

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	VISTAL		
FIRST NAME	MARVIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ODTOJAN		
3. DATE OF BIRTH (mm/dd/yyyy)	10/20/1978	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	BISLIG CITY	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BGRY. GABAS BAYBAY LEYTE _____ Street _____ BGRY. GABAS _____ Barangay BAYBAY LEYTE _____ City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	5'3"	18. PERMANENT ADDRESS	BGRY. GABAS BAYBAY LEYTE _____ Street _____ BGRY. GABAS _____ Barangay BAYBAY LEYTE _____ City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	60(Kg)	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	"B+"	20. MOBILE NO.	09054713167/
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	movistal2010@gmail.com
11. PAG-IBIG ID NO.	121003530231		
12. PHILHEALTH NO.	12-050776177-7		
13. SSS NO.	0916892713		
14. TIN NO.	264-348-105		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PABROQUEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PEARL	NAME EXTENSION (JR., SR)	CASSANDRA P. VISTAL	11/28/2007
MIDDLE NAME	POLO		VIANNEY P. VISTAL	10/10/2010
OCCUPATION	ADMIN AIDE 5			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	VISTAL			
FIRST NAME	MARCIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABOGA			
25. MOTHER'S MAIDEN NAME	GALARIDO			
SURNAME	ODTOJAN			
FIRST NAME	NEMISIA			
MIDDLE NAME	GALARIDO			

(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
-----------	-----------------------------------	--	----------------------	--	----------------	---------------------------------

			From	To	(in progress)	RECEIVED
ELEMENTARY	BISLIG CENTRAL ELEM. SCHOOL	ELEMENTARY	6/11/1989	3/26/1992	N/A	N/A
SECONDARY	BISLIG NATIONAL HIGH SCHOOL	SECONDARY	6/6/1992	3/28/1996	N/A	N/A
VOCATIONAL / TRADE COURSE	UNIVERSITY OF SOUTHEASTERN PHILIPPINES	BACHELOR OF SCIENCE IN SECONDARY EDUCATION	1st sem	10/13/2006	21 UNITS	N/A
COLLEGE	UNIVERSITY OF SAN JOSE RECOLETOS	AB-PHILOSOPHY	6/22/2000	3/20/2004	N/A	N/A
GRADUATE STUDIES	UNIVERSITY OF SAN JOSE RECOLETOS	MASTER OF ARTS IN PHILOSOPHY	2/6/2021	on going	18 UNITS	
<i>(Continue on separate sheet if necessary)</i>						
SIGNATURE			DATE	July 13, 2021		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07-13-21
------------------	--	-------------	----------

VIII. OTHER INFORMATION

SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING 2 & 4 WHEELS		
COMPUTER LITERATE		
WELDING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07-13-21
------------------	--	-------------	-----------------

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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? YES NO

If YES, give details: _____

b. Have you been criminally charged before any court? 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)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
DR. GUIRALDO C. FERNANDEZ	VISCA, BAYBAY LEYTE	9176540264
SIR JERRY IMBONG	VISCA, BAYBAY LEYTE	9164951029

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

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.

Government Issued ID (i.e.Passport, G SIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: _____

ID/License/Passport No.: HI2-08-001122
Date/Place of Issuance: 10-20-17 Baybay City

Signature (Sign inside the box)
07-13-21
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath