

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	CALUNANGAN		
FIRST NAME	FE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CRUZA		
3. DATE OF BIRTH (mm/dd/yyyy)	September 09, 1958	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, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	12 N. L. FERNANDEZ House/Block/Lot No. Street Subdivision/Village ZONE III BAYBAY Barangay City/Municipality LEYTE 6521 Province
7. HEIGHT (m)	1.53	18. PERMANENT ADDRESS	12 N. L. FERNANDEZ House/Block/Lot No. Street Subdivision/Village ZONE III BAYBAY Barangay City/Municipality LEYTE 6521 Province
8. WEIGHT (kg)	58		19. TELEPHONE NO.
9. BLOOD TYPE	"O"	20. MOBILE NO.	0926 894 7044
10. GSIS ID NO.	B55-TUYUB013	21. E-MAIL ADDRESS (if any)	fecalunangan@yahoo.com
11. PAG-IBIG ID NO.	1700-0024-4623		
12. PHILHEALTH NO.	13-000015101-8		
13. SSS NO.	N/A		
14. TIN NO.	116-623-0597		
15. AGENCY EMPLOYEE NO.	V0000567		

II. FAMILY BACKGROUND

[illegible]

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 WEST CENTRAL SCHOOL	PRIMARY EDUCATION	1964	1970	GRADUATED	1970	N/A
	SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1970	1974	GRADUATED	1972	N/A
	VOCATIONAL / TRADE COURSE							
	COLLEGE	SOUTHWESTERN UNIVERSITY	UNDERGRAD / BSMT	1974	1979	76 UNITS	N/A	N/A
	GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE	<i>g. elawson</i>	DATE	May 20, 2020
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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
	MC#11, S. 1996 DATA ENCODER	81.20%	APRIL 17, 1999	Tacloban City	26080382	9-13-1999
	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X	X-X-X-X-X-X-X-X	X-X-X-X-X-X-X-X-X	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X	X-X-X-X-X-XX	X-X-X-X-X

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	<i>gclalwangan</i>	DATE	May 21, 2020
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[illegible]

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

INCLUSIVE DATES OF				

[illegible]

VIII. OTHER INFORMATION

NON ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ENCODING	N/A	ADMINISTRATIVE PERSONNEL ASSOCIATION (AdPA)
INTERNET BROWSING		

SIGNATURE	<i>1101</i>	DATE	<i>11/11/00</i>
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of Lalunangin

May 21, 2020

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 checked="" type="checkbox"/> YES <input 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.
QUEEN-EVER Y. ATUPAN	VSU, BAYBAY CITY	563-7274
LOUELLA C. AMPAC	VSU, BAYBAY CITY	563-7189

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: VSL VSU ID V000585
ID/License/Passport No.:
Date/Place of Issuance: VSU, Visca, Baybay City

Signature (Sign inside the box)



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 14 JUL 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSANG C. GUINOCOR
VSU LEGAL OFFICER
Person Administering Oath