

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	PAGALAN			
FIRST NAME	LILIBETH VICTORIA		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	VALENZONA			
3. DATE OF BIRTH (mm/dd/yyyy)	April 25, 1967	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	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.		
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	DE LA CRUZ APARTMENTS 30 DE DICIEMBRE House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.63	ZIP CODE	6521	
8. WEIGHT (kg)	54	18. PERMANENT ADDRESS	483-A, PHASE 3 MERCURY House/Block/Lot No. Street DDF MANDUG Subdivision/Village Barangay DAVAO DAVAO DEL SUR City/Municipality Province	
9. BLOOD TYPE	B	ZIP CODE	8000	
10. GSIS ID NO.	NONE	19. TELEPHONE NO.	NONE	
11. PAG-IBIG ID NO.	1212-0612-3326	20. MOBILE NO.	09325179595	
12. PHILHEALTH NO.	13-0000124843	21. E-MAIL ADDRESS (if any)	liliibethpagalan@yahoo.com	
13. SSS NO.	06-2027262-6			
14. TIN NO.	116-626-148			
15. AGENCY EMPLOYEE NO.	NONE			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	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	PAGALAN		
FIRST NAME	FALCONERI	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VILLOCINO	N/A	
25. MOTHER'S MAIDEN NAME			
SURNAME	VALENZONA		
FIRST NAME	TEMPORA		
MIDDLE NAME	FERNANDEZ		

(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	PRIMARY EDUCATION	1973	1979		1979	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	HIGH SCHOOL	1979	1983		1983	VISCA PARTIAL SCHOLARSHIP
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE	1983	1987		1987	VISCA PARTIAL SCHOLARSHIP
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE IN AGRICULTURE	1987	2003		2003	



(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

for payment

Aug 16, 2018



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

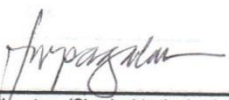

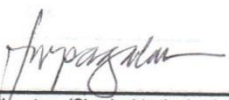

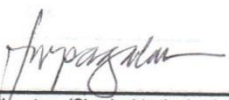

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	Aug 16, 2018	CS FORM 212 (Revised 2017), Page 3 of 4
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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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: FINISHED CONTRACT												
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. MYRNA M. AVILA</td><td>Institute of Strategic Research &amp; Dvelopment, Visayas State University, Baybay City</td><td></td></tr><tr><td>DR. BEATRIZ C. JADINA</td><td>Department of Agronomy &amp; Soil Science, Visayas State University, Baybay City</td><td></td></tr><tr><td>ENGR. JAIME M. NUNEZ</td><td>Philippine Coconut Authority, Northwestern Leyte Province, Babay City</td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. MYRNA M. AVILA	Institute of Strategic Research & Dvelopment, Visayas State University, Baybay City		DR. BEATRIZ C. JADINA	Department of Agronomy & Soil Science, Visayas State University, Baybay City		ENGR. JAIME M. NUNEZ	Philippine Coconut Authority, Northwestern Leyte Province, Babay City	
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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.)</td><td>SSS</td></tr><tr><td>Government Issued ID:</td><td>06-1027262-6</td></tr><tr><td>ID/License/Passport No.</td><td></td></tr><tr><td>Date/Place of Issuance:</td><td>ORMOC CITY BRANCH</td></tr></table>		Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	SSS	Government Issued ID:	06-1027262-6	ID/License/Passport No.		Date/Place of Issuance:	ORMOC CITY BRANCH	<table><tr><td> Signature (Sign inside the box) AUG 16, 2018 Date Accomplished</td><td> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) AUG 16, 2018 Date Accomplished	 Right Thumbmark		
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SUBSCRIBED AND SWORN to before me this <u>SEP 04 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td>ATTY. NYSANO C. GUINOCOR</td></tr><tr><td>VSULEAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. NYSANO C. GUINOCOR	VSULEAL OFFICER	Person Administering Oath									
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VSULEAL OFFICER														
Person Administering Oath														



### 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: Dec. 01, 2016 - present
- Position: Administrative Aide
- Name of Office/Unit: Office of the VP for Planning Resource Generation & External Affairs
- Immediate Supervisor: Dilberto O. Ferraren
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte

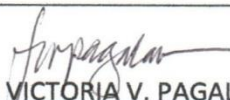
- Summary of Actual Duties

- Responsible in receiving and releasing of documents.
- Acts as office document controller
- Responsible in preparing the office financial and personnel documents.
- Responsible in updating the CHED HEMIS.
- Responsible in updating the NEDA PIPOL.
- Responsible in collecting and monitoring of submission of OPCR's.
- Responds to queries and performs other tasks that maybe assigned from time to time by the head of office.

- Duration: June 1, 1996 – Dec. 31, 2000
- Position: Agriculturist
- Name of Office/Unit: Philippine Coconut Authority
- Immediate Supervisor: Mr. Iles V. Cerna
- Name of Agency/Organization and Location: Philippine Coconut Authority Northwestern Leyte Province, Ormoc City

- Summary of Actual Duties

- Facilitated relevant trainings for coconut farmers. Monitored programs of the Philippine Coconut Authority in area of assignment. Prepared and submitted reports. Performed other related functions.

  
LILIBETH VICTORIA V. PAGALAN  
(Signature over Printed Name)  
of Employee/Applicant

Date: Aug 16, 2018