

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	Ponce			
FIRST NAME	Bryan	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Mazo			
3. DATE OF BIRTH (mm/dd/yyyy)	12/04/1987	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	brgy.marcos baybay,leyte	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX	☒ Male ☐ Female			
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		
7. HEIGHT (m)	1.70	ZIP CODE	House/Block/Lot No. Street Marcos Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
8. WEIGHT (kg)	75.00		6521	
9. BLOOD TYPE	O+		18. PERMANENT ADDRESS	
10. GSIS ID NO.	N/A		ZIP CODE	House/Block/Lot No. Street Marcos Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
11. PAG-IBIG ID NO.	N/A			6521
12. PHILHEALTH NO.	N/A			
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A
14. TIN NO.	N/A	20. MOBILE NO.	905-671-1296	
15. AGENCY EMPLOYEE NO.	VJO00680	21. E-MAIL ADDRESS (if any)	bryan.ponce@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Ponce		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Beverly Ann	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	Solano			
OCCUPATION	Housewife			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Ponce			
FIRST NAME	Rogelio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Endrina			
25. MOTHER'S MAIDEN NAME	Francisca A. Mazo			
SURNAME	Ponce			
FIRST NAME	Francisca			
MIDDLE NAME	Mazo		(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	Marcos/San Agustin Elementary School	Elementary	1994	2000		2000	N/A
SECONDARY	Caridad National High School	High School	2001	2004		2004	N/A
VOCATIONAL/ TRADE COURSE	TESDA	SMAW NC II	2024	2029		2029	N/A
VOCATIONAL/ TRADE COURSE	TESDA COGON BAYBAY	ELECTRICAL INSTALLATION MAINTENANCE	2020	2020		2020	N/A
VOCATIONAL/ TRADE COURSE	Calubian National Vocational School	ELECTRICAL INSTALLATION MAINTENANCE	2012	2017		2017	N/A
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/06/2024
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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		
	KABALIKAT CIVICOM baybay	03/01/2017	PRESENT	1	member

(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)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Snake Bite and Marine Aquatic Envenomation Seminar	02/28/2024	02/28/2024	8	Technical	VSU UDRRMSSO
	Basic Life support wd cpr AED and Bag Valve application Occupational First Aid Training	02/26/2024	02/28/2024	24	Technical	VSU UDRRMSSO
	5S	11/29/2023	11/29/2023	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	BASIC LIFE SUPPORT-CPR 2020 GUIDLINES with FBAO FOR HEALTCARE WORKER AND STANDARD FIRST AID TRAINING	06/10/2023	06/12/2023	24	Technical	KABALIKAT 938-BAYBAY
	Basic Life Support (CPR & AED)	07/21/2022	07/22/2022	8	Technical	(DOH) Department of Health
	ONLY HANDS CPR	07/21/2022	07/22/2022	8	Technical	(DOH) Department of Health
	BASIC LIFE SUPPORT AND STANDARD FIRST AIDE	06/01/2021	06/04/2021	0	Technical	BAYBAY EMERGENCY RESPONSE UNIT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		Kabalikat Civicom

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/06/2024
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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)?		☐YES☒NO ☐YES☒NO If YES, give details:												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		☐YES☒NO If YES, give details: ☐YES☒NO If YES, give details: Date Filed: Status of Case/s:												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		☐YES☒NO If YES, give details:												
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?		☐YES☒NO If YES, give details:												
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?		☐YES☒NO If YES, give details: ☐YES☒NO If YES, give details:												
39. Have you acquired the status of an immigrant or permanent resident of another country?		☐YES☒NO If YES, give details (country):												
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?		☐YES☒NO If YES, please specify: ☐YES☒NO If YES, please specify ID No ☐YES☒NO If YES, please specify ID No												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
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.		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 PHOTO Right Thumbmark												
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	Signature (Sign inside the box) 06/06/2024 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														