

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                    | TABUDLONG  |   |   |
| FIRST NAME                    | SHEENA EUNICE  |   | NAME EXTENSION (JR, SR)   |
| MIDDLE NAME                   | BATHAN   |   |   |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 4/13/1990  | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | BAYBAY CITY, LEYTE   | If holder of dual citizenship, please indicate the details. | Philippines   |
| 5. SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female   |   |   |
| 6 CIVIL STATUS                | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | 673 A BONIFACIO ST.<br>House/Block/Lot No. Street<br>Subdivision/Village POBLACION ZONE 12<br>BAYBAY CITY LEYTE<br>City/Municipality Province   |
| 7. HEIGHT (m)                 | 1.49   | ZIP CODE  | 6521  |
| 8. WEIGHT (kg)                | 62   |   |   |
| 9. BLOOD TYPE                 | B  | 18. PERMANENT ADDRESS                                       | 673<br>House/Block/Lot No. Street<br>Subdivision/Village GUINSANGA-AN<br>BAYBAY CITY LEYTE<br>City/Municipality Province  |
| 10. GSIS ID NO.               | 021-129-9186-9   | ZIP CODE  | 6521  |
| 11. PAG-IBIG ID NO.           | 1210-9970-2525   |   |   |
| 12. PHILHEALTH NO.            | 13-000104980-2   | 19. TELEPHONE NO.   | 563-7396  |
| 13. SSS NO.                   | NA   | 20. MOBILE NO.  | 09209585002   |
| 14. TIN NO.                   | 409-979-457  | 21. E-MAIL ADDRESS (if any)                                 | sheenatabudlong@vsu.edu.ph  |
| 15. AGENCY EMPLOYEE NO.       | V00751   |   |   |

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               | N/A       | NAME EXTENSION (JR, SR) | N/A   | N/A                        |
| MIDDLE NAME              | N/A       |                         |   |                            |
| OCCUPATION               | N/A       |                         |   |                            |
| EMPLOYER/BUSINESS NAME   | N/A       |                         |   |                            |
| BUSINESS ADDRESS         | N/A       |                         |   |                            |
| TELEPHONE NO.            | N/A       |                         |   |                            |
| 24. FATHER'S SURNAME     | TABUDLONG |                         |   |                            |
| FIRST NAME               | SATURNINO |                         |   |                            |
| MIDDLE NAME              | FERNANDEZ |                         |   |                            |
| 25. MOTHER'S MAIDEN NAME | BATHAN    |                         |   |                            |
| SURNAME                  | TABUDLONG |                         |   |                            |
| FIRST NAME               | ELSA      |                         |   |                            |
| MIDDLE NAME              | DIDAL     |                         |   |                            |

(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) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|---|---|----------------------|------|--------------------------------------|----------------|---------------------------------------|
|                           |   |   | From                 | To   |                                      |                |                                       |
| ELEMENTARY                | FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION | Elementary  | 1997                 | 1999 | N/A                                  | N/A            | N/A                                   |
|                           | BAYBAY NORTH CENTRAL SCHOOL                 | Elementary Graduate   | 1999                 | 2003 | N/A                                  | 2003           | 1ST HONORABLE MENTION                 |
| SECONDARY                 | FRANCISCAN COLLEGE OF UMMACULATE CONCEPTION | High School Graduate  | 2003                 | 2007 | N/A                                  | 2007           | N/A                                   |
| VOCATIONAL / TRADE COURSE | N/A   | N/A   | N/A                  | N/A  | N/A                                  | N/A            | N/A                                   |
| COLLEGE                   | CEBU NORMAL UNIVERSITY                      | BACHELOR OF SECONDARY EDUCATION MAJOR IN MUSIC, ARTS, PHYSICAL EDUCATION, HEALTH                | 2007                 | 2011 | N/A                                  | 2011           | N/A                                   |
| GRADUATE STUDIES          | SOUTHWESTERN UNIVERSITY                     | MASTER OF ARTS IN TEACHING HUMAN KINETICS SPECIALIZING IN DANCE CHOREOGRAPHY AND SPORTS SCIENCE | 2012                 | 2016 | 27                                   | N/A            | N/A                                   |
|                           | CEBU NORMAL UNIVERSITY                      | MASTER OF ARTS IN EDUCATION MAJOR IN PHYSICAL EDUCATION   | 2016                 | 2018 | 21                                   | 2018           | CHED K12 TRANSITION                   |

(Continue on separate sheet if necessary)

|           |   |      |          |
|-----------|---|------|----------|
| SIGNATURE |  | DATE | 10/04/22 |
|-----------|---|------|----------|



[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]

|                  |   |             |          |
|------------------|---|-------------|----------|
| <b>SIGNATURE</b> |  | <b>DATE</b> | 10/04/22 |
|------------------|---|-------------|----------|



| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|-----------------|---------------------------|
|     |   | From                            | To |                 |                           |
|     | N/A   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |

(Continue on separate sheet if necessary)

[illegible]


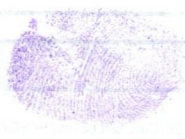

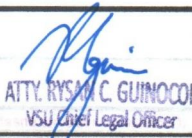
(Continue on separate sheet if necessary)

|                                |  |   |
|--------------------------------|--|---|
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
| Singing                        |  | VSU Faculty Association                                       |
| Photography                    |  | Philippine Association for Teachers Education                 |
| Graphic Designing              |  | Samahang Tagapagtaguyod ng Kalutubong<br>Savay ng Pilipinas   |
|                                |  |   |

(Continue on separate sheet if necessary)

|           |                    |      |          |
|-----------|--------------------|------|----------|
| SIGNATURE | <i>[Signature]</i> | DATE | 10/04/22 |
|-----------|--------------------|------|----------|



| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?   |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>  |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
|--|---|---|------|---------|----------|--------------------|--------------------------|--|-----------------|------------------------|--|---------------------|--------------------------|--|
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>Date Filed: _____<br/>Status of Case/s: _____</div>   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?   |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 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?  |   | <div><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>Finished Contract</div>  |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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?   |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 39. Have you acquired the status of an immigrant or permanent resident of another country?   |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):<br/>_____</div>   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?  |   | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)   |   |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>ALELI A. VILLOCINO</td><td>Visayas State University</td><td></td></tr><tr><td>WILSON T IBANEZ</td><td>Cebu Normal University</td><td></td></tr><tr><td>VICENTE B. ANTIPASO</td><td>Visayas State University</td><td></td></tr></tbody></table>   |   |   | NAME | ADDRESS | TEL. NO. | ALELI A. VILLOCINO | Visayas State University |  | WILSON T IBANEZ | Cebu Normal University |  | VICENTE B. ANTIPASO | Visayas State University |  |
| NAME   | ADDRESS   | TEL. NO.  |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| ALELI A. VILLOCINO   | Visayas State University  |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| WILSON T IBANEZ  | Cebu Normal University  |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| VICENTE B. ANTIPASO  | Visayas State University  |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| 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. |   | <div><br/>SHEENA EUNICE B. TABUDLONG</div> <div><br/>Right Thumbmark</div>  |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| <div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)<br/>PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 1136419</div> <div>Date/Place of Issuance: June 22,2012/ PRC, Tacloban City</div>  | <div><br/>Signature (Sign inside the box)<br/>10/04/22<br/>Date Accomplished</div> |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| SUBSCRIBED AND SWORN to before me this 13 OCT 2022, affiant exhibiting his/her validly issued government ID as indicated above.  |   |   |      |         |          |                    |                          |  |                 |                        |  |                     |                          |  |
| <div><br/>ATTY. RYSA M. C. GUINOCOR<br/>VSU Chief Legal Officer<br/>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.

- Duration: June 6, 2012 to Present
- Position: Instructor I
- Name of Office/Unit: Institute of Human Kinetics, College of Education, Visayas State University
- Immediate Supervisor: Charis B. Limbo
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Prepares and revised teaching materials/guides and submit to department head
  - Prepares and gives examinations (mid/final/long/quizzes)
  - Checks test papers and returns to students one week after examination
  - Submits grade sheets within prescribed period to the Registrar through the department
  - Turns over class records to department heads within two weeks after final examination
  - Makes himself available for consultation by his/her students during scheduled consultation hours
  - Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions
  - Performs coaching and training of athletes
  - Performs functions of an intramural coordinator
  - Performs functions as student internship program coordinator
- Summary of Actual Duties
  - Teaches assigned subjects and performs other teaching related functions. Performs other functions assigned by the Head. Provides in the assistance and management of programs and activities spearheaded by the Institute of Human Kinetics and performs other related functions.

  
**SHEENA EUNICE B. TABUDLONG**  
(Signature over Printed Name  
of Employee/Applicant)

Date: **September 15, 2022**