

## PERSONAL DATA SHEET

V00055

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

1. GS ID No.

(to be filled y CSC)

## I. PERSONAL INFORMATION

2. SURNAME	A N T I P A S O			3. NAME EXTENSION (e.g. Jr. Sr.)	NA
FIRST NAME	V I C E N T E				
MIDDLE NAME	B U C O G				
4. DATE OF BIRTH (mm/dd/yyyy)	09	02	1957	16. RESIDENTIAL ADDRESS	CATTLEA DORMITORY LEYTE STATE UNIVERSITY VISCA, BAYBAY, LEYTE
5. PLACE OF BIRTH	LA LIBERTAD, NEGROS ORIENTAL			ZIP CODE	6521 - A
6. SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female		17. TELEPHONE NO.	(053) 335-3829
7. CIVIL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed		18. PERMANENT ADDRESS	INSTITUTE OF HUMAN KINETICS LEYTE STATE UNIVERSITY VISCA, BAYBAY, LEYTE
	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Separated		ZIP CODE	6521 - A
	<input type="checkbox"/> Annulled	<input type="checkbox"/> Others, specify _____		19. TELEPHONE NO.	(053) 335-2622
8. CITIZENSHIP	FILIPINO			20. E-MAIL ADDRESS (if any)	totsan_ph@yahoo.com
9. HEIGHT (m)	72 cm			21. CELL PHONE NO. (if any)	9196676298
10. WEIGHT (kg)	68 kg			22. AGENCY EMPLOYEE NO.	20-404
11. BLOOD TYPE	"A"			23. TIN	104-766-570
12. GSIS ID NO.	B57S2VBA018				
13. PAG-IBIG ID NO.	VBA241559-000				
14. PHILHEALTH NO.	13-000014324-4				
15. SSS NO.	NA				

## II. FAMILY BACKGROUND

24. SPOUSES' SURNAME	D I E S T R O	25. NAME OF CHILDREN (Write full name and list all)	Date of Birth (mm/dd/yyyy)
FIRST NAME	C O N N E L	VINCENT NEL	08 29 1986
MIDDLE NAME	D I E S T R O	DIEZANNE JIREH	07 22 1994
OCCUPATION	Education Research Assistant		/ /
EMPLOYER/BUS. NAME	Leyte State University (LSU)		/ /
BUSINESS ADDRESS	Off of the Vice Pres for Acad. Aff. LSU		/ /
TELEPHONE NO.	(053) 335-2631		/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	ANTIPASO		/ /
FIRST NAME	ENRIQUE		/ /
MIDDLE NAME	ESTORCO		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	BUCOG		/ /
FIRST NAME	PACIFICA		/ /
MIDDLE NAME	CASAGAN		/ /
(Continue on separate sheet if necessary)			

## III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE/ COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE	SCHOLARSHIP ACADEMIC/ HONORS RECEIVED
ELEMENTARY	La Libertad Elementary School La Libertad, Negros Oriental	Elementary	1970		From 1964 To 1970	
SECONDARY	Saint Francis School La Libertad, Negros Oriental	Secondary	1976		1972 1976	
VOCATIONAL/ TRADE COURSE	NA					
COLLEGE	Silliman University Dumaguete City	Bachelor of Science in Education (Phy. Educ)	1981		1977 1981	
GRADUATE STUDIES	University of the Philippines Diliman, Quezon City	Master of Physical Education	1988		1984 1988	

(Continue on separate sheet if necessary)

VICENTE B. ANTIPASO

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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

**V. WORK EXPERIENCE** (Include private employment. Start from your current work)

[illegible]

(Continue on separate sheet if necessary)



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC/NON-GOVERNMENT/PEOPLE/VOLUNTARY ORGANIZATIONS				
31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION/ NATURE OF WORK
	From	To		
LEYTE TEAM TENNIS CHAMPIONSHIPS	1994	Present	2 days/summer	TOURNAMENT DIRECTOR
BAYBAY FIESTA SPORTS AND ATHLETICS				MEMBER, TECHNICAL SPORTS
COMPETITION	2001	Present	Every December	COMMITTEE
ASSOCIATION OF BARANGAY CAPTAINS -	2002	Present	Per request	RESOURCE PERSON IN SPORTS AND
BAYBAY				ATHLETICS
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
(Continue on separate sheet if necessary)				
VII. TRAINING PROGRAMS (Start from the most recent training)				
32. TITLE OF SEMINAR/CONFERENCE WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
2ND VISAYAS MOUNTAIN FESTIVAL	02/04/05	02/26/05	3 days	MT. PANGASUGAN TRAILBLAZERS
				ASSOCIATION, INC.
SEMINAR WORKSHOP ON GENDER, SEXUALITY,	11/12/04	11/13/04	16 hours	INSTITUTE OF STRATEGIC RESEARCH AND
REPRODUCTIVE HEALTH				DEVELOPMENT STUDIES (ISRDS)
CAVERS JAM 2004	08/26/04	08/29/04	4 days	PROVINCE OF SOUTHERN LEYTE
NATIONAL SEMINAR WORKSHOP ON SCIENTIFIC	07/23/04	07/25/04	3 days	
TRAINING AND COACHING				INSTITUTE OF HUMAN KINETICS (IHK)
25th MOUNTAINEERING CONGRESS	02/23/04	02/29/04	1 week	MOUNTAINEERING FEDERATION OF THE
				PHILIPPINES, SUBIC, ZAMBALES
JUNGLE ENVIRONMENTAL SURVIVAL TRAINING	02/25/04	02/26/04	2 days	JUNGLE ENVIRONMENTAL SURVIVAL
				TRAINING CAMP, SUBIC, ZAMBALES
1ST VISAYAS MOUNTAIN FESTIVAL	01/08/04	01/11/04	4 days	CUERNOS DE NEGROS MOUNTAINEERING
				CLUB, INC.
SEMINAR ON TEACHING AS A VOCATION	01/03/04	01/03/04	1 day	LEYTE STATE UNIVERSITY (LSU)
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
(Continue on separate sheet if necessary)				
VIII. OTHER INFORMATION				
33. SPECIAL SKILLS/HOBBIES:	34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)		35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
OFFICIATING BASKETBALL	SECRETARY GENERAL, BASKETBALL		BASKETBALL REFEREES COMMISSION -	
OFFICIATING ATHLETICS	REFEREES COMMISSION-5TH DISTRICT, LEYTE		REGION 8	
MOUNTAINEERING	NATIONAL OFFICIATING OFFICIALS		PHILIPPINE AMATEUR TRACK AND FIELD	
ORGANIZE AND MANAGE DIFFERENT SPORTS	BOARD OF DIRECTOR-MOUNTAINEERING		ASSOCIATION	
AND ATHLETIC COMPETITION	FEDERATION OF THE PHILIPPINES		MOUNTAINEERING FEDERATION OF THE	
PLAYING TENNIS	VICENTE B. ADUPLAO		PHILIPPINES	



<p>36. Are you related by consanguinity or affinity to any of the following:</p> <p>a. Within the third degree (for NATIONAL GOVERNMENT Employees): 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?</p> <p>b. Within the fourth degree (for LOCAL GOVERNMENT Employees): appointing authority or recommending authority where you are appointed?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>37. a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>39. 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, AWOL or phased out, in the public or private sector?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and © Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p>

42. REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

NAME	ADDRESS	TEL. NO.
ALKUINO, JOSE M.	OVPAF, LSU, BAYBAY, LEYTE	(053) 335-2602
BACUSMO, JOSE L.	OVPRE, LSU, BAYBAY, LEYTE	(053) 335-2617
PALOMAR, MANUEL K.	OVPAA, LSU, BAYBAY, LEYTE	(053) 335-2631

43. I declare under oath that this Personnel 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

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein.  
I trust that this information shall remain confidential.



PHOTO

<b>23504797</b>
COMMUNITY TAX CERTIFICATE NO.
<b>BAYBAY, LEYTE</b>
ISSUED AT
<b>FEB. 08, 2005</b>
ISSUED ON (mm/dd/yy)

SIGNATURE (Sign inside the box)
<b>MAR. 28, 2005</b>
DATE ACCOMPLISHED



RIGHT THUMBMARK