

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	MUAÑA		
FIRST NAME	ROGER	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TORCINO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/01/1973	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	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.63		House/Block/Lot No. Street
8. WEIGHT (kg)	64		SITIO LONOY SAN ISIDRO
9. BLOOD TYPE			Subdivision/Village Barangay
10. GSIS ID NO.	BP 2004559002 (021-1942-5911-4)		BAYBAY LEYTE
11. PAG-IBIG ID NO.	MID:9152-3259-1031		City/Municipality Province
12. PHILHEALTH NO.	13-0500062862-7	ZIP CODE	6521
13. SSS NO.	06-2325840-4	18. PERMANENT ADDRESS	
14. TIN NO.	286-657-374-000		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V00844		SITIO LONOY SAN ISIDRO
			Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		ZIP CODE	6521
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	(+63) 926-3177-821
		21. E-MAIL ADDRESS (if any)	NONE

II. FAMILY BACKGROUND

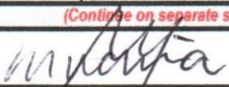
22. SPOUSE'S SURNAME	MUAÑA	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	ELMA	NAME EXTENSION (JR., SR)	REGINNE DALANON MUAÑA	11/06/2002
MIDDLE NAME	DALANON		SARAH JEAN DALANON MUAÑA	08/07/2005
OCCUPATION	HOUSEWIFE		CHARISE DALANON MUAÑA	01/03/2013
EMPLOYER/BUSINESS NAME	N/A		CHARLINE DALANON MUAÑA	08/12/2016
BUSINESS ADDRESS	N/A			
MOBILE NO.	(+63) 926-3177-821			
24. FATHER'S SURNAME	MUAÑA			
FIRST NAME	TOMAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BASARTE			
25. MOTHER'S MAIDEN NAME	SURINGA			
SURNAME	MUAÑA			
FIRST NAME	ANGELITA			
MIDDLE NAME	TORCINO			

(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	CARLOS P. GARCIA ELEMENTARY SCHOOL	ELEMENTARY	1980	1986		1986	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	1986	1990		1990	
VOCATIONAL / TRADE COURSE	CONCORD TECHNICAL INSTITUTE	AUTOMOTIVE MECHANIC	1993	1994		1994	
COLLEGE	NONE	N/A					
GRADUATE STUDIES	NONE	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-14-18
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## IV. CIVIL SERVICE ELIGIBILITY

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
	<b>HEAVY EQUIPMENT OPERATOR CIVIL SERVICE COMMISSION (CATEGORY II)</b>				<b>360508170001</b>	<b>06/19/2017</b>
	<b>NC II (NATIONAL CERTIFICATE II) IN AUTOMOTIVE SERVICING</b>	<b>PASSED</b>	<b>04/11/2013</b>	<b>TESDA, CALUBIAN, LEYTE</b>	<b>13080302004329</b>	<b>04/11/2013</b>

(Continue on separate sheet if necessary)

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(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-14-18	
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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&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Application to Current Role	
10. Additional Comments	

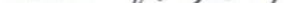
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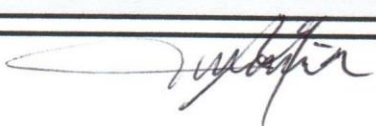
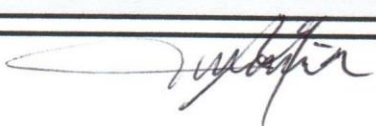
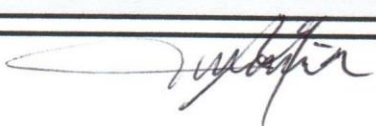




### VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	AIRCON REPAIR		NONE		NONE
	TRUCK DRIVING				
	ENGINE TROUBLESHOOTING				
	GAS/DIESEL MECHANIC				
	PLAYING GUITAR				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-14-18
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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 border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. HENRY Y. GOLTIANO</td><td>VISAYAS STATE UNIVERSITY</td><td>09086866102</td></tr><tr><td>ENGR. CELSO GUMAOD</td><td>VISAYAS STATE UNIVERSITY</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. HENRY Y. GOLTIANO	VISAYAS STATE UNIVERSITY	09086866102	ENGR. CELSO GUMAOD	VISAYAS STATE UNIVERSITY				
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DR. HENRY Y. GOLTIANO	VISAYAS STATE UNIVERSITY	09086866102											
ENGR. CELSO GUMAOD	VISAYAS STATE UNIVERSITY												
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 border="1"><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: LTO DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: G01-94-179776</td></tr><tr><td>Date/Place of Issuance: BAYBAY, LEYTE</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: LTO DRIVER'S LICENSE	ID/License/Passport No.: G01-94-179776	Date/Place of Issuance: BAYBAY, LEYTE	<table border="1"><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>11-14-18</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	11-14-18	Date Accomplished				
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Signature (Sign inside the box)													
11-14-18													
Date Accomplished													
	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>NOV 22 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYLAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYLAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
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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: Oct. 16, 2011 to Present, Mechanic Gas/ Diesel  
Position: Heavy Equipment Operator I  
Name of Office: HELVMU, GSD

Supervisor: Engr. Marlon G. Burlas

Summary of Actual Duties: Repair and maintenance of Both Heavy and Light Vehicles of VSU

ROGER T. MUIÑA

(Signature over Printed Name  
of Employee/Applicant)

Date: 12/17/18