

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.

I. PERSONAL INFORMATION

2. SURNAME	CABASE		
FIRST NAME	IÑIGO EZEKIEL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	QUINONES		
3. DATE OF BIRTH (mm/dd/yyyy)	09/10/1994	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	LAS PIÑAS CITY	If holder of dual citizenship, please indicate the details.	
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	503-30 de Diciembre House/Block/Lot No. Street Poblacion Zone 18 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province 6521
7. HEIGHT (m)	1.71m	18. PERMANENT ADDRESS	503 30 de Diciembre House/Block/Lot No. Street Poblacion Zone 18 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province 6521
8. WEIGHT (kg)	78kg		ZIP CODE
9. BLOOD TYPE	O+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	NONE	20. MOBILE NO.	+63 928 180 6666
11. PAG-IBIG ID NO.	1211-8933-2132	21. E-MAIL ADDRESS (if any)	cabase.inigo@gmail.com
12. PHILHEALTH NO.	0102-6088-3750		
13. SSS NO.	34-6490537-9		
14. TIN NO.	500-697-910		
15. AGENCY EMPLOYEE NO.	NONE		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CABASE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MICHELLE AUBREY	NAME EXTENSION (JR., SR) N/A	ZARIAH BRIELLE D. CABASE	10/16/2020
MIDDLE NAME	DOMINGO			
OCCUPATION	EMPLOYED			
EMPLOYER/BUSINESS NAME	VSU-TBI			
BUSINESS ADDRESS	VSU-MAIN			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CABASE			
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	RAYOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	QUINONES			
FIRST NAME	MELINDA			
MIDDLE NAME	ALVAREZ			

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	DON CARLO CAVINNA SCHOOL	N/A	2004	2007	N/A	2008	N/A
SECONDARY	ELIZABETH SETON SCHOOL	N/A	2007	2011	N/A	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	DE LA SALLE UNIVERSITY, DASMARINAS	BS MECHANICAL ENGINEER	06/10/2011	05/13/2016	REGISTERED MECHANICAL ENGINEER	2016	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

SIGNATURE		DATE	01/11/2023
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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
	PRC LICENSED - MECHANICAL ENGINEER	82.8	N/A	CCP	0092034	09/10/2025
	LTO NON-PROFESSIONAL DRIVER'S LICENSE	N/A	N/A	LTO, LAS PINAS CITY	N26-15-019404	09/10/2032

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	
		01/11/2023	

VA VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Teaching		N/A		VSU FACULTY ASSOCIATION
	Facilities Management				
	Driving				
	HVAC Maintenance				
	People Management				
	Autocad				
	MS Office				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/11/2023
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details: _____

☐ YES☒ 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?

☐ YES☒ 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?

☒ YES☐ NO

If YES, give details: RESIGNATION ON MY PREVIOUS EMPLOYERS

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?

☐ YES☒ NO

If YES, give details: _____

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____


☐ YES☒ NO

If YES, please specify ID No: _____


41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JUNDY R. CASTIL	VSU, BAYBAY, LEYTE	09124147540
IRISHMAE IBARRIENTOS	MANILA	09178055414
JOEVEN JAGOCOY	LAGUNA	09776215009

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



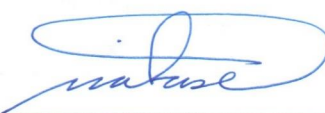
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Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC ID**

ID/License/Passport No.: **009034**


Date/Place of Issuance: **MANILA**



Signature (Sign inside the box)

01/11/2023
Date Accomplished

SUBSCRIBED AND SWORN to before me this **28 JAN 2023**, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYAN C. GUINOCOR
VSU Chief Legal Officer

Person Administering Oath

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