

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	POSAS		
FIRST NAME	MARICAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO		
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 07, 1977	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 type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	ILANG ILANG
7. HEIGHT (m)	1.5	House/Block/Lot No.	Street
8. WEIGHT (kg)	80	Subdivision/Village	MARCOS
9. BLOOD TYPE	"O"	City/Municipality	BAYBAY
10. GSIS ID NO.	N/A		Province
11. PAG-IBIG ID NO.	121045720662	18. PERMANENT ADDRESS	ILANG ILANG
12. PHILHEALTH NO.	030500706763	House/Block/Lot No.	Street
13. SSS NO.	33-6943383-6	Subdivision/Village	MARCOS
14. TIN NO.	01109918	City/Municipality	BAYBAY
15. AGENCY EMPLOYEE NO.	N/A		Province
		19. TELEPHONE NO.	LEYTE
		20. MOBILE NO.	
		21. E-MAIL ADDRESS (if any)	

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)	
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	POSAS		
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO		
25. MOTHER'S MAIDEN NAME			
SURNAME	BAGARINAO		
FIRST NAME	MARTINA		
MIDDLE NAME	GODINES		

(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	VISCA FOUNDATION ELEMENTARY SCHOOL		6/1/1984	3/1/1990		1990	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL		6/1/1990	3/1/1994		1994	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF ANIMAL SCIENCE MAJOR IN ANIMAL HEALTH	6/1/1994	10/1/1998		1998	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 3, 2021
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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	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity

(Continue on separate sheet if necessary)

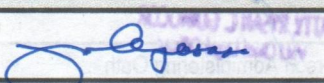
V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
5/3/21	present	EDUCATION RESEARCH ASSISTANT	Office of the Graduate School	18,784.04		CASUAL	YES
1/4/21	2/28/21	CLERK	Office of the Graduate School	11068.00		JOB ORDER	NO
1/4/2021	2/28/2021	EDUCATION RESEARCH ASSISTANT	Office of the Graduate School	18,784.04		CASUAL	YES
10/1/2020	12/31/2020	EDUCATION RESEARCH ASSISTANT	Office of the Graduate School	18,784.04		CASUAL	YES
1/1/2020	09/31/20	CLERK	Office of the Graduate School	9960.00		JOB ORDER	NO
1/1/2019	12/31/2019	Data Encoder	Office of the Graduate School	9600.00		JOB ORDER	NO
1/1/2018	12/31/2018	Data Encoder	Office of the Graduate School	5200.00		JOB ORDER	NO
1/1/2017	12/31/2017	Data Encoder	Office of the Graduate School	5200.00		JOB ORDER	NO

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 3, 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			
(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			
(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)	
	LAWN TENNIS					
	DRIVING					
	COMPUTER SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	May 3, 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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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</p> <p>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</p> <p>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)?</p> <p>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</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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</p> <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9173064899
DR. JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076
DR. EDITHA G. CAGASAN	VSU, BAYBAY CITY, LEYTE	9155913358

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

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	DRIVERS LICENSE
ID/License/Passport No.:	N03-98-029834
Date/Place of Issuance:	BAYBAY CITY, LEYTE

<p>Signature (Sign inside the box)</p> <p>3 May 21</p> <p>Date Accomplished</p>



Right Thumbmark

SUBSCRIBED AND SWORN to before me this **28 MAY 2021**, affiant exhibiting his/her validly issued government ID as indicated above.

<p>ATTY. JUAN C. GUNOCOR</p> <p>Person Administering Oath</p>
