

## 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 ( ) ☐ 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	CAPIN		
FIRST NAME	ORLAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CABATINGAN		
3. DATE OF BIRTH (mm/dd/yyyy)	7/4/1977	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	CARMEN, CEBU	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	House/Block/Lot No. Street VSU FARMERS VILLAGE PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.77	ZIP CODE	6521
8. WEIGHT (kg)	76		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street DAWIS NORTE Subdivision/Village Barangay CARMEN CEBU City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6005
11. PAG-IBIG ID NO.	121203563686		
12. PHILHEALTH NO.	12-05385416-9		
13. SSS NO.	0618587258	19. TELEPHONE NO.	N/A
14. TIN NO.	466-539-060-000	20. MOBILE NO.	09632656465
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	ORLANC08@GMAIL.COM

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CABRALES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALMIRA	NAME EXTENSION (JR., SR)	ARVIE C. CAPIN	10/19/2007
MIDDLE NAME	VALDERAMA			
OCCUPATION	FOOD ATTENDANT			
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CAPIN			
FIRST NAME	MAXIMIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESCOTON			
25. MOTHER'S MAIDEN NAME				
SURNAME	CABATINGAN			
FIRST NAME	EVANGELINE			
MIDDLE NAME	SOLLANO			

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

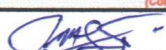
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DAWIS NORTE ELEMENTARY SCHOOL	ELEMENTARY	1986	1992	GRADUATE	1992	N/A
SECONDARY	CARMEN NATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1999	GRADUATE	1999	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	COLLEGE (Associate in Fisheries Technology)	2000	2003	GRADUATE	2003	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

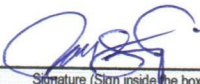

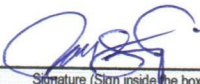

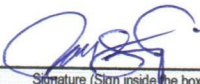


SIGNATURE		DATE	November 2, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A					
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(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)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ISO9001 2015 AWARENESS/ REAWARENESS WEBINAR	11/27/2020	11/27/2020	3.0	N/A	VISAYAS STATE UNIVERSITY
	FOLIOSE CORAL TAXONOMY AND INTRODUCTION OF RUGOSITY METHOD	5/3/2019	5/3/2019	2.0	N/A	VISAYAS STATE UNIVERSITY
	CRTR METHOD AND IDENTIFICATION OF FAMILY FUNGIDAE	4/10/2019	4/10/2019	2.0	N/A	VISAYAS STATE UNIVERSITY
	PARTICIPATORY COASTAL RESOURCES ASSESSMENT TRAINING WORKSHOP	11/29/2018	11/30/2018	16.0	N/A	LGU-INOPACAN
	PARTICIPATORY COASTAL RESOURCES ASSESSMENT HABITAT ASSESSMENTS	3/6/2018	3/25/2018	160.0	N/A	LGU - BAYBAY
	PARTICIPATORY COASTAL RESOURCES ASSESSMENT TRAINING WORKSHOP	11/4/2015	11/6/2015	24.0	N/A	BAYBAY- MATALO
	TRAINING COURSE ON FEEDING AND HEALTH MANAGEMENT FOR AQUACULTURE SPECIES	5/19/2015	5/22/2015	40.0	N/A	SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER
(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)		
	DIVING	N/A		N/A		
	PLUMBING					
	CARPENTRY					
	DRIVING					
	WELDING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	11/02/2021	



<p>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)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?   b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____  Date Filed: _____  Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, give details (country): _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ELIZA D. ESPINOSA</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7497</td> </tr> <tr> <td>DR. HUMBERTO R. MOTES JR.</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7726</td> </tr> <tr> <td>DR. JOSE L. BACUSMO</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7458</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ELIZA D. ESPINOSA	VISAYAS STATE UNIVERSITY	563-7497	DR. HUMBERTO R. MOTES JR.	VISAYAS STATE UNIVERSITY	563-7726	DR. JOSE L. BACUSMO	VISAYAS STATE UNIVERSITY	563-7458
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILHEALTH</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>12-050385416-9</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>BAYBA CITY, LEYTE</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	PHILHEALTH	ID/License/Passport No.:	12-050385416-9	Date/Place of Issuance:	BAYBA CITY, LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">   Signature (Sign inside the box)  11/02/2021  Date Accomplished </td> <td style="text-align: center;">   Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) 11/02/2021 Date Accomplished	 Right Thumbmark		
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<p>SUBSCRIBED AND SWORN to before me this <u>22 NOV 2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center;">   <b>ATTY. RYAN G. GUMOCOR</b>  Person Administering Oath </div>													



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

**Sample: If applying to Supervising Administrative Officer**

- Duration: February 11, 2011 – present
- Position: Human Resource Management Officer III
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Maria Estrada
- Name of Agency/Organization and Location: Department of Human Resources, Metro Manila
- List of Accomplishments and Contributions (if any)
  - Developed recruitment plan
  - Designed training program for retirees under EO 366
- Summary of Actual Duties
  - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.

- Duration: December 2014- October 2022
- Position: Science Research Aide
- Name of Office/Unit: Aquatic Division, ITEEM
- Immediate Supervisor: Humberto R. Montes Jr.
- Name of Agency/Organization and Location: ITEEM
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
  - Responsible in performing administrative and technical tasks, Assist in the conduct of different project under VSU Marine Laboratory Hatchery, maintain and operate the hatchery facilities of hatchery and perform other related jobs assigned.

  
ORLAND C. CAPIN

(Signature over Printed Name  
of Employee/Applicant)

Date: 11/02/20212