

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	ORACION		
FIRST NAME	ROLANDO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	IBAÑEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	9/4/1977	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 CITY, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	CENTRO House/Block/Lot No. Street GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.52	18. PERMANENT ADDRESS	CENTRO House/Block/Lot No. Street GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	66		
9. BLOOD TYPE	O		
10. GSIS ID NO.	000620537584		
11. PAG-IBIG ID NO.	913227583426		
12. PHILHEALTH NO.	1205-0374-0791	ZIP CODE	6521
13. SSS NO.	0620537584	19. TELEPHONE NO.	N/A
14. TIN NO.	234-119-010	20. MOBILE NO.	09095261232
15. AGENCY EMPLOYEE NO.	V00376	21. E-MAIL ADDRESS (if any)	allan_oracion@yahoo.com.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ORACION	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AIZA	NAME EXTENSION (JR., SR)	PRIAM QUELIB C. ORACION 10/28/2013
MIDDLE NAME	CANALES		ZAIRON C. ORACION 8/30/2015
OCCUPATION	STUDENT		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	ORACION		
FIRST NAME	WILFREDO	SENIOR	
MIDDLE NAME	DESTO		
25. MOTHER'S MAIDEN NAME			
SURNAME	NAYRE		
FIRST NAME	MARIA		
MIDDLE NAME	IBAÑEZ		

(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	C. P. GARCIA ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	1985	1991	N/A	1991	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1993	1997	N/A	1997	N/A
VOCATIONAL / TRADE COURSE	SO. LEYTE STATE COLLEGE OF SCIENCE AND TECHNOLOGY	VOCATIONAL EDUCATION	1998	2000	N/A	2000	N/A
COLLEGE	SO. LEYTE STATE COLLEGE OF SCIENCE AND TECHNOLOGY	BACHELOR OF SCIENCE IN INDUSTRIAL TECHNOLOGY MAJOR: ELECTRICISITY	2000	2002	N/A	2002	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	Kelacion	DATE	April 27, 2017
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[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]

(Continue on separate sheet if necessary)			
SIGNATURE	Kilawo	DATE	April 27, 2017

Service Record

(To be accomplished by employer)

NAME: ORACION, ROLANDO IBAÑEZ (Date herein should be checked from birth or baptismal certificate or some other reliable documents.)

BIRTHDATE: Sept. 4, 1977 BIRTHPLACE: Gaas, Baybay City, Leyte

This is to certify that the employee named herein above actually rendered services in this Office as shown by the service record below, each line of which is supported by appointment and other papers actually issued by this office and approved by the authorities concerned.

Employee No: V-00376

SERVICE (Inclusive Date)		RECORD OF APPOINTMENT	OFFICE ENTITY/DIV.			Leave/ Absent		SEPARATION (4)
From	To	Designation	Status (1)	Salary (2)	Station/ Branch Place (3)	From	To	Date-Cause
01/01/2017	PRESENT	Adm. Aide I	P	123,096.00	A VSU Nat.			NBC568
09/28/2016	12/31/2016	Adm. Aide I	P	117,036.00	A VSU Nat.			JntCSCDBM1
01/01/2016	09/27/2016	Adm. Aide I	P	115,920.00	A VSU Nat.			NBC 562
09/28/2013	12/31/2015	Adm. Aide I	P	110,172.00	A VSU Nat.			JntCSCDBM1
06/01/2012	09/27/2013	Adm. Aide I	P	109,080.00	A VSU Nat.			NBC 540
06/01/2011	05/31/2012	Adm. Aide I	P	100,716.00	A VSU Nat.			NBC 530
09/28/2010	05/31/2011	Adm. Aide I	P	92,364.00	A VSU Nat.			JntCSCDBM1
06/24/2010	09/27/2010	Adm. Aide I	P	90,900.00	A VSU Nat.			NBC 524
07/01/2009	06/23/2010	Adm. Aide I	P	82,344.00	A VSU Nat.			NBC 521
07/01/2008	06/30/2009	Adm. Aide I	P	73,788.00	A VSU Nat.			NBC 516
09/28/2007	06/30/2008	Adm. Aide I	P	67,080.00	A VSU Nat.			Original

Purpose: FOR PDS. O.R. #: 0497326 Date: 26-APRIL-2017

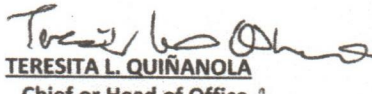
Issued in compliance with Executive Order No. 54, dated August 10, 1954, and in accordance with Circular No. 58, dated August 10, 1954, of the

Legend: D - Daily M - Monthly A - Annually

CERTIFIED CORRECT:

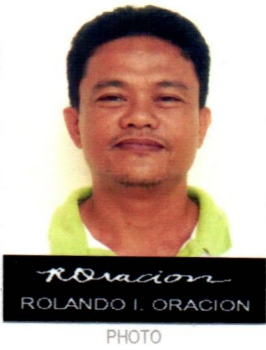
- C - Casual
CO-Contractual
P - Permanent
PR - Provisional
PB - Probational
Hi - Hired
- T - Temporary
TS - Temp./Subst.
S - Substitute
RS - Regular Substitute
RP - Regular Permanent
PS - Provisional/Substitute

Date Issued: 4/26/2017


TERESITA L. QUIÑANOLA
Chief or Head of Office
Supervising Administrative Officer
Designation

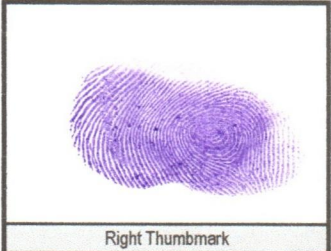
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
VICTOR B. ASIO	VSU, Visca, Baybay City, Leyte	(053) 563-7435
BERTA C. RATILLA	VSU, Visca, Baybay City, Leyte	(053) 563-7636
SUZETTE B. LINA	VSU, Visca, Baybay City, Leyte	(053) 563-7652
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.		

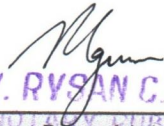


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	VSU ID No.
ID/License/Passport No.:	V00376
Date/Place of Issuance:	VSU


Signature (Sign inside the box)
April 27, 2017
Date Accomplished



SUBSCRIBED AND SWORN to before me this APR 27 2017, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYSAN C. GUINOGOR NOTARY PUBLIC UNTIL DECEMBER 31, 2017 PTR 0591669 - BAYBAY, LEYTE - 12/19/16 IBP 1030724 - BAYBAY CITY - 12/19/16 MCLE COMPL. NO. V-000174 - 07/20/15 ROLL OF ATTORNEYS NO. 57467
