

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	PASILABAN		
FIRST NAME	NOE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ARRANGUEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	11/23/1976	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	BANTAYAN, CEBU	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	PROPER House/Block/Lot No. Street Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
7. HEIGHT (m)	5'7"	ZIP CODE	
8. WEIGHT (kg)	75kg		
9. BLOOD TYPE	b+	18. PERMANENT ADDRESS	PROPER House/Block/Lot No. Street Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	9872	ZIP CODE	6541
11. PAG-IBIG ID NO.	070195843104		
12. PHILHEALTH NO.	19-050790504-1		
13. SSS NO.	0-61619274-2	19. TELEPHONE NO.	
14. TIN NO.	931-167-198	20. MOBILE NO.	+639617609298
15. AGENCY EMPLOYEE NO.	V00733	21. E-MAIL ADDRESS (if any)	noepasilaban@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PASILABAN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JAMAILA	NAME EXTENSION (JR., SR)	NEALLE JUSTINE P. PASILABAN	8/29/1999
MIDDLE NAME	PEPITO		NICHOLL JAMES P. PASILABAN	11/22/2001
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.				
24. FATHER'S SURNAME	PASILABAN			
FIRST NAME	FERNANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ALMOCERA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ARRANGUEZ			
FIRST NAME	EDITA (DECEASED)			
MIDDLE NAME	ALMODIE			

(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	MADRIDEJOS CENTRAL SCHOOL	PRIMARY	1984	1989		1989	
SECONDARY	MADRIDEJOS NATIONAL HIGH SCHOOL	SECONDARY	1990	1994		1994	
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE VISAYAS	BS IN MARITIME TRANSPORTAION	1995	1995			
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

Oct. 05, 2021

[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]

SIGNATURE		DATE	Oct. 05, 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		
	KABALIKAT CIVICOM	10/10/2009	PRESENT		MEMBER
	PGBI GUARDIAN'S BROTHERHOOD INC.	8/20/2010	PRESENT		MEMBER

(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			
	BASIC LIFE SUPPORT PROVIDERS COURSE (HEALTHCARE)	9/5/2019	9/6/2019			CCE BLDG-VSU BAYBAY
	IN-SERVICE ENHANCEMENT SECURITY TRAINING COURSE (CLASS NO. 01-2018)	12/6/2018	12/11/2018			JVO TRAINING HALL-ORMOC CITY
	FIRE FIGHTING AND RESCUE TRAINING	11/5/2018	11/9/2018			VSU BEACH GARDEN
	FIRE AND EARTHQUAKE DRILL	11/19/2016	11/19/2016			DCHM-VSU MAIN CAMPUS
	FIRE PREVENTION SEMINAR AND CASUALLY INCIDENT RESPONSE	3/27/2015	3/27/2015			VSU BEACH RESORT FUNCTION HALL
	RE-ORIENTATION SEMINAR FOR SG's	9/4/2014	9/4/2014			QAC - VSU MAIN CAMPUS
	BASIC LIFE SUPPORT TRAINING	11/5/2018	11/9/2018			VSU BEACH GARDEN
	SEMINAR ON FIRE PREVENTION	11/21/2012	11/21/2012			CONVENTION CENTER VSU
	BASIC LIFE SUPPORT TRAINING (LAY RESCUERS)	3/14/2012	3/16/2012			CONVENTION CENTER VSU
	RE-ORIENTATION SEMINAR FOR SG's	5/4/2011	5/4/2011			OVPF CONFERENCE ROOM VSU
	TRAINING ON BASIC ICT SKILLS	5/7/2009	5/8/2009			ICT BLDG- VSU MAIN
	FIRST AID TRAINING (IN CAMPUS)	3/10/2007	3/11/2007			EVSU-ORMOC CITY CAMPUS
	ISO AWARENESS/ REAWARENESS WEBINAR	11/27/2020	11/27/2020			QAC & OP

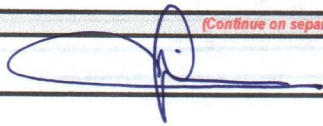
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	SINGING				
	DRAWING				
	DRIVING				




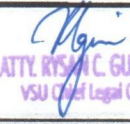
(Continue on separate sheet if necessary)

SIGNATURE



DATE

Oct. 05, 2021

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)?		<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: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? 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: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ 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: _____</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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): _____</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: a. Are you a member of any indigenous group? b. Are you a person with disability? 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>MRS CHERYL BATACAN</td><td>BRGY LILOAN, ORMOC CITY</td><td>.</td></tr><tr><td>MR ERIC CODILLA</td><td>ORMOC CITY</td><td>.</td></tr><tr><td>MR DETERIUS BOYLES</td><td>MONTEBELLO, KANANGA, LEYTE</td><td>.</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	MRS CHERYL BATACAN	BRGY LILOAN, ORMOC CITY	.	MR ERIC CODILLA	ORMOC CITY	.	MR DETERIUS BOYLES	MONTEBELLO, KANANGA, LEYTE	.
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MR DETERIUS BOYLES	MONTEBELLO, KANANGA, LEYTE	.												
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>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: GSIS ECARD (02004325698)</div> <div>ID/License/Passport No.: DRIVERS LICENSE (H03-06-001147)</div> <div>Date/Place of Issuance: LTO BAYBAY OFC</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>Oct. 05, 2021</div> <div>Date Accomplished</div>	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 12 OCT 2021, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>ATTY. RYSA C. GUINOCOR</div> <div>VSU Chief Legal Officer</div> <div>Person Administering Oath</div>														