

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	STA. IGLESIA		
FIRST NAME	MARILOU	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LABANA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/30/1962	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 type="checkbox"/> Male <input checked="" 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"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	151	ZIP CODE	House/Block/Lot No. Street PANGASUGAN
8. WEIGHT (kg)	58.6		Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE	O		City/Municipality Province
10. GSIS ID NO.	62093002411		6521
11. PAG-IBIG ID NO.	1700-0026-2306	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000014369-4	ZIP CODE	House/Block/Lot No. Street PANGASUGAN
13. SSS NO.	N/A		19. TELEPHONE NO.
14. TIN NO.	116-627-050	20. MOBILE NO.	09152862332
15. AGENCY EMPLOYEE NO.	V000648	21. E-MAIL ADDRESS (if any)	marilousta.iglesia@yahoo.com

II. FAMILY BACKGROUND

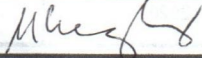
22. SPOUSE'S SURNAME	STA. IGLESIA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NESTOR	NAME EXTENSION (JR., SR)	NESS MARIE L. STA. IGLESIA	03/24/1982
MIDDLE NAME	CALIBUD		NHESLY L. STA. IGLESIA	11/09/1992
OCCUPATION	LABORER		MARY LEE L. STA. IGLESIA	04/24/1995
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	LABANA			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MARANGUIT			
25. MOTHER'S MAIDEN NAME	NAYRE			
SURNAME	LABANA			
FIRST NAME	PONCIANA			
MIDDLE NAME	POLIQUIT			

(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	PANGASUGAN ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1969	1974	N/A	1974	NONE
SECONDARY	VISAYAS STATE OF AGRICULTURE	HIGH SCHOOL GRADUATE	1974	1978	N/A	1978	NONE
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	SECRETARIAL	1978	1981	N/A	1981	CERT.
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	May 18, 2020	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

## V. WORK EXPERIENCE

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<b>SIGNATURE</b>		<b>DATE</b>	May 18, 2020	CS FORM 212 (Revised 2017), Page 2 of 4
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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	N/A	N/A	N/A	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)

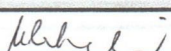
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	HIV IN THE WORKPLACE SEMINAR	12/09/2016	12/09/2016	4.0		VISAYAS STATE UNIVERSITY, CENTER FOR CONTINUING EDUCATION (VSU-CCE)
	ISO 9001-2008 ORIENTATION & WRITESHOP AMONG CLERK AND SECRETARIES	09/21/2015	09/21/2015	8.0		VISAYAS STATE UNIVERSITY, CENTER FOR CONTINUING EDUCATION (VSU-CCE)
	PLANNING WORKSHOP: ON THE PREPARATION & PROCESSING OF DOCUMENTS RELATIVE TO PROCUREMENT	05/27/2015	05/27/2015	4.0		VISAYAS STATE UNIVERSITY
	(PMES-OPES) TRAINING ON RA9184 AND ITS REVISED IRR	1/26/2011	1/26/2011	8.0		OFFICE OF THE DIRECTOR FOR HUMAN RESOURCE DEVELOPMENT, VISAYAS STATE UNIVERSITY (ODAHRD, VSU)
	ANNUAL RDE MANAGEMENT FORUM SEMINAR-WORKSHOP ON PREPARATION OF PERFORMANCE TARGETS AND ACCOMPLISHMENT	01/11/2011	01/12/2011	16.0		OFFICE OF THE VICE PRESIDENT FOR RESEARCH & EXTENSION, VISAYAS STATE UNIVERSITY (OVPRE, VSU)
	MODULES I.II AND VI	7/29/2010	7/29/2010	8.0		DBM, R8, GPPB & VISAYAS STATE UNIVERSITY
	WORKSHOP ON CONCEPTUALIZING R & D PROJECTS	7/22/2010	7/23/2010	16.0		OFFICE OF THE VICE PRESIDENT FOR RESEARCH & EXTENSION, VISAYAS STATE UNIVERSITY (OVPRE, VSU)
	RESEARCH AND DEVELOPMENT IN-HOUSE REVIEW	4/26/2010	4/30/2010	40.0		OFFICE OF THE VICE PRESIDENT FOR RESEARCH & EXTENSION, VISAYAS STATE UNIVERSITY (OVPRE, VSU)
	SEMINAR ON ESSENTIAL PSYCHOPHARMACOLOGY: DRUGS, BEHAVIOR AND CLINICAL IMPLICATIONS AND FISHING FOR ANSWERS IN NEUROSCIENCE WITH ZEBRATISH	10/23/2009	10/23/2009	4.0		OFFICE OF THE VICE PRESIDENT FOR RESEARCH & EXTENSION, VISAYAS STATE UNIVERSITY (OVPRE, VSU)
	SEMINAR-WORKSHOP ON LEADERSHIP AND ETHICS IN RESEARCH & EXTENSION MANAGEMENT	10/15/2009	10/15/2009	8.0		OFFICE OF THE VICE PRESIDENT FOR RESEARCH & EXTENSION, VISAYAS STATE UNIVERSITY (OVPRE, VSU)
	COMPUTER TRAINING FOR EXCEL AND POWERPOINT PROGRAM	10/28/2003	10/30/2003	24.0		HRMDO, DCST, VISAYAS STATE UNIVERSITY
	CAREER AND PERSONALITY DEVELOPMENT FOR CLERK AND OTHER ADMINISTRATIVE STAFF	5/19/2003	5/20/2003	24.0		VISAYAS STATE UNIVERSITY
	VALUES ORIENTATION WORKSHOP (VOW)	09/01/1998	09/03/1998	24.0		VISCA

(Continue on separate sheet if necessary)

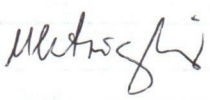



**VIII. OTHER INFORMATION**

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE		NONE		NONE
	VOLLEYBALL				
	DANCING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 18, 2020	CS FORM 212 (Revised 2017), Page 3 of 4
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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)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. MILAGROS BALES</td><td>VISCA, BAYBAY CITY, LEYTE</td><td></td></tr><tr><td>PROF. ROSA OPHELIA D. VELARDE</td><td>VISCA, BAYBAY CITY, LEYTE</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. MILAGROS BALES	VISCA, BAYBAY CITY, LEYTE		PROF. ROSA OPHELIA D. VELARDE	VISCA, BAYBAY CITY, LEYTE				
NAME	ADDRESS	TEL. NO.												
DR. MILAGROS BALES	VISCA, BAYBAY CITY, LEYTE													
PROF. ROSA OPHELIA D. VELARDE	VISCA, BAYBAY CITY, LEYTE													
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.														
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>GSIS UMID ID</td></tr><tr><td>ID/License/Passport No.:</td><td>006-0076-3488-4</td></tr><tr><td>Date/Place of Issuance:</td><td></td></tr></table>	Government Issued ID:	GSIS UMID ID	ID/License/Passport No.:	006-0076-3488-4	Date/Place of Issuance:		<div></div> <table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>May 18, 2020</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	May 18, 2020	Date Accomplished	<div></div> <p>PHOTO</p> <div></div> <p>Right Thumbmark</p>			
Government Issued ID:	GSIS UMID ID													
ID/License/Passport No.:	006-0076-3488-4													
Date/Place of Issuance:														
Signature (Sign inside the box)														
May 18, 2020														
Date Accomplished														
SUBSCRIBED AND SWORN to before me this <u>14 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSANG C. GUINOCOR SOLICITOR Person Administering Oath</div>														



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated 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.

- Duration: January 1, 1998 - Present
- Position: Administrative Aide III
- Name of Office/Unit: Office of the Vice President for Research & Extension
- Immediate Supervisor: Dr. Othello B. Capuno
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

- Receive all the important documents; take charge of sending and receiving correspondence, as well as greeting clients and customers; Facilitating all papers needed in the office; took charge of encoding important papers needed by my immediate supervisor; Managing and distributing information within an office. This generally includes answering phones.

- Duration: July 1, 1992 – December 31, 1997
- Position: Office Clerk
- Name of Office/Unit: Department of Consumer & Hospitality Management (DCHM)
- Immediate Supervisor: Lucylen B. Ponce
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

- Receive all the important documents, facilitating all papers needed; take charge of encoding important papers to disseminate to the other offices; took charge in processing and prepare documents, such as business or government forms and expense reports.

- Duration: January 1, 1985 – June 30, 1991
- Position: Office Clerk
- Name of Office/Unit: VSU-Infirmery
- Immediate Supervisor: Dr. Isabel P. Bertulfo
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

- Collect, count, and disburse money, do basic bookkeeping and complete transactions. Communicate with customers, employees, and other individuals to answer questions, disseminate or explain information; take orders and address complaints; took charge of receiving & sending of documents.

- Duration: September 1, 1983 – December 31, 1984
- Position: Laborer
- Name of Office/Unit: National Abaca Research Center
- Immediate Supervisor: Nguyen T. Than-Tuyen
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

- Take charge in cleaning and preparing materials; Keeps simple records and logs; do other tasks assigned by my immediate supervisor.

**MARILOU L. STA IGLESIA**

(Signature over Printed Name  
of Employee/Applicant)

Date: \_\_\_\_\_