

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	LACAMBRA		
FIRST NAME	MARIEL	NAME EXTENSION (JR, SR)	
MIDDLE NAME	ENCOMIO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/04/1996	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	TACLOBAN 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	House/Block/Lot No. Street BRGY 110 UTAP Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6500
8. WEIGHT (kg)	50 kg		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street BRGY 110 UTAP Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6500
11. PAG-IBIG ID NO.	916102226331		
12. PHILHEALTH NO.	130501836959		
13. SSS NO.	06-3809199-9	19. TELEPHONE NO.	N/A
14. TIN NO.	328-329-272	20. MOBILE NO.	09979182041
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	lacambramarie@gmail.com

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)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LACAMBRA JR.			
FIRST NAME	MELICIO	NAME EXTENSION (JR, SR)		
MIDDLE NAME	DAMAYO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENCOMIO			
FIRST NAME	MARIEL			
MIDDLE NAME	DAA			

(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	DON VICENTE QUINTERO MEMORIAL SCHOOL		2007	2008		2008	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL		2008	2012		2012	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	2012	2016		2016	
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY		2018	Present			

(Continue on separate sheet if necessary)


SIGNATURE		DATE	
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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.

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

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

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

SIGNATURE		DATE	
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DATE _____

[illegible]


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)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
RUNNING	NATIONAL SQUAD	
READING	MERITORIOUS ACHIEVEMENT IN COMPETITION	
SWIMMING	MERITORIOUS ACHIEVEMENT IN SPORTS IN THE FIELD OF ATHLETICS	

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

[Handwritten signature]

DATE _____

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.
MR. JERULD LIRIDS	TACLOBAN CITY	09167410100
MR. GLEN REY ESTRADA	TACLOBAN CITY	09015837780
MR. JESSIE DELBO	TACLOBAN CITY	09164580185
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: <u>SSS ID / PRC ID</u>
ID/License/Passport No.: <u>000 7791</u>
Date/Place of Issuance: <u>09/30/2016 TACLOBAN CITY</u>

Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this <u>AUG 13 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
<div>ATTY. RYAN C. GUINOCOR VSU Legal Officer</div>	

WORK EXPERIENCE SHEET

Instructions: 1. Includes only the work experiences relevant to the position being applied to.
 2. The duration should include start and finish dates, if known, month in abbreviation form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

Position Applied:

School College Librarian

• Duration:

09-18-2016 to 04-18-2017

• Position:

School Librarian

• Name of Office/Unit:

LVD Library

• Immediate Supervisor:

• Name of Agency/Organization and Location:

Liceo del Verbo Divino

• List of Accomplishments and Contributions (if any)

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○

• Summary of Actual Duties

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• Duration:

• Position:

• Name of Office/Unit:

• Immediate Supervisor:

• Name of Agency/Organization and Location:

• List of Accomplishments and Contributions (if any)

○

○

• Summary of Actual Duties

○

MARIEL E. LACAMBRASignature over Printed Name
of Employee/Applicant

Date:

07/30/2018