

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	DESADES		
FIRST NAME	CHRISTY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MINOZA		
3. DATE OF BIRTH (mm/dd/yyyy)	APRIL 28, 1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	LIBERTAD, ISABEL, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.58	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	58		SITIO BANANA ISLAND BALUGO,
9. BLOOD TYPE	TYPE O +		Subdivision/Village Barangay
10. GSIS ID NO.	02003896862		ALBUERA, LEYTE
11. PAG-IBIG ID NO.			City/Municipality Province
12. PHILHEALTH NO.	13-000094769-6	18. PERMANENT ADDRESS	
13. SSS NO.	NONE	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	282-116-858		SITIO BANANA ISLAND BALUGO,
15. AGENCY EMPLOYEE NO.	V000179		Subdivision/Village Barangay
			ALBUERA, LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09306429962/09978407423
		21. E-MAIL ADDRESS (if any)	christydesades28@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	DESADES			
FIRST NAME	CRESCENCIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MESPEROS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MINOZA			
FIRST NAME	TERESITA			
MIDDLE NAME	VILLA PLAZA			

(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	BALUGO ELEMENTARY SCHOOL	N.A.			GRADUATE	2001	SALUTARORIAN
SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL	N.A.			GRADUATE	2005	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N.A.	N.A.			N.A.	N.A.	N.A.
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN BIOLOGY-CHEMISTRY			GRADUATE	2009	N.A.
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION MAJOR IN BIOLOGY			GRADUATE	2013	N.A.
GRADUATE STUDIES	WEST VISAYAS STATE UNIVERSITY	PHD IN SCIENCE EDUCATION MAJOR IN BIOLOGY			GRADUATING	IN PROGRESS	DOST SCHOLAR

(Continue on separate sheet if necessary)

SIGNATURE

Christy Desades

DATE

APR 21 2017

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Exquisitus</i>	DATE	APR 21 2017
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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		
	Single Adults Fellowship	6/1/2009	Present		Member, Christian Community
	University Inter Dorm Organization (UISB)	6/1/2013	6/1/2014		Adviser
	Waling waling Ladies Dorm	6/1/2010	5/1/2014		Adviser
	Dahlia Ladies Dorm	6/1/2009	5/1/2010		Assistant Adviser










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)
COMPUTER LITERATE	NONE	VSU FACULTY AND STAFF
PLAYING PINGPONG		PSLAB Inc.
DANCING AND SINGING		POSTE (Philippine Org of Science and Tech Educators Region VIII)
		Red Cross
		ASMAC (Association of Sci. and Math Coaches)
		NOSTE (National Org of Science Teachers Educators)
		SUCTEA (State Universities and Colleges Teachers Educators Association)

(Continue on separate sheet if necessary)			
SIGNATURE	<i>Collesader</i>	DATE	APR 21 2017

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 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)																		
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. LIJUERAJ J. CUADRA</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td>9176341458</td></tr><tr><td>DR. ROSARIO P. ABELA</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td>9183641159</td></tr><tr><td>DR. NELEN P. LAMBERT</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td>9186875740</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. LIJUERAJ J. CUADRA	VSU, VISCA, BAYBAY CITY, LEYTE	9176341458	DR. ROSARIO P. ABELA	VSU, VISCA, BAYBAY CITY, LEYTE	9183641159	DR. NELEN P. LAMBERT	VSU, VISCA, BAYBAY CITY, LEYTE	9186875740				
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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><tr><td colspan="2">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:</td><td>PRC LICENSE ID</td></tr><tr><td>ID/License/Passport No.:</td><td>1084386</td></tr><tr><td>Date/Place of Issuance:</td><td>2/4/2011/ 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 LICENSE ID	ID/License/Passport No.:	1084386	Date/Place of Issuance:	2/4/2011/ TACLOBAN CITY	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">04/21/2017</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		04/21/2017		Date Accomplished	
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SUBSCRIBED AND SWORN to before me this APR 21 2017 , applicant exhibiting his/her validly issued government ID as indicated above.																		
<table><tr><td colspan="2">ADELE CARR M. CHAVES</td></tr><tr><td colspan="2">PUBLIC ATTORNEY II</td></tr><tr><td colspan="2">ROLL NO. 41535</td></tr><tr><td>IBP O.R. NO.</td><td>1458467</td></tr><tr><td>DATE</td><td>4/23/2017</td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>			ADELE CARR M. CHAVES		PUBLIC ATTORNEY II		ROLL NO. 41535		IBP O.R. NO.	1458467	DATE	4/23/2017	Person Administering Oath					
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