

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 ( ) ☐ d 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	ISRAEL		
FIRST NAME	ANTONIETA CORAZON		NAME EXTENSION (JR., SR)
MIDDLE NAME	DIAZ		
3. DATE OF BIRTH (mm/dd/yyyy)	13/06/1969	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<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 CITY, LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married	17. RESIDENTIAL ADDRESS	#19 A. MABINI STREET
	<input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated		House/Block/Lot No. Street
	<input type="checkbox"/> Other/s:		Subdivision/Village Barangay
7. HEIGHT (m)	156.5 m	ZIP CODE	BAYBAY CITY LEYTE
8. WEIGHT (kg)	60 kg		City/Municipality Province
9. BLOOD TYPE	"0"		6521
10. GSIS ID NO.	69061301224	18. PERMANENT ADDRESS	#19 A. MABINI STREET
11. PAG-IBIG ID NO.	1210-7546-6112		House/Block/Lot No. Street
12. PHILHEALTH NO.	13-000065403-6		Subdivision/Village Barangay
13. SSS NO.	06-1625485-5	ZIP CODE	BAYBAY CITY LEYTE
14. TIN NO.	186-774-847		City/Municipality Province
15. AGENCY EMPLOYEE NO.	V000615		6521
19. TELEPHONE NO.	NA	20. MOBILE NO.	09173041369
21. E-MAIL ADDRESS (if any)	annette.israel@vsu.edu.ph / jadi_34@yahoo.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ISRAEL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOHN	NAME EXTENSION (JR., SR)	JOHANN ANGELO D. ISRAEL	05/05/2002
MIDDLE NAME	FLANDEZ			
OCCUPATION	DECEASED			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	DIAZ			
FIRST NAME	AQUILINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESCUADRA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CALUNGSOD			
FIRST NAME	CHRISTINA			
MIDDLE NAME	MONTEFOLKA		(Continue on separate sheet if necessary)	


III. EDUCATIONAL BACKGROUND





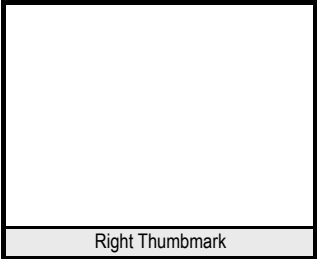
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Baybay South Central School	Primary Education	1975	1981	-	1981	-
SECONDARY	Franciscan College of the Immaculate Conception	Secondary Education	1981	1985	-	1985	-
VOCATIONAL / TRADE COURSE	NA	-	-	-	-	-	-
COLLEGE	University of San Carlos	Bachelor of Science in Commerce	1985	1989	-	1989	-
GRADUATE STUDIES	NA	-	-	-	-	-	-

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 3, 2025
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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			
	NONE					
(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			
	WORKING TOWARDS PERSONAL EFFECTIVENESS	9/24/2024	9/27/2024	32		PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES (POAP)
	SEMINAR WORKSHOP ON BASIC RECORDS AND ARCHIVES MANAGEMENT (BRAM)	7/30/2024	7/31/2024	16		VISAYAS STATE UNIVERSITY
	FROM POLICY TO PRACTICE: EODB, DPA OF 2012, AND PIA REORIENTATION FOR VSU PERSONNEL	7/29/2024	7/29/2024	8		VISAYAS STATE UNIVERSITY
	WEBUBAR IB "EXPLORING INITIATIVESIN SOLVING WATER AND SANITATION CRISIS	3/22/2023	3/22/2023	8		VISAYAS STATE UNIVERSITY / ISR
	FORUM ON"LAYO NA, PERO LAYO PA: CONVERSATIONS ON CREATING A GENDER-EQUAL AND SOCIALLY-INCLUSIVE UNIVERSITY"	3/8/2023	3/8/2023	8		VISAYAS STATE UNIVERSITY / ISR / GRC
	TRAINING ON FRONTLINE AND EXCELLENT CUSTOMER SERVICE	11/09/2022	11/11/2022	24		PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES (POAP)
	ORIENTATION-RE-ORIENTATION OF DUTIES AND RESPONSIBILITIES OF dDRCs AND AdDRCs, AND CASCADING OF DOCUMENTS AND RECORDS	9/7/2022	9/7/2022	8		VISAYAS STATE UNIVERSITY / ODQA
	ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINAR	8/30/2022	8/31/2022	16		VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINAR	11/27/2020	11/27/2020	8		VISAYAS STATE UNIVERSITY
	TRAINING ON IDENTIFICATION OF PROPER AND COMPLETE ITEMS TECHNICAL SPECIFICATION AND PARAMETERS AND ORIENTATION OF THE	8/28/2020	8/28/2020	8		VISAYAS STATE UNIVERSITY / SPPMIS
(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)	
	Computer Literate		None		LSU-AdPA	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	February 3, 2025	

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><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>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</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><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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Prof. Francisco G. Gabunada, Jr.</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09059132929</td></tr><tr><td>Dr. Ma. Juliet C. Ceniza</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09173095016</td></tr><tr><td>Dr. Victor B. Asio</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09176341438</td></tr></table>		NAME	ADDRESS	TEL. NO.	Prof. Francisco G. Gabunada, Jr.	VSU, ViSCA, Baybay City, Leyte	09059132929	Dr. Ma. Juliet C. Ceniza	VSU, ViSCA, Baybay City, Leyte	09173095016	Dr. Victor B. Asio	VSU, ViSCA, Baybay City, Leyte	09176341438
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: UMID</td></tr><tr><td>ID/License/Passport No.: 006006882860</td></tr><tr><td>Date/Place of Issuance: Baybay City, Leyte</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: UMID	ID/License/Passport No.: 006006882860	Date/Place of Issuance: Baybay City, Leyte	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>February 3, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	February 3, 2025	Date Accomplished				
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	<div> PHOTO</div> <div> Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													