

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	BUZON		
FIRST NAME	MARIA BELEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	JOSOL		
3 DATE OF BIRTH (mm/dd/yyyy)	12/15/1959	16 CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4 PLACE OF BIRTH	CEBU CITY	If holder of dual citizenship, please indicate the details	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5 SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17 RESIDENTIAL ADDRESS	190 ANDRES BONIFACIO ST
7 HEIGHT (m)	1.6M	ZIP CODE	House/Block/Lot No Street
8 WEIGHT (kg)	70KGS		Subdivision/Village Barangay
9 BLOOD TYPE	B		BAYBAY LEYTE
10 GSIS ID NO	2017-17828		City/Municipality Province
11 PAG-IBIG ID NO.	1700-0024-388	18 PERMANENT ADDRESS	190 ANDRES BONIFACIO ST.
12 PHILHEALTH NO.	130000150720		House/Block/Lot No Street
13 SSS NO.	N/A		Subdivision/Village Barangay
14 TIN NO.	156-876-655	ZIP CODE	BAYBAY LEYTE
15 AGENCY EMPLOYEE NO.	V161		City/Municipality Province
		19 TELEPHONE NO	N/A
		20 MOBILE NO.	09215050683
		21 E-MAIL ADDRESS (if any)	Mariabelen.buzon@VSU.edu.ph

II. FAMILY BACKGROUND				
22 SPOUSE'S SURNAME	BUZON		23 NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RAMON	NAME EXTENSION (JR., SR)	BLCEL JAYME J. BUZONDEACENA	9/21/1981
MIDDLE NAME	YAP		JEERANCE J. BUZON	3/17/1987
OCCUPATION	DENTIST			
EMPLOYER/BUSINESS NAME	PRIVATE DENTAL PRACTITIONER			
BUSINESS ADDRESS	190 ANDRES BONIFACIO ST.			
TELEPHONE NO.	N/A			
24 FATHER'S SURNAME	JOSOL			
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RUIZ			
25 MOTHER'S MAIDEN NAME	TAGO			
SURNAME	JOSOL			
FIRST NAME	SEGUNDINA			
MIDDLE NAME	SEROHIJOS			
(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	AVELINO CHAYAS ELEMENTARY SCHOOL	PRIMARY EDUCATION	1967	1972	PRIMARY	1972	1ST HONORABLE
SECONDARY	SOUTHERN WESTERN UNIVERSITY	SECONDARY EDUCATION	1972	1976	SECONDARY	1976	5TH HONORABLE
VOCATIONAL / TRADE COURSE	CEBU NORMAL COLLEGE	PRE-NURSING	1976	1978	84 UNITS	1978	N/A
COLLEGE	SOUTHERN WESTERN UNIVERSITY	DOCTOR OF DENTAL MEDICINE	1978	1983	DDM	1983	N/A
GRADUATE STUDIES	NONE	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE	Maria Belen J Buzon	DATE	April 20, 2017

IV. CIVIL SERVICE ELIGIBILITY					
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
DOCTOR OF DENTAL MEDICINE	81.67%	MAY & JUNE 1983	MANILA	0018309	12/16-18/2018

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE								
Include private employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet.								
28	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	01/01/2017	PRESENT	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	35,524.00	N/A	PERMANENT	YES
	01/01/2016	12/31/2016	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	33,366.00	N/A	PERMANENT	YES
	01/01/2015	12/31/2015	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	31,339.00	N/A	PERMANENT	YES
	06/01/2012	12/31/2014	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	30,998.00	N/A	PERMANENT	YES
	01/01/2012	05/31/2012	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	28,491.00	N/A	PERMANENT	YES
	07/01/2011	12/31/2011	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	28,110.00	N/A	PERMANENT	YES
	06/01/2011	06/30/2011	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	26,117.00	N/A	PERMANENT	YES
	06/24/2010	05/31/2011	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	23,845.00	N/A	PERMANENT	YES
	07/01/2009	06/23/2010	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	21,573.00	N/A	PERMANENT	YES
	01/01/2009	06/30/2009	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	19,301.00	N/A	PERMANENT	YES
	07/01/2008	12/31/2008	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	18,829.00	N/A	PERMANENT	YES
	07/01/2007	06/30/2008	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	17,117.00	N/A	PERMANENT	YES
	01/01/2006	06/30/2007	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	15,561.00	N/A	PERMANENT	YES
	01/01/2003	12/31/2005	DENTIST II	VISAYAS STATE UNIVERSITY NATIONAL	15,183.00	N/A	PERMANENT	YES
	07/01/2001	12/31/2002	DENTIST II	VISCA NATIONAL	14,811.00	N/A	PERMANENT	YES
	01/01/2000	06/30/2001	DENTIST II	VISCA NATIONAL	14,106.00	N/A	PERMANENT	YES
	11/01/1997	12/31/1999	DENTIST II	VISCA NATIONAL	12,511.00	N/A	PERMANENT	YES
	01/01/1997		DENTIST II	VISCA NATIONAL	10,204.00	N/A	PERMANENT	YES
	01/01/1997	10/31/1997	DENTIST II	VISCA NATIONAL	10,381.00	N/A	PERMANENT	YES
	01/01/1996	12/31/1996	DENTIST II	VISCA NATIONAL	8,202.00	N/A	PERMANENT	YES
	01/01/1995	12/31/1995	DENTIST II	VISCA NATIONAL	6,486.00	N/A	PERMANENT	YES
	01/01/1994	12/31/1994	DENTIST II	VISCA NATIONAL	5,486.00	N/A	PERMANENT	YES

(Continue on separate sheet if necessary)

SIGNATURE	Mario Ben J. Bayon	DATE	4/20/2017
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14. VOLUNTARY WORK OR INVOLVEMENT IN CIVILIAN GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	FREE MEDICAL AND DENTAL MISSION	6/15/2016	6/15/2016	8	DENTIST
	SEMINAR HYGIENE IN SANITATION FOR MOTHERS	1/29/2016	1/29/2016	4	DENTIST/DENTAL HEALTH EDUCATION
	SUKARANAY SA DYDC-FM	2/13/2015	2/13/2015	2	DENTAL HEALTH EDUCATION
	POST TYPHOON MEDICAL IN DENTAL MISSION	2/14/2014	2/14/2014	8	DENTIST

(Continue on separate sheet if necessary)

VI. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
1.	NAME OF THE L&D INTERVENTION/TRAINING PROGRAM	DATE	DURATION	LOCATION	STATUS
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SEE OTHER INFORMATION

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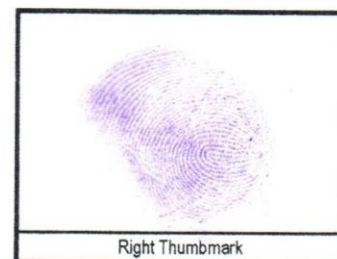
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SIGNATURE	Maria Belen J. Brea	DATE	4/20/2017
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CS FORM 212 (Revised 2017). Page 2

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: _____

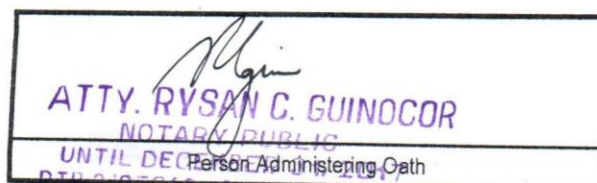
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
LUZ ROCHE	WESTERN LEYTE PROVINCIAL HOSPITAL	NONE
LILIA A. CUINGHUG	BARANGAY CAPTAIN, ZONE 12 BAYBAY CITY	NONE
CAROL SOON	BARANGAY COUNCILOR, ZONE 12, BAYBAY CITY	NONE
42. I declare under oath 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:	PRC
ID/License/Passport No.:	018309
Date/Place of Issuance:	2015 CEBU CITY

Signature (Sign inside the box) <i>Maria Belen J. Buzon</i>	
4/20/2017	
Date Accomplished	

SUBSCRIBED AND SWORN to before me this APR 26 2017, affiant exhibiting his/her validly issued government ID as indicated above.



PTR 2-95809 - BAYBAY/LEYTE - 4/12/17
ID 423-924 - TAGLOBAN CITY - 12/19/16
MCLE COMP. NO. V-000-17-2015
ROLL OF ATTORNEYS NO. 37467