

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	MUERTIGUE		
FIRST NAME	JESIBEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUFRANGCO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/3/1992	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MAPGAP, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	30 DE DICIEMBRE ST.
7. HEIGHT (m)	1.49 m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	42 kg		Subdivision/Village Barangay
9. BLOOD TYPE	A+		BAYBAY CITY LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	1211-2604-8041	18. PERMANENT ADDRESS	30 DE DICIEMBRE ST.
12. PHILHEALTH NO.	12-051363940-1	ZIP CODE	House/Block/Lot No. Street
13. SSS NO.	06-3226809-0		Subdivision/Village Barangay
14. TIN NO.	324766935-0000		BAYBAY CITY LEYTE
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality Province
19. TELEPHONE NO.	N/A	20. MOBILE NO.	09169108769
21. E-MAIL ADDRESS (if any)	lufrangco79@gmail.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MUERTIGUE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RODNEY	NAME EXTENSION (JR., SR) N/A	N/A	
MIDDLE NAME	ARIOSA			
OCCUPATION	PHARMACIST			
EMPLOYER/BUSINESS NAME	WESTERN LEYTE PROVINCIAL HOSPITAL			
BUSINESS ADDRESS	PAN-PHILIPPINE HIGHWAY, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUFRANGCO			
FIRST NAME	PABLO	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	NIEPEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUTAS			
FIRST NAME	ELENA			
MIDDLE NAME	MANLA			

(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	PAJO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BABAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU-LAPULAPU & MANDAUE	BS NURSING	2009	2011 & 2016	103	N/A	N/A
	UNIVERSITY OF THE PHILIPPINES-OPEN UNIVERSITY, LOS BAÑOS, LAGUNA	BS EDUCATION STUDIES	2021	present	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	5/24/2022
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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.

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	5/24/2022




[illegible]

**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)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER SKILLS: POWERPOINT, WORD AND EXCEL	N/A	N/A
TYPING		
DRESS MAKING		
BAKING		
FIRST AID		

SIGNATURE		DATE	5/24/2022
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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: 16 April 2022 - Present
- Position: Clerk I
- Name of Office/Unit: College of Forestry and Environmental Science
- Immediate Supervisor: Dr. Dennis P. Peque
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties

Receive, sort, file, and retrieve incoming and outgoing communications in instruction, research and extension. Coordinate, and facilitate other needs of the college, faculty, staff and students. Does other work as assigned and requested by the college dean/department head, faculty, staff and students. Serves as dDRC of CFES.

- Duration: 2018 February 13 – 2022 April 15
- Position: Clerk
- Name of Office/Unit: College of Forestry and Environmental Science/Department of Forest Science
- Immediate Supervisor: Dr. Dennis P. Peque
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties

Receive, sort, file, and retrieve incoming and outgoing communications in instruction, research and extension. Coordinate, and facilitate other needs of the college, faculty, staff and students. Does other work as assigned and requested by the college dean/department head, faculty, staff and students.

  
JESIBEL L. MUERTIGUE

(Signature over Printed Name  
of Employee/Applicant)

Date: 5/24/2022