VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

Print legibly. Mark appropriate boxes with " " and use separate sheet if necessary. and use separate sheet if necessary.																				
1. SURNAME	0 C A Ñ	A D A									1						-	1 1		ı
FIRST NAME	 J E M U	E L	ı	ī	ı		ı	l	1	ı	l				ı			l I	ı	1 1
MIDDLE NAME	A B E L	L A N A									2.	NAME I	EXTEN	ISION (e	e.g. Jr	r., Sr.)			•	
3. DATE OF BIRTH (mm/dd/yyyy))	09/04/1993		11. PR	RESENT	ADDF	RESS													
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE			•			Zone 15	A. T	avera	St. B	aybay	City	, Leyte	. Levte						
5. SEX	ile						Zone 15 A. Tavera St. Baybay City, Leyte													
6. CIVIL STATUS ☐ Single ☐ Widowed 1			12. ZIF	CODE					6521											
☐ Married ☐ Sepa		arated			13. TEL. NO./CEL. NO.			+639169797346												
☐ Annulled ☐ Others, specify			_	14. PHILHEALTH NO.					13-025251624-8											
7. CITIZENSHIP	FILIPINO	9. WEIGHT (kg)	99	15. TI	N						4	59-28	2-473							
8. HEIGHT (m)	171 cm	10. BLOOD TYPE	Α+	16. PA	16. PAG-IBIG ID NO.				121130178904					-						
17. SPOUSE'S SURNAME	ORAÑO				18. NAME OF CH			OF CHI	ILD (Write full name and list all)					DATE OF BIRTH (mm/dd/yyyy)						
FIRST NAME	ANA LEA						JUHANN ANTHON O.				N O. OCAÑADA				05/11/2020					
MIDDLE NAME	GARCIANO						JUV	ANN A	ANTH	ION O. C	CAÑ	ŇADA					05/11/2020			
19. HIGHEST EDUCATIONAL		[] Elementary (Grade		/ Gra	duate	d)														
(Please check and unde	[] High School (1st, 2nd, 3rd, 4th, Graduated)																			
	[/] College (Graduated) Degree: BACHELOR OF SCIENCE IN AGRIBUSINESS																			
20. CAREER SERVICE ELIG	□ Professional □ Sub-Professi			essio	onal						(Others	s, S	pecif	pecify: N/A					
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)				DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full) SALARY (Daily or Monthly)			APPO (Per	TUS OF INTMENT m/Temp/ O Order)		"T SER Yes / No								
From	То			<u> </u>							I			1	JOB					
03/05/2020	PRESENT	OFFICE	CLEF	RK SECUI			IRITY	TY OFFICE, VSU QUENCINA				RDER		YES	<u> </u>					
11/27/2014	05/07/2018	BRANCH A	ASSOC	CIATE			EUPI-PALAWAN PAWNSHOP QUENC			JENCI	NA	REC	GULAR		NO					
06/02/2014	10/22/2014	GOVERNMENT-INT	TERNS	SHIP T	RAIN	EE	LGU CPDO 3 MONTHS				Т	EMP		YES	3					
22. SPECIAL	SKILLS	Proficiency (Plea					(Please check)													
(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Highly Skilled			Average		Fair				REMARKS									
COMPUTER PROFICIENT		1																		
PHOTOGRAPHY	1																			
MS OFFICE PROFICIENT	1																			
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED		INCLUSIVE DATES (mm/c			NUMBER OF H		HOURS CONDUC		CTED/ SPONSORED BY (Write in full)											
(Write i	n full)	From		То							(
DIGITAL JOB	3S PH	09/032019		11/05/	/2019		368 HOURS		RS		DICT									
ANTI-MONEY LAUNDERING	10/25/2017	7 10/26/2017			16 HOURS			EUP			EUPI-PPS									

ADVANCE JEWELRY APPRAISING	10/20/2016	04/22/2017	8 HOURS	EUPI-PPS						
HAPPY TO SERVE YOU AND BASIC MONEY CHANGING SEMINAR	08/11/2016 08/11/2016		8 HOURS	EUPI-PPS						
I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.										
24. COMMUNITY TAX CERTIFICATE NO	ISSUED AT:		ISSUED ON (mm/dd/yy):							
SIGNATURE:	nm/dd/yyyy) July 17, 2020		Pevised 2015							
γ				***************************************						

IV. CIVIL SERVICE ELIGIBILITY							
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR)		DATE OF		LICENSE (if applicable)			
UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC	RATING	RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			NUMBER	DATE OF RELEASE	
	(Co	ontinue on separate	sheet if necessary)				
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VI. SPECIAL SKILLS					
31. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic,		Proficiency			
driving, et. al.)	Highly Skilled	Average	Fair		
(Continue	on separate sheet it	necessary)			
VII. TRAINING PROGRAMS (Start from the most recent tra	aining.)				
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES	INCLUSIVE DATES (mm/de		NUMBER OF	CONDUCTED/ SPONSORED BY	
(Write in full)	From	То	HOURS	(Write in full)	
	110111				
	/ /	/ /			
	1 1	1 1			
	on separate sheet it	necessary)			
 36. Are you related by consanguinity or affinity to any of the following: a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? 	owing: d degree with the appointing authority, g authority, chief of office/bureau/department or as immediate supervision over you in the Office,				
(Continue	e on separate sheet it	necessary)			
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VI.	SPECIAL SKILLS							
22	SPECIAL SKILLS							
22.	(i.e. computer skills, typing, welding, p	i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		xilled	Average	Fair	REMARKS	
VII.	TRAINING PROGRAMS (Start from the n	nost recent training.)						
23.	TITLE OF SEMINAR/CONFERENCE/WORKS	HOD/SHODT COLIDSES	INCLUSIVE DA ATTENDA		NUMBER OF	CONDUCTED/ SPON	ISODED BY	
	(Write in full)	HOLIONION COOKOLO	(mm/dd/y	ууу)	HOURS	(Write in ful		
			From	То				
			1 1	1 1				
			1 1	1 1				
24.	Are you related by consanguinity or		1 1	1 1				
	affinity to any of the following:							
	Within the third degree with the appoint							
	recommending authority, chief of office or person who has immediate supervis	ion over you in the	YES L NO					
Office,Department/Project where you will be appointed?			If YES, give detai	s:				
25.	REFERENCES (Person not related by consangui	inity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL. N	Э.				
						PLEASE PASTE an ID picture taken within		
						the last 6 months (1"X1" or 2" x 2" or Passport \$	Size)	
						(REQUIRED)		
26.	I declare under oath that this Personal	Data Sheet has been	accomplished b	y me, and				
	is a true, correct and complete stateme rules and regulations of the Republic of		visions of pertir	ent laws,				
	rules and regulations of the republic of	i tile i fillippilles.						
I also authorize the agency head / authorized representative to verify / validate the					L			
contents stated herein. I trust that this information shall remain confidential.						PHOTO		
	COMMUNITY TAY OF DIFFICATE NO							
	COMMUNITY TAX CERTIFICATE NO.							
	ISSUED AT	Sign inside the box)						
	1 1							

ISSUED ON (mm/dd/yyyy)

DATE ACCOMPLISHED

RIGHT THUMBMARK
(REQUIRED)

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