

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	Guinocor		
FIRST NAME	Rysan	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Cayunda		
3. DATE OF BIRTH (mm/dd/yyyy)	06/21/1981	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, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
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	
7. HEIGHT (m)	1.00	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	1.00		Subdivision/Village Barangay
9. BLOOD TYPE	A-		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V00730		City/Municipality Province
		19. TELEPHONE NO.	1
		20. MOBILE NO.	1
		21. E-MAIL ADDRESS (if any)	rysanguinocor@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Guinocor		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Merry Christ'l	NAME EXTENSION (JR., SR)	Zeke Ryan S. Guinocor	09/22/2012
MIDDLE NAME	Supnet		Ziah Riona S. Guinocor	12/21/2014
OCCUPATION	Medical Officer III			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	Baybay City, Leyte			
TELEPHONE NO.				
24. FATHER'S SURNAME	Guinocor			
FIRST NAME	Henry	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Cayunda			
25. MOTHER'S MAIDEN NAME	Gloriosa Muertigue Cayunda			
SURNAME	Guinocor			
FIRST NAME	Gloriosa			
MIDDLE NAME	Cayunda		(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	Elementary	1988	1994		1994	N/A
SECONDARY	Visayas State University Laboratory High School	High School	1994	1998		1998	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	University of San Carlos	College	2005	2009		2009	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/27/2023
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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
	Lawyer		N/A	N/A	N/A	N/A
	Medical Technology Board Exam		N/A	N/A	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 (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/01/2023	PRESENT	Chief Administrative Officer	Visayas State University	90,078.00	24-1	Permanent	Y
01/25/2022		Chief Administrative Officer	Visayas State University	88,410.00	24-1	Permanent	Y
01/25/2022		Chief Administrative Officer	Visayas State University	86,742.00	24-1	Permanent	Y
01/01/2022	01/24/2022	Attorney IV	Visayas State University	84,836.00	23-6	Permanent	Y
10/01/2021		Attorney IV	Visayas State University	83,235.00	23-6	Permanent	Y
10/01/2021		Attorney IV	Visayas State University	83,235.00	23-6	Permanent	Y
01/01/2021		Attorney IV	Visayas State University	81,899.00	23-5	Permanent	Y
01/01/2020		Attorney IV	Visayas State University	80,324.00	23-5	Permanent	Y
01/01/2019		Attorney IV	Visayas State University	78,749.00	23-5	Permanent	Y
10/01/2018	12/31/2018	Attorney IV	Visayas State University	69,627.00	23-5	Permanent	Y
01/01/2018	09/30/2018	Attorney IV	Visayas State University	68,598.00	23-4	Permanent	Y
01/01/2017	12/31/2017	Attorney IV	Visayas State University	60,732.00	23-4	Permanent	Y
01/01/2016	12/31/2016	Attorney IV	Visayas State University	53,767.00	23-4	Permanent	Y
01/01/2016		Attorney IV	Visayas State University	52,466.00	23-2	Permanent	Y
10/01/2015	12/31/2015	Attorney IV	Visayas State University	46,571.00	-	Permanent	Y
11/01/2012	09/30/2015	Attorney IV	Visayas State University	46,064.00	-	Permanent	Y
06/01/2012	10/31/2012	Attorney IV	Visayas State University	46,064.00	-	Temporary	Y
01/16/2012	05/31/2012	Attorney IV	Visayas State University	40,604.00	-	Temporary	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/27/2023
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

#### 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)*

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	02/27/2023
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<div>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)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<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>		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: Resignation as med tech</div></div>												
<div>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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
<div>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.</div>		<div><div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A</div><div><div>Signature (Sign inside the box) 02/27/2023 Date Accomplished</div><div>Right Thumbmark</div></div></div></div></div>												
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div> </div><div>Person Administering Oath</div></div>														