

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	COBICO		
FIRST NAME	MARY ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GUMBA		
3. DATE OF BIRTH (mm/dd/yyyy)	5/21/1980	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	BAYBAY CITY, LEYTE	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 checked="" type="checkbox"/> Other/s: WITH CHILD	17. RESIDENTIAL ADDRESS	#111 Warner Drive House/Block/Lot No. Street Warner Apartments Visca Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	153 m	ZIP CODE	6521-A
8. WEIGHT (kg)	55kg		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street Tipay Sta. Cruz Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	CRN-006-0053-5904-8	ZIP CODE	6521
11. PAG-IBIG ID NO.	914036080084	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	02-050287879-5	20. MOBILE NO.	0915-7848492
13. SSS NO.	33-7964464-4	21. E-MAIL ADDRESS (if any)	maryann.cobico@vsu.edu.ph
14. TIN NO.	225-328-085		
15. AGENCY EMPLOYEE NO.	V000780		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	JONASH MIGUEL AIDAN COBICO	1/3/2012
MIDDLE NAME				
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	COBICO			
FIRST NAME	EDGARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LORETO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUMBA			
FIRST NAME	BELINDA			
MIDDLE NAME	URDANETA			

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	STA. CRUZ ELEMENTARY SCHOOL	BASIC EDUCATION	1987	1993		1993	VALEDICTORIAN
SECONDARY	VISCA Laboratory High School	BASIC EDUCATION	1993	1997		1997	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	PHILIPPINE NORMAL UNIVERSITY	AB PSYCHOLOGY	1998	2002		2002	CUM LAUDE
GRADUATE STUDIES	PHILIPPINE NORMAL UNIVERSITY	MASTER OF EDUCATION IN GUIDANCE AND COUNSELING	2003	2009		2009	

SIGNATURE		DATE	April 20, 2017
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PD 907 - HONOR GRADUATE		3/27/2002	MANILA, PHILIPPINES	10131109	3/27/2002
	SECONDARY LEVEL TEACHERS LICENSURE EXAMINATION	82.20	8/31/2003	MANILA, PHILIPPINES	0872819	1/19/2005
	GUIDANCE COUNSELOR LICENSURE EXAMINATION	78.95	8/27-28/2009	MANILA, PHILIPPINES	0001605	9/16/2009

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	April 20, 2017
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SCHISTOSOMIASIS HOSPITAL	6/16/2016		8.0	FACILITATOR/TEAMBUILDING ACTIVITY
	COMMISSION ON HIGHER EDUCATION	11/11/2015		8.0	FACILITATOR/CAREER INFO BLITZ
	MERIDA VOCATIONAL SCHOOL	8/27/2015		4.0	SPEAKER/CAREER GUIDANCE ADVOCACY PROGRAM
	BUNGA NATIONAL HIGH SCHOOL	8/3/2015		4.0	SPEAKER/CAREER GUIDANCE ADVOCACY PROGRAM
	BUNGA NATIONAL HIGH SCHOOL	8/1/2014		4.0	SPEAKER/CAREER GUIDANCE ADVOCACY PROGRAM

(Continue on separate sheet if necessary)

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


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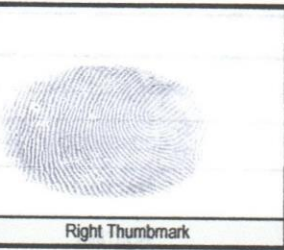

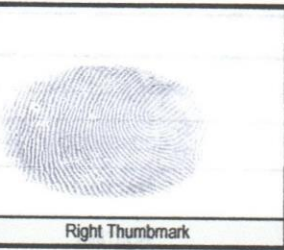

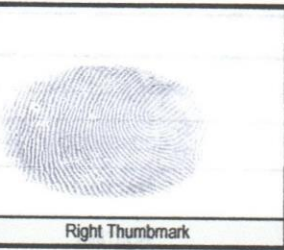
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COUNSELING		N/A		PHILIPPINE GUIDANCE AND COUNSELING ASSOCIATION, INC. (PGCA)
	TEACHING				
	HOSTING				
	COACHING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 20, 2017
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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 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: <u>RESIGNATION IN PRIVATE COMPANY</u>												
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:												
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. ANNIE P. GRAVOSO</td><td>DLABS, VSU, BAYBAY CITY, LEYTE</td><td></td></tr><tr><td>MS. MARITES Z. VIÑAS</td><td>DOLE, WLFO, ORMOC CITY</td><td>053-255-2436</td></tr><tr><td>PROF. MANOLO B. LORETO, JR.</td><td>USSO, VSU, BAYBAY CITY, LEYTE</td><td>0917-6341432</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. ANNIE P. GRAVOSO	DLABS, VSU, BAYBAY CITY, LEYTE		MS. MARITES Z. VIÑAS	DOLE, WLFO, ORMOC CITY	053-255-2436	PROF. MANOLO B. LORETO, JR.	USSO, VSU, BAYBAY CITY, LEYTE	0917-6341432
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PROF. MANOLO B. LORETO, JR.	USSO, VSU, BAYBAY CITY, LEYTE	0917-6341432											
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.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC/GUIDANCE COUNSELOR</td></tr><tr><td>ID/License/Passport No.: 0001605</td></tr><tr><td>Date/Place of Issuance: 3-9-2016/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/GUIDANCE COUNSELOR	ID/License/Passport No.: 0001605	Date/Place of Issuance: 3-9-2016/TACLOBAN CITY	<table><tr><td>Signature (Sign inside the box) April 20, 2017 Date Accomplished</td></tr></table>	Signature (Sign inside the box) April 20, 2017 Date Accomplished							
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SUBSCRIBED AND SWORN to before me this <u>APR 20 2017</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYSAN C. GUINOCOR NOTARY PUBLIC Person Administering Oath UNTIL DECEMBER 31, 2017</td></tr></table>		ATTY. RYSAN C. GUINOCOR NOTARY PUBLIC Person Administering Oath UNTIL DECEMBER 31, 2017											
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PTR 0394869 - BAYBAY/LEYTE - 1/12/17
IBP 1030824 - TACLOBAN CITY - 12/19/16
MCLE COMPL. NO. V-0000000-07/2015
ROLL OF ATTORNEYS NO. 57467