

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 () ☐ d 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	DELA PEÑA		
FIRST NAME	MARIANE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	UBAY		
3. DATE OF BIRTH (mm/dd/yyyy)	13/09/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Purok Ilangilang Marcos Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.45	ZIP CODE	6521
8. WEIGHT (kg)	47	18. PERMANENT ADDRESS	House/Block/Lot No. Street Brgy. Margen Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
9. BLOOD TYPE	"O"	ZIP CODE	6541
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1211-7170-6161	20. MOBILE NO.	09300207903
12. PHILHEALTH NO.	130501077330	21. E-MAIL ADDRESS (if any)	mariane.ubay@vsu.edu.ph
13. SSS NO.	06-3826580-6		
14. TIN NO.	331-228-659		
15. AGENCY EMPLOYEE NO.	V01114		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DELA PEÑA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	WENCES REY	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	BASILAD			
OCCUPATION	INSTRUCTOR			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 565 0600			
24. FATHER'S SURNAME	UBAY			
FIRST NAME	AGUSTIN	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	QUINTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	BATING			
FIRST NAME	MARCOSA			
MIDDLE NAME	CATALUÑA			

(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	MARGEN ELEMENTARY SCHOOL	ELEMENTARY	2002	2008	N/A	2008	1ST HONOR
SECONDARY	MARGEN NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	N/A	2012	1ST HONOR
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION MAJOR IN COMMUNITY BROADCASTING	2012	2016	N/A	2016	MAGNA CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN DEVELOPMENT COMMUNICATION	2017	Present	19	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

January 9, 2023

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE 

DATE _____

January 9, 2023







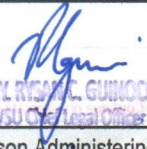
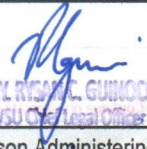
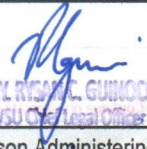
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
HIV-AIDS ORGANIZATION OF PEER EDUCATORS (HOPE), VSU CHAPTER	06/02/2014	30/05/2016	N/A	CIVIC/VOLUNTARY
VSU ALUMNI ASSOCIATION	14/05/2016	PRESENT	N/A	CIVIC/VOLUNTARY

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)



VIII. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
HOSTING	SEN. MANNY VILLAR MEDAL OF EXCELLENCE AWARDEE	YSU ALUMNI ORGANIZATION
READING		

SIGNATURE		DATE	January 9, 2023
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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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ End of 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. EDGARDO E. TULIN</td><td>VSU, BAYBAY CITY, LEYTE</td><td>053 565 0600</td></tr><tr><td>DR. CHRISTINA A. GABRILLO</td><td>VSU, BAYBAY CITY, LEYTE</td><td>053 565 0600</td></tr><tr><td>DR. EUGENIA A. BAUTISTA</td><td>DENR-R8, TACLOBAN CITY</td><td>053 832 0608</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. EDGARDO E. TULIN	VSU, BAYBAY CITY, LEYTE	053 565 0600	DR. CHRISTINA A. GABRILLO	VSU, BAYBAY CITY, LEYTE	053 565 0600	DR. EUGENIA A. BAUTISTA	DENR-R8, TACLOBAN CITY	053 832 0608
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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></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: VSU ID</td></tr><tr><td>ID/License/Passport No.: V01114</td></tr><tr><td>Date/Place of Issuance: July 1, 2018</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.: V01114	Date/Place of Issuance: July 1, 2018	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>January 9, 2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	January 9, 2023	Date Accomplished			
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SUBSCRIBED AND SWORN to before me this <u>25 JAN 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYAN C. GUINOCOR VSU C. Local Office</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYAN C. GUINOCOR VSU C. Local Office	Person Administering Oath									
													
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