

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	CARDAÑO			
FIRST NAME	CHINELO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MENDEZ			
3. DATE OF BIRTH (mm/dd/yyyy)	12/10/1994	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	BAIS CITY	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	N/A N/A House/Block/Lot No. Street N/A MABUNAO Subdivision/Village Barangay BAIS CITY NEGROS ORIENTAL City/Municipality Province 6206	
7. HEIGHT (m)	1.5	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A MABUNAO Subdivision/Village Barangay BAIS CITY NEGROS ORIENTAL City/Municipality Province 6206	
8. WEIGHT (kg)	45.6		ZIP CODE	
9. BLOOD TYPE	A+			
10. GSIS ID NO.	NONE			
11. PAG-IBIG ID NO.	1212-0236-7879			
12. PHILHEALTH NO.	13-025368278-8	ZIP CODE	6206	
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE	
14. TIN NO.	474-756-878	20. MOBILE NO.	09359797124	
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	chinelo.cardano@vsu.edu.ph , chinelocardano@gmail.com	

II. FAMILY BACKGROUND

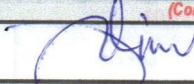
22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	NONE	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CARDAÑO			
FIRST NAME	ARISTON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CARDENES	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	MENDEZ			
FIRST NAME	MARIA			
MIDDLE NAME	ROMERAL			

(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	LA CONSOLACION COLLEGE (formerly SACRED HEART ACADEMY)	BASIC EDUCATION	6/4/2001	3/28/2007	N/A	2007	SALUTATORIAN
SECONDARY	LA CONSOLACION COLLEGE (formerly SACRED HEART ACADEMY)	SECONDARY EDUCATION	6/4/2007	3/24/2011	N/A	2011	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	NONE	NONE	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	TERTIARY EDUCATION	6/6/2011	4/22/2015	N/A	2015	CUM LAUDE
GRADUATE STUDIES	NONE	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 15, 2020
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	JUNE 15, 2020
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 15, 2020
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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: _____ After completion of project
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)		
NAME	ADDRESS	TEL. NO.
EDGARDO E. TULIN	VISAYAS STATE UNIVERSITY	+639173108061
MA. THERESA P. LORETO	DEPARTMENT OF BIOTECHNOLOGY, VISAYAS STATE UNIVERSITY	+639056893008
ERLINDA A. VASQUEZ	PhilRootcrops, VISAYAS STATE UNIVERSITY	+639177034791
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.		



CHINELO M. CARDAÑO

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PASSPORT
ID/License/Passport No.:	P5285930A
Date/Place of Issuance:	12/08/2017

Signature (Sign inside the box)
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 07 JUL 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
VS LEGAL OFFICER
Person Administering Oath