

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.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MIAGA		
FIRST NAME	IANVIE NOREAN		NAME EXTENSION (JR, SR) NA
MIDDLE NAME	ABAJON		
3. DATE OF BIRTH (mm/dd/yyyy)	08/19/97	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	CARIDAD, 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	House/Block/Lot No. Street VSU, VISCA BRGY. PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	153 CM	ZIP CODE	6521-A
8. WEIGHT (kg)	51.3 KG	18. PERMANENT ADDRESS	House/Block/Lot No. Street CARIDAD Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6521
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121237577024		
12. PHILHEALTH NO.	13-252864905-3		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	350 960 065	20. MOBILE NO.	09653601172
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ianvienorean17@gmail.com

II. FAMILY BACKGROUND

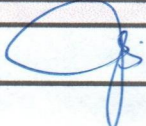
22. SPOUSE'S SURNAME	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR, SR) NA	N/A
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	MIAGA		
FIRST NAME	SAMUEL	NAME EXTENSION (JR, SR) NA	
MIDDLE NAME	LORETO		
25. MOTHER'S MAIDEN NAME	LOWELA P. ABAJON		
SURNAME	ABAJON		
FIRST NAME	LOWELA		
MIDDLE NAME	PERNITO		

(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	BASIC EDUCATION	2004	2010	N/A	2010	WITH HONORS
SECONDARY	VISAYAS STATE UNIVERISTY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	2010	2014	N/A	2014	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2014	2018	N/A	2018	CUM LAUDE
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTER OF ARTS IN TEACHING MAJOR IN SOCIAL SCIENCES	2019	ONGOING			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 6, 2020
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[illegible]

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

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

(mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable) & STEP (Form #9010-PV)	STATUS OF APPOINTMENT	DATE OF SERVICE (MM/YY)
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[illegible]







SIGNATURE		DATE	AUGUST 6, 2020
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES				
	<input type="checkbox"/> YES, give details.				
	<input type="checkbox"/> NO <input type="checkbox"/> YES				
	<input type="checkbox"/> YES, give details.				
	<input type="checkbox"/> NO <input type="checkbox"/> YES				
	<input type="checkbox"/> YES, give details.				
	<input type="checkbox"/> NO <input type="checkbox"/> YES				
	<input type="checkbox"/> YES, give details.				
	<input type="checkbox"/> NO <input type="checkbox"/> YES				
	<input type="checkbox"/> YES, give details.				

[illegible]

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DANCING	OUTSTANDING STUDENT AWARD (YMCA LEYTE, INC)	N/A
DECLAMATION		
PLAYING UKELELE		

AUGUST 6, 2020

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:									
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))										
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. GENEROSO N. MAZO</td><td>TACLOBAN CITY</td><td>9158395591</td></tr><tr><td>PROF. RYAN G. DESTURA</td><td>TACLOBAN CITY</td><td>9199133398</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. GENEROSO N. MAZO	TACLOBAN CITY	9158395591	PROF. RYAN G. DESTURA	TACLOBAN CITY	9199133398
NAME	ADDRESS	TEL. NO.								
DR. GENEROSO N. MAZO	TACLOBAN CITY	9158395591								
PROF. RYAN G. DESTURA	TACLOBAN CITY	9199133398								
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.										
<table><tr><td>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: PRC ID</td></tr><tr><td>ID/License/Passport No.: 1750608</td></tr><tr><td>Date/Place of Issuance: FEBRUARY 13, 2019</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: PRC ID	ID/License/Passport No.: 1750608	Date/Place of Issuance: FEBRUARY 13, 2019	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>8-10-2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	8-10-2020	Date Accomplished	
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	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark							
										
Right Thumbmark										
SUBSCRIBED AND SWORN to before me this 12 AUG 2020, affiant exhibiting his/her validly issued government ID as indicated above.										
<table><tr><td>ATTY. RYAN C. GUINOCOR LEGAL OFFICER Person Administering Oath</td></tr></table>		ATTY. RYAN C. GUINOCOR LEGAL OFFICER Person Administering Oath								
ATTY. RYAN C. GUINOCOR LEGAL OFFICER Person Administering Oath										



IANVIE NOREAN A. MIAGA

PHOTO

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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: August 1, 2018 – May 2020
- Position: Part-time Instructor
- Name of Office/Unit: College of Education
- Immediate Supervisor: Dr. Shalom Grace C. Sugano
- Name of Agency/Organization and Location: VSU Integrated High School, VSU, ViSCA
- List of Accomplishments and Contributions (if any)
 - Developed Course Syllabus
- Summary of Actual Duties
 - Responsible for educating students from grade 7 to 9 (Social Studies subject only); assigns homework, projects, and activities; constructs TOS and tests, computes grades and provides feedback to students; active participation in the Department's programs and activities and performs other related functions.


TANNIE NIMONY A. MIAH

(Signature over Printed Name
of Employee/Applicant)

Date: 8-11-2020