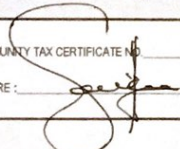


VISAYAS STATE UNIVERSITY
PERSONAL DATA SHEET
For Job Order Workers

PLEASE PASTE an
ID picture taken within
the last 6 months
(2" x 2" or Passport Size)

(REQUIRED)

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

1. SURNAME ARCAMO		2. NAME EXTENSION (e.g. Jr., Sr.) JR	
FIRST NAME SILVERIO			
MIDDLE NAME BELLO			
3. DATE OF BIRTH (mm/dd/yyyy) 12/11/1974		11. PRESENT ADDRESS LOT 2, BLK 4, BUENA VIDA HEIGHTS SUBD, SAN PABLO, ORMOC CITY	
4. PLACE OF BIRTH		12. ZIP CODE 6541	
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		13. TEL. NO./CEL. NO. 09177200089	
6. CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/>		14. PHILHEALTH NO. 13-000062975-9	
7. CITIZENSHIP FILIPINO	9. WEIGHT (kg) 75	15. TIN 933-847-763	16. PAG-IBIG ID NO. 170000043651
8. HEIGHT (m) 165.	10. BLOOD TYPE O		
17. SPOUSE'S SURNAME ARCAMO		18. NAME OF CHILD (Write full name and list all) KERIT LAM P. ARCAMO	
FIRST NAME NORLITA		DATE OF BIRTH (mm/dd/yyyy) 12/16/98	
MIDDLE NAME PAJARES		KATE NORLITE D. ARCAMO	
19. HIGHEST EDUCATIONAL ATTAINMENT (Please check and underline the specific) <input type="checkbox"/> Elementary (Grade ____ / Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input checked="" type="checkbox"/> College (1st, 2nd, 3rd, 4th, Graduated) Degree: DOCTOR OF MEDICINE			
20. CAREER SERVICE ELIGIBILITY <input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: _____			
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY PROJECT (Write in full)
From	To		
June 25, 2020	PRESENT	MEDICAL SPECIALIST	DEPT OF SURGERY
July 4, 2005	2008	MEDICAL OFFICER III	DEPT OF SURGERY
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check)	
		Highly Skilled	Average
			Fair
NA			
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)	NUMBER OF HOURS
	From	To	
NA			
		CONDUCTED/ SPONSORED BY (Write in full)	
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/yyyy) _____	
SIGNATURE: 		DATE ACCOMPLISHED: (mm/dd/yyyy) _____	