

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	MILAN		
FIRST NAME	VANESSA MAY		NAME EXTENSION (JR., SR)
MIDDLE NAME	BELARMINO		
3. DATE OF BIRTH (mm/dd/yyyy)	05/05/1993	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	WLPH, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A House/Block/Lot No. Street N/A N/A Subdivision/Village Barangay N/A N/A City/Municipality Province
7. HEIGHT (m)	1.25		
8. WEIGHT (kg)	50	ZIP CODE	
9. BLOOD TYPE	A+Rh	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0130-5466		
12. PHILHEALTH NO.	13-025220546-3		
13. SSS NO.	N/A	19. TELEPHONE NO.	560-0757
14. TIN NO.	487-897-944	20. MOBILE NO.	09465270292
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	milanvanessamay05@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MILAN	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PETERSON	NAME EXTENSION (JR., SR)	ZIANNA FRANCESCA B. MILAN 07/12/2011
MIDDLE NAME	SUAREZ		ZAIRA FHEBIEN B. MILAN 02/02/2013
OCCUPATION	SELF-EMPLOYED		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	560-0757		
24. FATHER'S SURNAME	BELARMINO		
FIRST NAME	PETER	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BILLIONES		
25. MOTHER'S MAIDEN NAME			
SURNAME	BERONDO		
FIRST NAME	LETECIA		
MIDDLE NAME	BESTUDIO		
(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	BARANGAY PANGASUGAN ELEMENTARY SCHOOL	PRIMARY	06/07/1999	2005	N/A	2005	SALUTATORI AN
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL	2005	03/27/2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BSA - UNDERGRADUATE	2009	N/A	3rd yr	N/A	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	Aug. 17. 2023
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IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
	BARANGAY ELIGIBILITY	N/A	N/A	N/A	N/A
	DRIVER'S LICENCE	N/A	N/A	H12-18-003739	2033

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	Aug. 17, 2023
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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		N/A	N/A	N/A	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			
	Re-orientation on the Documentary Requirements for Financial and Administrative Transactions for Clerks and/or dDRCs/ AdDRCs	12/05/2022	12/05/2022	8	N/A	VSU
	ISO 9001-2015 Awareness & Re-awareness Seminar	08/31/2022	8/31/2022	8	N/A	VSU
	Orientation of QMS Portal and shared drive	02/24/2022	02/24/2022	8	N/A	VSU
	VSUCC Basic Cooperative Course Seminar	06/15/2019	06/15/2019	8	N/A	VSU Credit Cooperative
	National Conference on Climate Change Research, Development and Extension	12/12/2018	12/14/2018	24	N/A	RCCRDC, VSU
	2nd Regional Conference on Climate Change RDE with the theme "Building Local Community Resilience to Climate Change"	12/18/2017	12/20/2017	24	N/A	RCCRDC, VSU
	Workshop in Preparation for Level III Phase II AACUP Accreditation	06/20/2017	06/21/2017	16	N/A	QAC, VSU
	CFES Strategic Planning Workshop	06/13/2017	06/13/2017	8	N/A	CFES, VSU
		05/29/2017	05/31/2017	24	N/A	DENR & VSU
		03/24/2017	03/24/2017	8	N/A	CFES, VSU



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		From	To		
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(Continue on separate sheet if necessary)

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		From	To			
	Re-orientation on the Documentary Requirements for Financial and Administrative Transactions for Clerks and/or dDRCs/ AdDRCs	12/05/2022	12/05/2022	8	N/A	VSU
	ISO 9001-2015 Awareness & Re-awareness Seminar	08/31/2022	8/31/2022	8	N/A	VSU
	Orientation of QMS Portal and shared drive	02/24/2022	02/24/2022	8	N/A	VSU
	VSUCC Basic Cooperative Course Seminar	06/15/2019	06/15/2019	8	N/A	VSU Credit Cooperative
	National Conference on Climate Change Research, Development and Extension	12/12/2018	12/14/2018	24	N/A	RCCRDC, VSU
	2nd Regional Conference on Climate Change RDE with the theme "Building Local Community Resilience to Climate Change"	12/18/2017	12/20/2017	24	N/A	RCCRDC, VSU
	Workshop in Preparation for Level III Phase II AACUP Accreditation	06/20/2017	06/21/2017	16	N/A	QAC, VSU
	CFES Strategic Planning Workshop	06/13/2017	06/13/2017	8	N/A	CFES, VSU
	Quality Seedling Production	05/29/2017	05/31/2017	24	N/A	DENR & VSU
	CFES Strategic Planning Workshop	03/24/2017	03/24/2017	8	N/A	CFES, VSU
	AACUP Level III, Phase I workshop	06/13/2016	6/14/2016	16	N/A	QAC, VSU

(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)
	Computer Literate (MS word, excel, powerpoint, etc.)		N/A		N/A
	Cooking				
	Singing				
	Dancing				

(Continue on separate sheet if necessary)

SIGNATURE

402620

DATE

Aug. 7, 2023



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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ finished contract
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.
ROMEL B. ARMECIN	Visca, Baybay City, Leyte	09190973688
FRANCISCO G. GABUNADA, JR.	Visca, Baybay City, Leyte	09188952472
DENNIS P. PEQUE	Brgy. Pangasugan, Baybay City, Leyte	09277062843

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.: H12-18-003739

Date/Place of Issuance: 5/5/2023 BAYBAY CITY

Signature (Sign inside the box)

Aug. 17, 2023  
Date Accomplished

VANESSA MARY B. MILAN

PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

18 SEP 2023

affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath