

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	MASCARIÑAS		
FIRST NAME	IKE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ELORCHA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/9/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Philippines
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (cm)	170 cm	ZIP CODE	House/Block/Lot No. Street VISCA
8. WEIGHT (kg)	80 Kg		Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE	O		City/Municipality Province BAYBAY LEYTE
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-0822-7191	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	130254524930	ZIP CODE	House/Block/Lot No. Street VISCA
13. SSS NO.	N/A		Subdivision/Village Barangay BAYBAY LEYTE
14. TIN NO.	334-111-293	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09059734821
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	XANDRIA IRAH P. MASCARIÑAS	7/1/2010
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MASCARIÑAS			
FIRST NAME	RAFAEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAINTIC			
25. MOTHER'S MAIDEN NAME				
SURNAME	ELORCHA			
FIRST NAME	ELVIRA			
MIDDLE NAME	OLMOGUIZ			

(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	GUADALUPE ELEMENTARY SCHOOL		1997	2003	GRADUATED	2003	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		2003	2010	GRADUATED	2010	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	STO NIÑO COLLEGE OF ORMOC		2012	2016	GRADUATED	2016	NONE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

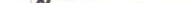
SIGNATURE		DATE	02 - 18 - 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

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(Continue on separate sheet if necessary)

[illegible]

## VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)

[illegible]

(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)

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

**Continue on separate sheet if necessary)**

[illegible]

## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

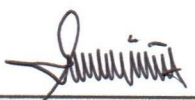


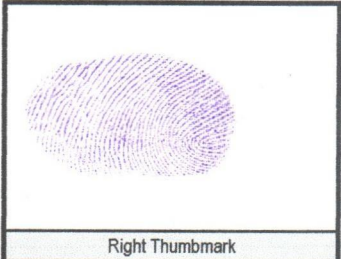
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (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.
HON. DEXTER S. MAGAN	PANGASUGAN BAYBAY CITY	NONE
DR. OTHELO B. CAPUNO	VSU BAYBAY CITY	NONE
CELSO GUMAOD	VSU 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:	DRIVER'S LICENSE
ID/License/Passport No.:	H03-07-000989
Date/Place of Issuance:	11/21/2016 BAYBAY CITY

 Signature (Sign inside the box) 2-18-2019 Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>FEB 21 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
 ATTY RYSANG GUINOCOR VSU LEGAL OFFICER Person Administering Oath	