

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	Monsanto		
FIRST NAME	Anna Martha	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Como		
3. DATE OF BIRTH (mm/dd/yyyy)	08/03/1988	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	Cebu City	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" 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	Mirambel Homes House/Block/Lot No. Street Gabas Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.5	ZIP CODE	6521
8. WEIGHT (kg)	64		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Mirambel Homes House/Block/Lot No. Street Gabas Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	2005056955	Brgy. Tahusan, Hinunangan So. L	
11. PAG-IBIG ID NO.	121190480624		
12. PHILHEALTH NO.	13025373301-3	6608	6521
13. SSS NO.	n/a	19. TELEPHONE NO.	n/a
14. TIN NO.	455-631-108	20. MOBILE NO.	09070800332
15. AGENCY EMPLOYEE NO.	V00926	21. E-MAIL ADDRESS (if any)	martha.monsanto@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Monsanto		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Joedenis	NAME EXTENSION (JR., SR)	Denise Ann C. Monsanto	07/11/2016
MIDDLE NAME	Manlangit		AJ Danzel C. Monsanto	06/29/2018
OCCUPATION	Brgy.official/ self employed			
EMPLOYER/BUSINESS NAME	n/a			
BUSINESS ADDRESS	n/a			
TELEPHONE NO.	n/a			
24. FATHER'S SURNAME	Como			
FIRST NAME	Zosimo	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Bagood			
25. MOTHER'S MAIDEN NAME				
SURNAME	Como			
FIRST NAME	Charito			
MIDDLE NAME	Gorres			

(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	Tahusan, Elementary School	Elementary Education	17/06/1995	/2001		2000	N/A
SECONDARY	Holy Rosary Academy- Poblacion Hinunangan So. Leyte	Secondary Education	23/06/2001	27/06/2005		2005	N/A
VOCATIONAL / TRADE COURSE	N/A						n/a
COLLEGE	Visayas State University, Visca, Baybay City, Leyte	BSDE	29/06/2006	02/07/2011		2016	N/A
GRADUATE STUDIES	University of the Philippines Los Banos, Laguna	PhD Candidate Extension Education	On going				CHED

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 15, 2022
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[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

INCLUSIVE DATES	SALARY	JOB/PAY	COMET
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	15 september 2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A					

(Continue on separate sheet if necessary)

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)

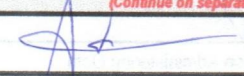
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	EXPERTS4- ASIA CONSORTIUM- Exchange Student-MS MobilityProgram	08/30/2015	11/06/2016	10 months	Educational	EUROPEAN COMMISSION

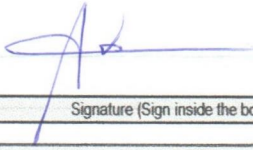
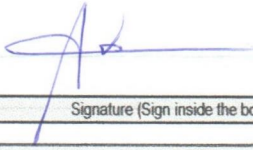
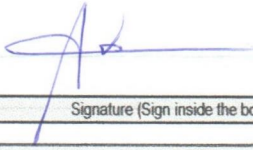
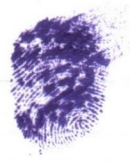
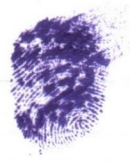
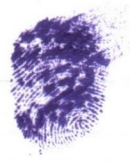
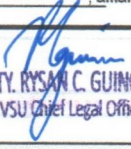
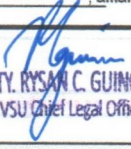
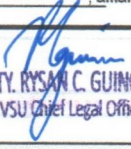
(Continue on separate sheet if necessary)

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 literacy, singing, guitar strumming		N/A		n/a

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 15, 2022
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____ 694												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Milagros C. Bales</td><td>DAEEx, VSU, Visca, Baybay City, Leyte</td><td>9424814524</td></tr><tr><td>Dr. Antonia Cecilia Y. Sandoval</td><td>Brgy. Guadalupe, Baybay City, Leyte</td><td>9324466410</td></tr><tr><td>Dr. Erlinda I. Dizon</td><td>IFST, UPLB, Los Baños, Laguna</td><td>9204240229</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Milagros C. Bales	DAEEx, VSU, Visca, Baybay City, Leyte	9424814524	Dr. Antonia Cecilia Y. Sandoval	Brgy. Guadalupe, Baybay City, Leyte	9324466410	Dr. Erlinda I. Dizon	IFST, UPLB, Los Baños, Laguna	9204240229
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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 border="1"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC AGRICULTURIST LICENSED</td></tr><tr><td>ID/License/Passport No.: 0013832</td></tr><tr><td>Date/Place of Issuance: Tacloban City</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: PRC AGRICULTURIST LICENSED	ID/License/Passport No.: 0013832	Date/Place of Issuance: Tacloban City	<table border="1"><tr><td> Signature (Sign inside the box)</td></tr><tr><td>Sept. 15, 2022</td></tr></table>	 Signature (Sign inside the box)	Sept. 15, 2022						
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SUBSCRIBED AND SWORN to before me this 13 OCT 2022 , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
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