

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	POLE			
FIRST NAME	LUCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CARTA			
3. DATE OF BIRTH (mm/dd/yyyy)	07/23/1973	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:	
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		
7. HEIGHT (m)	5'5"	ZIP CODE	House/Block/Lot No. Street	
8. WEIGHT (kg)	64kg		Subdivision/Village Barangay	
9. BLOOD TYPE	"O"		BAYBAY LEYTE	
10. GSIS ID NO.	200-47968-98		City/Municipality Province	
11. PAG-IBIG ID NO.	916-195161-091	ZIP CODE	6521-A	
12. PHILHEALTH NO.	13-200413033-6		18. PERMANENT ADDRESS	
13. SSS NO.	3339426129		House/Block/Lot No. Street	
14. TIN NO.	947-762-563		BAYBAY LEYTE	
15. AGENCY EMPLOYEE NO.	NONE	19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	0926-556474	
		21. E-MAIL ADDRESS (if any)	N/A	

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	POLE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANGELITA	NAME EXTENSION (JR., SR)	ALLANA MAE P. POLE	12/18/2002
MIDDLE NAME	OMAPAS		JUNJIE P. POLE	01/27/1999
OCCUPATION	HOUSEWIFE		ANGELICA P. POLE	03/25/1997
EMPLOYER/BUSINESS NAME	N/A		ARDE JOHN P. POLE	11/08/1995
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	POLE			
FIRST NAME	LUCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NEMENCIO	JR.		
25. MOTHER'S MAIDEN NAME				
SURNAME	CARTA			
FIRST NAME	EUSTIQUIA			
MIDDLE NAME	FLORES			

(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	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1981	1987	GRADUATED	1987	N/A
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY EDUCATION GRADUATE	1987	1991	GRADUATED	1991	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	N/A	N/A					
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 15, 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]

SIGNATURE		DATE	June 15, 2022
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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&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)




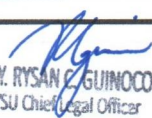
## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	June 15, 2022
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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 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)		
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
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.		
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.: V000895 Date/Place of Issuance: BAYBAY CITY, LEYTE	 Signature (Sign inside the box) June 15, 2022 Date Accomplished	 PHOTO  Right Thumbmark
SUBSCRIBED AND SWORN to before me this <u>04 AUG 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.		
 ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer _____ Person Administering Oath		