

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	SINGSON		
FIRST NAME	ARGIE	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	PALER		
3. DATE OF BIRTH (mm/dd/yyyy)	02/04/1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input 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	
7. HEIGHT (m)	5'6"	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	78kg		SITIO TAB-ANG KILIM
9. BLOOD TYPE	"A"		Subdivision/Village Barangay
10. GSIS ID NO.	021-1581-1036-2		BAYBAY LEYTE
11. PAG-IBIG ID NO.	916-048312-203		City/Municipality Province
12. PHILHEALTH NO.	13-000103555-0	ZIP CODE	6521-A
13. SSS NO.	061461388-3	18. PERMANENT ADDRESS	
14. TIN NO.	188-261.488	ZIP CODE	SITIO TAB-ANG KILIM
15. AGENCY EMPLOYEE NO.	NONE		House/Block/Lot No. Street
			BAYBAY LEYTE
			Subdivision/Village Barangay
			City/Municipality Province
		6521-A	
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0975-3735411
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SINGSON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIALYN	NAME EXTENSION (JR., SR)	JAMESLEE M. SINGSON	12/10/1999
MIDDLE NAME	MENDOZA		JEMAR M. SINGSON	04/03/2002
OCCUPATION	HOUSEWIFE		ANNALEAH M. SINGSON	11/18/2005
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SINGSON			
FIRST NAME	JAIME	NAME EXTENSION (JR., SR)		
MIDDLE NAME	FERNANDEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	PALER			
FIRST NAME	ARSINIA			
MIDDLE NAME	MAROHOMSIAR			

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	KILIM ELEMENTARY SCHOOL	PRIMARY EDUCATION	1978	1984	GRADUATED	1985	N/A
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION (FCIC)	SECONDARY EDUCATION GRADUATE	1985	1989	GRADUATED	1989	N/A
VOCATIONAL / TRADE COURSE	HILONGOS NATIONAL VOCATIONAL SCHOOL	VOCATIONAL	1991	1993	GRADUATED	1993	N/A
COLLEGE	NA						
GRADUATE STUDIES	NA						

(Continue on separate sheet if necessary)

SIGNATURE	DATE	June 03, 2021
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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.

(Continue on separate sheet if necessary)

June 03, 2021

[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		LSU, ADMINISTRATIVE PERSONNEL ASSOCIATION
	LSU VOL 6 P	

SIGNATURE		DATE	June 03, 2021
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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.
ENGR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341514
ENGR. MARLON G. BURLAS	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-6341520
ENGR. ROBERTO C. GUARTE	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	0917-3108078
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.		



ARGENT P. SINGSON

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Right Thumbmark
Government Issued ID: VSU ID	
ID/License/Passport No.: V000896	
Date/Place of Issuance: 02/20/2017 BAYBAY CITY, LEYTE	
Signature (Sign inside the box) June 03, 2021 Date Accomplished	

SUBSCRIBED AND SWORN to before me this <u>04 NOV 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
 ATTY. RYSAM L. GUINOCOR VSU Chief Legal Officer Person Administering Oath	