

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                       | GOROY   |   |   |
| FIRST NAME                       | ALGIN   | NAME EXTENSION (JR., SR)  |   |
| MIDDLE NAME                      | VALIDA  |   |   |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 1/16/1990   | 16. CITIZENSHIP<br><br>If holder of dual citizenship,<br>please indicate the details. | File No<br>Dual Citizenship<br>by birth by naturalization<br>Pls. indicate country:   |
| 4. PLACE OF BIRTH                | BAYBAY CITY, LEYTE  |   |   |
| 5. SEX                           | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  |   |   |
| 6 CIVIL STATUS                   | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS<br><br>ZIP CODE   | Zone 4<br>House/Block/Lot No. Street<br>GABAS<br>Subdivision/Village Barangay<br>BAYBAY LEYTE<br>City/Municipality Province |
| 7. HEIGHT (m)                    | 1.68  |   |   |
| 8. WEIGHT (kg)                   | 58  |   |   |
| 9. BLOOD TYPE                    | B   |   |   |
| 10. GSIS ID NO.                  | 2004532612  |   |   |
| 11. PAG-IBIG ID NO.              |   | 18. PERMANENT ADDRESS<br><br>ZIP CODE   | Zone 4<br>House/Block/Lot No. Street<br>GABAS<br>Subdivision/Village Barangay<br>BAYBAY LEYTE<br>City/Municipality Province |
| 12. PHILHEALTH NO.               | 1300-0103-5747  |   |   |
| 13. SSS NO.                      | 06-4311400-7  |   |   |
| 14. TIN NO.                      | 454-367-519   | 19. TELEPHONE NO.   | N/A   |
| 15. AGENCY EMPLOYEE NO.          |   | 20. MOBILE NO.  | 09233965800   |
|                                  |   | 21. E-MAIL ADDRESS (if any)   | algin_17@yahoo.com  |

II. FAMILY BACKGROUND

|                          |  |                          |   |                               |
|--------------------------|--|--------------------------|---|-------------------------------|
| 22. SPOUSE'S SURNAME     | GOROY                                      |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH<br>(mm/dd/yyyy) |
| FIRST NAME               | ALLEN                                      | NAME EXTENSION (JR., SR) | GWYNETH ALBERTINE V. GOROY                          | 11/28/2019                    |
| MIDDLE NAME              | PAINGGANAN                                 |                          |   |                               |
| OCCUPATION               | AGRICULTURIST                              |                          |   |                               |
| EMPLOYER/BUSINESS NAME   | AGRICULTURAL TRANING INSTITUTE REGION VIII |                          |   |                               |
| BUSINESS ADDRESS         | VISCA, BAYBAY CITY, LEYTE                  |                          |   |                               |
| TELEPHONE NO.            |  |                          |   |                               |
| 24. FATHER'S SURNAME     | VALIDA                                     |                          |   |                               |
| FIRST NAME               | ALBERTO                                    | NAME EXTENSION (JR., SR) |   |                               |
| MIDDLE NAME              | FERRER                                     |                          |   |                               |
| 25. MOTHER'S MAIDEN NAME |  |                          |   |                               |
| SURNAME                  | DARIA                                      |                          |   |                               |
| FIRST NAME               | GINA                                       |                          |   |                               |
| MIDDLE NAME              | ESQUIBEL                                   |                          | (Continue on separate sheet if necessary)           |                               |

III. EDUCATIONAL BACKGROUND

| 26. LEVEL                    | NAME OF SCHOOL<br>(Write in full)                          | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |           | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP/<br>ACADEMIC HONORS RECEIVED |
|------------------------------|--|--|----------------------|-----------|--|----------------|--|
|                              |  |  | From                 | To        |  |                |  |
| ELEMENTARY                   | VISCA FOUNDATION ELEMENTARY SCHOOL                         | BASIC EDUCATION                                  | 6/1/1998             | 3/30/2002 |  | 2002           | WITH HONORS                              |
| SECONDARY                    | LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL (NOW VSULHS) | SECONDARY EDUCATION                              | 6/1/2002             | 3/30/2006 |  | 2006           | WITH HONORS                              |
| VOCATIONAL /<br>TRADE COURSE | N/A  |  |                      |           |  |                |  |
| COLLEGE                      | VISAYAS STATE UNIVERSITY                                   | BS FOOD TECHNOLOGY                               | 6/1/2006             | 4/1/2010  |  | 2010           | CUM LAUDE                                |
| GRADUATE STUDIES             | VISAYAS STATE UNIVERSITY                                   | MS FOOD SCIENCE AND TECHNOLOGY                   | 11/1/2010            | 4/1/2014  |  | 2014           |  |

(Continue on separate sheet if necessary)

|           |   |      |  |
|-----------|---|------|--|
| SIGNATURE |  | DATE |  |
|-----------|---|------|--|

#### IV. CIVIL SERVICE ELIGIBILITY


[illegible]

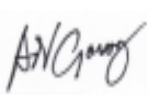
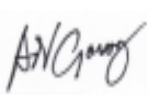
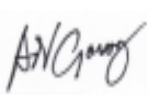
## V. WORK EXPERIENCE

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

[illegible]

|           |   |      |  |
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| SIGNATURE |  | DATE |  |
|-----------|---|------|--|

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S  |   |   |  |                    |   |  |
|--|---|---|--|--------------------|---|--|
| 29.  | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)   | INCLUSIVE DATES<br>(mm/dd/yyyy)   |  | NUMBER OF<br>HOURS | POSITION / NATURE OF WORK                                     |  |
|  |   | From  | To   |                    |   |  |
|  | Christian Aid-Alyansa Tigil Mina and the Visayas State University Typhoon Haiyan Emergency Response in Leyte  | 11/19/2013  | 12/30/2013   |                    | VOLUNTEER   |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
| 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<br>(Write in full)  | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy)                                    |  | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)   |
|  |   | From  | To   |                    |   |  |
|  | Dragon Fruit Processing (Webinar)   | 7/14/2020   | 7/14/2020  | 2                  | TECHNICAL   | Industrial Technology Development Institute  |
|  | Syllabus Writeshop (Gender Fair Education)  | 8/9/2018  | 8/9/2018   | 8                  | TECHNICAL   | Tarlac Agricultural University   |
|  | Gender Fair Education Seminar   | 8/2/2018  | 8/2/2018   | 8                  | TECHNICAL   | Tarlac Agricultural University   |
|  | Training-Workshop on Developing and Packaging of Winning RDE Proposals  | 6/18/2018   | 6/19/2018  | 16                 | TECHNICAL   | Tarlac Agricultural University   |
|  | Seminar Awareness on Food Safety Related Philippine National Standards for the Academe  | 5/31/2018   | 5/31/2018  | 8                  | TECHNICAL   | Bureau of Agriculture and Fisheries Standard (BFAS)  |
|  | Training-Workshop Using Qualitative Data Software NVIVO   | 5/29/2018   | 5/29/2018  | 8                  | TECHNICAL   | Research, Extension and Training, TAU  |
|  | Updating of the RDE Agenda, Proposal Preparation Writeshop and Consultative Meeting   | 4/20/2018   | 4/20/2018  | 8                  | TECHNICAL   | Research, Extension and Training, TAU  |
|  | Gender Responsive Seminar on Work & Non-Work Life Balance   | 3/8/2018  | 3/8/2018   | 8                  | TECHNICAL   | Gender and Development Unit, TAU   |
|  | Training of Trainers on the Flexible Learning Pedagogy (A Capacity Building Course for the Faculty and Staff of the Tarlac Agricultural University) | 2/12/2018   | 2/16/2018  | 40                 | TECHNICAL   | SEAMEO-Regional Center for Educational Innovation and Technology and Tarlac Agricultural University    |
|  | ISO 9001:2015 Quality Management System Awareness Training  | 1/19/2018   | 1/19/2018  | 8                  | TECHNICAL/<br>MANAGERIAL                                      | JBDC Occupational, Health, Safety and Environment Consultancy and TAU                                  |
|  | ISO 9001:2015 Quality Management System Internal Audit Course   | 9/25/2017   | 9/25/2017  | 8                  | TECHNICAL/<br>MANAGERIAL                                      | JBDC Occupational, Health, Safety and Environment Consultancy and TAU                                  |
|  | ISO 9001:2015 Quality Management Risk and Opportunity Training and Workshop   | 8/19/2017   | 8/19/2017  | 8                  | TECHNICAL/<br>MANAGERIAL                                      | JBDC Occupational, Health, Safety and Environment Consultancy and TAU                                  |
|  | ISO 9001:2015 Quality Management System Documentation Training  | 8/28/2017   | 8/29/2017  | 16                 | TECHNICAL/<br>MANAGERIAL                                      | JBDC Occupational, Health, Safety and Environment Consultancy and TAU                                  |
|  | ISO 9001:2015 Quality Management System Awareness Training  | 8/17/2017   | 8/17/2017  | 8                  | TECHNICAL/<br>MANAGERIAL                                      | JBDC Occupational, Health, Safety and Environment Consultancy and TAU                                  |
|  | Gender and Development Seminar for the Employees  | 3/21/2017   | 3/21/2017  | 8                  | TECHNICAL   | Gender and Development Unit, TAU   |
|  | Training Seminar on Nutrition Facts Computation, Drafting and Labeling  | 11/28/2016  | 11/28/2016   | 8                  | TECHNICAL   | DOST Region 3 Regional Standards and Testing Laboratory  |
|  | GAD-Related Seminar Among Research Proponents   | 5/16/2016   | 5/18/2018  | 24                 | TECHNICAL   | DA-BAR   |
|  | National DOST-SEI ASTHRDP-NSC Scholars' Conference  | 5/7/2015  | 5/8/2015   |                    | TECHNICAL   | DOST-SEI and Accelerated Science and Technology and Human Resource Department - NSC                    |
|  | Training on Marketing and Commercialization of Agriculture Products in Region 3   | 3/5/2015  | 3/6/2015   | 16                 | TECHNICAL   | Agricultural Training Institute-Regional Training Center III and CLARRDEC                              |
|  | International Training on Food Processing Methods and Food Safety Protocols   | 11/2/2014   | 12/15/2014   | 240                | TECHNICAL   | United Nations University-Japan (UNU-IAS) and PRCRTC   |
|  | 14th Annual Scientific Meeting and Symposium of the Mycological Society of the Philippines, Inc. (MSP), Theme: "Doing Business with Fungi"          | 4/24/2012   | 4/24/2012  | 8                  | TECHNICAL   | National Institute of Molecular Biology and Biotechnology (BIOTECH), University of the                 |
|  | Seminar on "Understanding the Science, Safety and Benefits of Bt Crops Technology"  | 12/7/2010   | 12/7/2010  | 8                  | TECHNICAL   | (hilipine Rootcrop Research and Training Center  |
|  | Training on the Use of Granulated Microbial Rennet in Cheese Making   | 9/21/2010   | 9/21/2010  | 8                  | TECHNICAL   | The National Institute of Molecular Biology and Biotechnology of the University of the Philippines Los |
|  | AFNR Training on Entrepreneurship   | 1/29-31/2010  | 2/6-7/2010   |                    | TECHNICAL   | Agriculture, Forestry and Natural Resources  |
|  | Summer Orientation Enrichment Program (SOEP) for DOST Scholars  | 5/2/2006  | 5/31/2006  |                    | TECHNICAL   | Department of Science and Technology Region VIII   |
|  |   |   |  |                    |   |  |
| VIII. OTHER INFORMATION  |   |   |  |                    |   |  |
| 31.  | SPECIAL SKILLS and HOBBIES  | 32.   | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33.                | MEMBERSHIP IN<br>ASSOCIATION/ORGANIZATION<br>(Write in full)  |  |
|  |   |   |  |                    | Philippine Association of Food Technologists (PAFT), Inc.     |  |
|  |   |   |  |                    | Mycological Society of the Philippines (MSP), Inc.            |  |
|  |   |   |  |                    | Philippine Society for Lactic Acid Bacteria (PSLAB), Inc      |  |
|  |   |   |  |                    |   |  |
|  |   |   |  |                    |   |  |
| SIGNATURE  |   |  |  | DATE               |   |  |
| CS FORM 2-2 (Revised 2017), Page 3 of 4  |   |   |  |                    |   |  |

|  |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
|--|--|---------------------------|-----------------------|---------------|-----------------------------|-----------------------|-------------------------|-----------------------------|--|---|---------------------------------|--------------------------------|----------------------------|---|
| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details:<br/>_____</div>   |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details:<br/>_____</div> <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details:<br/>Date Filed: _____<br/>Status of Case/s: _____</div>  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details:<br/>_____</div>   |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 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?  | <div>YES<input checked="" type="checkbox"/>NO<input type="checkbox"/></div> <div>If YES, give details:<br/>_____Resignation</div>  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details: _____</div> <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details: _____</div>  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 39. Have you acquired the status of an immigrant or permanent resident of another country?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, give details (country):<br/>_____</div>   |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 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:<br>a Are you a member of any indigenous group?<br>b Are you a person with disability?<br>c Are you a solo parent?   | <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, please specify: _____</div> <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, please specify ID No: _____</div> <div>YES<input type="checkbox"/>NO<input checked="" type="checkbox"/></div> <div>If YES, please specify ID No: _____</div> |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)   |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>LILIBETH B. LARANANG, Ph.D.</td><td>TAU, CAMILING, TARLAC</td><td></td></tr><tr><td>RESTITUTA B. PARAGAS, Ph.D.</td><td>TAU, CAMILING, TARLAC</td><td></td></tr><tr><td>JULIE D. TAN, Ph.D.</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td></td></tr></table>  |  | NAME                      | ADDRESS               | TEL. NO.      | LILIBETH B. LARANANG, Ph.D. | TAU, CAMILING, TARLAC |                         | RESTITUTA B. PARAGAS, Ph.D. | TAU, CAMILING, TARLAC  |   | JULIE D. TAN, Ph.D.             | VSU, VISCA, BAYBAY CITY, LEYTE |                            | <div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)<br/><br/>With full and handwritten name tag and signature over printed name<br/><br/>Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div> |
| NAME   | ADDRESS  | TEL. NO.                  |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| LILIBETH B. LARANANG, Ph.D.  | TAU, CAMILING, TARLAC  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| RESTITUTA B. PARAGAS, Ph.D.  | TAU, CAMILING, TARLAC  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| JULIE D. TAN, Ph.D.  | VSU, VISCA, BAYBAY CITY, LEYTE   |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| 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. |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| <table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number</td></tr><tr><td>Government Issued ID:</td><td>PhilHealth ID</td></tr><tr><td>ID/License/Passport No.</td><td>13-000103574-7</td></tr><tr><td>Date/Place of Issuance:</td><td>Baybay, Leyte</td></tr></table>   | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  | PLEASE INDICATE ID Number | Government Issued ID: | PhilHealth ID | ID/License/Passport No.     | 13-000103574-7        | Date/Place of Issuance: | Baybay, Leyte               | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | Date Accomplished              | <div>Right Thumbmark</div> |   |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  | PLEASE INDICATE ID Number  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| Government Issued ID:  | PhilHealth ID  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| ID/License/Passport No.  | 13-000103574-7   |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| Date/Place of Issuance:  | Baybay, Leyte  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
|   |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| Signature (Sign inside the box)  |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| Date Accomplished  |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.  |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |
| <div>Person Administering Oath</div>   |  |                           |                       |               |                             |                       |                         |                             |  |   |                                 |                                |                            |   |