

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	COME		
FIRST NAME	WARREN		NAME EXTENSION (JR., SR)
MIDDLE NAME	DE VEYRA		
3. DATE OF BIRTH (mm/dd/yyyy)	11-11-1977	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	PHILIPPINES	
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT 27 KILBOURNE DRIVE House/Block/Lot No. Street VSU COMPOUND PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'8	18. PERMANENT ADDRESS	1351 DEL ROSARIO ST House/Block/Lot No. Street DISTRICT 8 Subdivision/Village Barangay BURAUEN LEYTE City/Municipality Province
8. WEIGHT (kg)	79	ZIP CODE	6521-A
9. BLOOD TYPE	B+	19. TELEPHONE NO.	NONE
10. GSIS ID NO.	2004325741	20. MOBILE NO.	09994318308
11. PAG-IBIG ID NO.	913218599534	21. E-MAIL ADDRESS (if any)	warren.come@vsu.edu.ph
12. PHILHEALTH NO.	19-089892676-5		
13. SSS NO.	06-2275532-2		
14. TIN NO.	937-643-063		
15. AGENCY EMPLOYEE NO.	V00776		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SALES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RENEZITA	NAME EXTENSION (JR., SR)	JOHNA LOUREN S. COME	4-6-2005
MIDDLE NAME	FERNANDEZ		JUANCHO EZEKIEL S. COME	4-8-2013
OCCUPATION	ASSOCIATE PROFESSOR IV			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY			
TELEPHONE NO.	053-5637552			
24. FATHER'S SURNAME	COME			
FIRST NAME	ALEJANDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BULIC			
25. MOTHER'S MAIDEN NAME	DE VEYRA			
SURNAME	COME			
FIRST NAME	LOURDES			
MIDDLE NAME	MONGE			

(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	BURAUEN NORTH CENTRAL SCHOOL	ELEMENTARY	1984	1990	GRADUATED	1990	NONE
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	HIGH SCHOOL	1990	1994	GRADUATED	1994	NONE
COLLEGE	LEYTE STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE	1994	1998	GRADUATED	1998	NONE
	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	1998	2003	GRADUATED	2003	NONE
GRADUATE STUDIES	UNIVERSITY OF KASSEL, GERMANY	MASTERS IN INTERNATIONAL ORGANIC AGRICULTURE	2008	2011	GRADUATED	2011	NONE
	UNIVERSITY OF THE PHILIPPINES LOS BANOS	PHD IN ANIMAL SCIENCE	2016	PRESENT	ON-GOING	N/A	CHED

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	April 25, 2017

[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]

SIGNATURE		DATE	April 25, 2017
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC OR GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

(Continue on separate sheet if necessary)


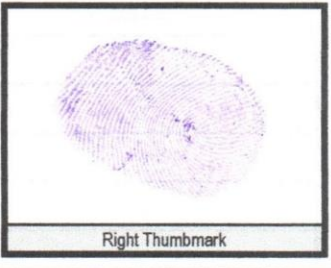
VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 25, 2017
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<p>34. Are you related by consanguinity or affinity to 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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. 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>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. DINAH M. ESPINA</td> <td>DAS,CAFS, VSU</td> <td>NONE</td> </tr> <tr> <td>DR. LOLITO C. BESTIL</td> <td>DAS,CAFS, VSU</td> <td>NONE</td> </tr> <tr> <td>DR. EUGENE B. LANADA</td> <td>CVM,VSU</td> <td>NONE</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. DINAH M. ESPINA	DAS,CAFS, VSU	NONE	DR. LOLITO C. BESTIL	DAS,CAFS, VSU	NONE	DR. EUGENE B. LANADA	CVM,VSU	NONE
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<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: DRIVERS LICENSE</p> <p>ID/License/Passport No.: H10-04-001790</p> <p>Date/Place of Issuance: NOV. 13, 2015/ BAYBAY CITY</p>	<p>Signature (Sign inside the box)</p> <p>APRIL 25, 2017</p> <p>Date Accomplished</p>												
<p>PHOTO</p>  <p>WARREN COME</p>													
<p>Right Thumbmark</p> 													
<p>SUBSCRIBED AND SWORN to before me this <u>MAY 04 2017</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">ATTY. RYSA G. GUINOCOR</p> <p style="text-align: center;">NOTARY PUBLIC</p> <p style="text-align: center;">Person Administering Oath</p> </div>													