  |                                    |  |  |
| DRIVING  |  |  |  |  |  | /  |  |   |  |                                    |  |  |
| WELDING  |  |  |  |  |  | /  |  |   |  |                                    |  |  |
| 23. RELEVANT TRAININGS<br>SEMINAR/WORKSHOP<br>ATTENDED<br>(Write in full)  |  | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy)                                    |  | NUMBER OF HOURS  |  | CONDUCTED/ SPONSORED BY<br>(Write in full) |  |   |  |                                    |  |  |
|  |  | From To  |  |  |  |  |  |   |  |                                    |  |  |
|  |  |  |  |  |  |  |  |   |  |                                    |  |  |
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