

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	DIDAL		
FIRST NAME	FLORANTE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GUBAT		
3. DATE OF BIRTH (mm/dd/yyyy)	11/26/1975	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	671 A. Bonifacio st. House/Block/Lot No. Street NA Brgy. Zone 12 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated Other/s:	ZIP CODE	6521
7. HEIGHT (m)	1.651	18. PERMANENT ADDRESS	671 A. Bonifacio st. House/Block/Lot No. Street NA Brgy. Zone 12 Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
8. WEIGHT (kg)	66	ZIP CODE	6521
9. BLOOD TYPE	"O"	19. TELEPHONE NO.	NA
10. GSIS ID NO.	CRN-011-1171-5258-1	20. MOBILE NO.	09069093816
11. PAG-IBIG ID NO.	1211-7358-9264	21. E-MAIL ADDRESS (if any)	floridakeziah@g.mail.com
12. PHILHEALTH NO.	13-050039495-2		
13. SSS NO.	NA		
14. TIN NO.	433-724-752		
15. AGENCY EMPLOYEE NO.	V00903		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	DIDAL	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AIDA	RAPHAEL MIGUEL M. DIDAL	1/22/2012
MIDDLE NAME	MENDOZA	FLORIDA KEZIAH M. DIDAL	11/21/2014
OCCUPATION	HOUSEWIFE	NATHANIEL MIGUEL M. DIDAL	3/12/2017
EMPLOYER/BUSINESS NAME	NA		
BUSINESS ADDRESS	NA		
TELEPHONE NO.	NA		
24. FATHER'S SURNAME	DIDAL		
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALKUINO		
25. MOTHER'S MAIDEN NAME			
SURNAME	GUBAT		
FIRST NAME	AVELINA		
MIDDLE NAME	TARINQUE		

(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	Baybay North Central School	Primary Education	1982-1983	1987-1988		1988	With Honors
SECONDARY	Franciscan College of the Immaculate Coception (FCIC)	High School	1988-1989	1991-1992		1992	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA		NA	NA
COLLEGE	Franciscan College of the Immaculate Coception (FCIC)	BACHELOR OF SCIENCE IN LIBERAL ARTS MAJOR IN ENGLISH	1992-1993	1995-1996		1996	NA
GRADUATE STUDIES	NA	NA	NA	NA		NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 2, 2018
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[illegible]

(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

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 2, 2018
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Duration of the program	
5. Location of the program	
6. Name of the trainer	
7. Name of the organization	
8. Name of the sponsor	
9. Name of the participant	
10. Name of the supervisor	
11. Name of the manager	
12. Name of the director	
13. Name of the executive	
14. Name of the officer	
15. Name of the clerk	
16. Name of the assistant	
17. Name of the secretary	
18. Name of the stenographer	
19. Name of the typewriter	
20. Name of the printer	
21. Name of the publisher	
22. Name of the distributor	
23. Name of the agent	
24. Name of the broker	
25. Name of the dealer	
26. Name of the wholesaler	
27. Name of the retailer	
28. Name of the merchant	
29. Name of the trader	
30. Name of the vendor	
31. Name of the supplier	
32. Name of the provider	
33. Name of the contractor	
34. Name of the subcontractor	
35. Name of the partner	
36. Name of the associate	
37. Name of the affiliate	
38. Name of the subsidiary	
39. Name of the branch	
40. Name of the office	
41. Name of the department	
42. Name of the division	
43. Name of the section	
44. Name of the unit	
45. Name of the team	
46. Name of the group	
47. Name of the committee	
48. Name of the council	
49. Name of the board	
50. Name of the assembly	
51. Name of the conference	
52. Name of the meeting	
53. Name of the session	
54. Name of the lecture	
55. Name of the seminar	
56. Name of the workshop	
57. Name of the course	
58. Name of the program	
59. Name of the project	
60. Name of the initiative	
61. Name of the effort	
62. Name of the endeavor	
63. Name of the venture	
64. Name of the undertaking	
65. Name of the enterprise	
66. Name of the business	
67. Name of the industry	
68. Name of the sector	
69. Name of the field	
70. Name of the area	
71. Name of the region	
72. Name of the zone	
73. Name of the district	
74. Name of the county	
75. Name of the state	
76. Name of the province	
77. Name of the territory	
78. Name of the country	
79. Name of the nation	
80. Name of the world	


[illegible]

(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)
Cooking	NA	San Vicente de Doce Integrated Society
Singing	NA	The Thieg Choir
Watching Anime		LSU Administrative Personnel Association
Reading Online Manga		VSU Credit Cooperative

(Continue on separate sheet if necessary)

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<p>34. Are you related by consanguinity or affinity to 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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <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>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>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: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>Teresita L. Quiñanola</td><td>Hipusgo, Baybay City, Leyte</td><td>9981517122</td></tr><tr><td>Ma. Epifania G. Tudtud</td><td>Visca, Baybay City, Leyte</td><td>9173052302</td></tr><tr><td>Regina C. Bibera</td><td>Brgy. Candadam, Baybay City, Leyte</td><td>9067679225</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Teresita L. Quiñanola	Hipusgo, Baybay City, Leyte	9981517122	Ma. Epifania G. Tudtud	Visca, Baybay City, Leyte	9173052302	Regina C. Bibera	Brgy. Candadam, Baybay City, Leyte	9067679225
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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>													
<div style="border: 1px solid black; padding: 5px;"><p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p><p>PLEASE INDICATE ID Number and Date of Issuance</p><p>Government Issued ID: SSS</p><p>ID/License/Passport No.: 0111-1715258-1</p><p>Date/Place of Issuance: Osmoc City, Leyte, Philippines</p></div>	<div style="border: 1px solid black; padding: 5px;"><p style="text-align: center;">Signature (Sign inside the box)</p><p style="text-align: center;">October 2, 2018</p><p style="text-align: center;">Date Accomplished</p></div> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Right Thumbmark</p></div>												
<p>SUBSCRIBED AND SWORN to before me this OCT 05 2018, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"><p>ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER</p><p style="font-size: small;">Person Administering Oath</p></div>													