

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	LUMBRE		
FIRST NAME	JACOB	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ROCA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/19/1988	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 City, 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:	17. RESIDENTIAL ADDRESS	ZONE 3 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65		
8. WEIGHT (kg)	65	ZIP CODE	6521
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	ZONE 3 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121218962792	ZIP CODE	6521
12. PHILHEALTH NO.	13-025458978-1		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	716-859-099-000	20. MOBILE NO.	09079212179
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jacoblumbre0110@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	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Deceased			
FIRST NAME	Deceased	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Deceased			
25. MOTHER'S MAIDEN NAME	MYRNA BARTOLINI ROCA			
SURNAME	LUMBRE			
FIRST NAME	MYRNA			
MIDDLE NAME	ROCA		(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	Visca Foundation Elementary School	Primary Education	05/06/1995	16/03/2001	N/A	2001	N/A
SECONDARY	Baybay National HighSchool	High School	04/06/2001	08/04/2005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	University of San Carlos,Cebu City Visayas State University	BS Nursing BS COMPUTER SCIENCE	2005 2010	2008 2016	N/A	2016	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	02/20/20
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CSC PROFESSIONAL	82.7	12/08/2018	St. Joseph College, MAASIN CITY	N/A	N/A
	NAPOLCOM Exam	77.5	22/10/2017	LNU, Tacloban City	N/A	N/A

(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.

28	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/20/2020
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[illegible]

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

INCLUSIVE DATES OF		T-100	

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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[illegible]

SIGNATURE		DATE	00/03/2020
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8/2/2018

02/20/2020

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)												
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>REMBERTO A. PATINDOL (VP for Admin. & Finance, VSU)</td><td>Visayas State University</td><td>563-7108</td></tr><tr><td>WINSTON M. TABADA (Head, Dept. of Computer Science & Technology)</td><td>Visayas State University</td><td>563-7068</td></tr><tr><td>LOUELLA C. AMPAC (Director, Finance)</td><td>Visayas State University</td><td>563-7273</td></tr></table>	NAME	ADDRESS	TEL. NO.	REMBERTO A. PATINDOL (VP for Admin. & Finance, VSU)	Visayas State University	563-7108	WINSTON M. TABADA (Head, Dept. of Computer Science & Technology)	Visayas State University	563-7068	LOUELLA C. AMPAC (Director, Finance)	Visayas State University	563-7273
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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

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	BIR
ID/License/Passport No.:	716-859-099
Date/Place of Issuance:	2/23/18, ORMOC CITY

Signature (Sign inside the box)
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this FEB 20 2020, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 1931
PAGE NO. 22
BOOK NO. 11
SERIES OF 1010

ATTY. STEPHEN JAY L. TAMPADONG PUBLIC ATTORNEY PURSUANT TO R.A. 9406
Person Administering Oath