

PERSONAL DATA SHEET

734

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 | SINGSON | | |
| FIRST NAME | ARGIE | NAME EXTENSION (JR., SR) | |
| MIDDLE NAME | PALER | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 02/04/1971 | 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, LEYTE | 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 | House/Block/Lot No. Street SITIO TAB-ANG KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province |
| 7. HEIGHT (m) | 5'6" | ZIP CODE | 6521-A |
| 8. WEIGHT (kg) | 78kg | 18. PERMANENT ADDRESS | SITIO TAB-ANG KILIM House/Block/Lot No. Street BAYBAY LEYTE Subdivision/Village Barangay |
| 9. BLOOD TYPE | "A" | ZIP CODE | 6521-A |
| 10. GSIS ID NO. | 021-1581-1036-2 | 19. TELEPHONE NO. | N/A |
| 11. PAG-IBIG ID NO. | 916-048312-203 | 20. MOBILE NO. | 0975-3735411 |
| 12. PHILHEALTH NO. | 13-000103555-0 | 21. E-MAIL ADDRESS (if any) | |
| 13. SSS NO. | 061461388-3 | | |
| 14. TIN NO. | 188-261.488 | | |
| 15. AGENCY EMPLOYEE NO. | NONE | | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | SINGSON | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | MARIALYN | NAME EXTENSION (JR., SR) | JAMESLEE M. SINGSON | 12/10/1999 |
| MIDDLE NAME | MENDOZA | | JEMAR M. SINGSON | 04/03/2002 |
| OCCUPATION | HOUSEWIFE | | ANNALEAH M. SINGSON | 11/18/2005 |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | SINGSON | | | |
| FIRST NAME | JAIME | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | FERNANDEZ | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | PALER | | | |
| FIRST NAME | ARSINIA | | | |
| MIDDLE NAME | MAROHOMSIAR | | | |

(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 | KILIM ELEMENTARY SCHOOL | PRIMARY EDUCATION | 1978 | 1984 | GRADUATED | 1985 | N/A |
| SECONDARY | FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION (FCIC) | SECONDARY EDUCATION GRADUATE | 1985 | 1989 | GRADUATED | 1989 | N/A |
| VOCATIONAL / TRADE COURSE | HILONGOS NATIONAL VOCATIONAL SCHOOL | VOCATIONAL | 1991 | 1993 | GRADUATED | 1993 | N/A |
| COLLEGE | N/A | | | | | | |
| GRADUATE STUDIES | N/A | | | | | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|--|------|-------------------|
| SIGNATURE | | DATE | February 03, 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 | February 3, 2021 |
|-----------|---|------|------------------|

[illegible]













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

[illegible]

VIII. OTHER INFORMATION

[illegible]

| | | | |
|------------------|---|-------------|------------------|
| SIGNATURE |  | DATE | February 3, 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)? | <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>ENGR. MARIO LILIO P. VALENZONA</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td>0917-6341514</td></tr><tr><td>ENGR. MARLON G. BURLAS</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td>0917-6341520</td></tr><tr><td>ENGR. ROBERTO C. GUARTE</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td>0917-3108078</td></tr></tbody></table> | | NAME | ADDRESS | TEL. NO. | ENGR. MARIO LILIO P. VALENZONA | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE | 0917-6341514 | ENGR. MARLON G. BURLAS | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE | 0917-6341520 | ENGR. ROBERTO C. GUARTE | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE | 0917-3108078 | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| ENGR. MARIO LILIO P. VALENZONA | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE | 0917-6341514 | | | | | | | | | | | | |
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| ENGR. ROBERTO C. GUARTE | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE | 0917-3108078 | | | | | | | | | | | | |
| 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></td></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td><td></td></tr><tr><td>Government Issued ID:</td><td>VSU ID</td></tr><tr><td>ID/License/Passport No.:</td><td>V000896</td></tr><tr><td>Date/Place of Issuance:</td><td>02/20/2017 BAYBAY CITY, LEYTE</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: | VSU ID | ID/License/Passport No.: | V000896 | Date/Place of Issuance: | 02/20/2017 BAYBAY CITY, LEYTE | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | Date Accomplished |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | | | | | | | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | | |
| Government Issued ID: | VSU ID | | | | | | | | | | | | | |
| ID/License/Passport No.: | V000896 | | | | | | | | | | | | | |
| Date/Place of Issuance: | 02/20/2017 BAYBAY CITY, LEYTE | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>ARGIE P. SINGSON</td></tr></table> | |  | ARGIE P. SINGSON | | | | | | | | | | | |
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| ARGIE P. SINGSON | | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table> | |  | Right Thumbmark | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Right Thumbmark | | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this <u>17 FEB 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>ATTY. RYZAN C. QUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table> | |  | ATTY. RYZAN C. QUINOCOR VSU Chief Legal Officer | Person Administering Oath | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ATTY. RYZAN C. QUINOCOR VSU Chief Legal 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: January 16, 2015 to Present
- Position: Plumbing Foreman
- Name of Office/Unit: Building and Housing Maintenance
- Immediate Supervisor: Mario Lilio Valenzona
- Name of Agency/Organization and Location: VSU, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
 - a. Repair and maintenance of VSU Buildings
 - b. Construction of new Building
- Summary of Actual Duties
 - a. Supervise of workers site constructed area
 - b. To Assist the engineer to make plans
 - c. To Inspection of Building damaged

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 - c. To Inspection of Building damaged

Attachment to CS Form No. 212


ARGIE P. SINGSON

(Signature over Printed Name
of Employee/Applicant)

Date: _____