

# 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                    | AMOTO  |   |  |
| FIRST NAME                    | MARJORIE   | NAME EXTENSION (JR., SR) N/A                                |  |
| MIDDLE NAME                   | GOSON  |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 9/4/1994   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | Mabinay, Negros Oriental   | 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"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | Banahao Dormitory Visca<br>House/Block/Lot No. Street<br>N/A Pangasugan<br>Subdivision/Village Barangay<br>Baybay Leyte<br>City/Municipality Province  |
| 7. HEIGHT (m)                 | 1.49   | ZIP CODE  | 6521   |
| 8. WEIGHT (kg)                | 40.80  |   |  |
| 9. BLOOD TYPE                 | "O"  | 18. PERMANENT ADDRESS                                       | N/A N/A<br>House/Block/Lot No. Street<br>N/A San Agustin<br>Subdivision/Village Barangay<br>Baybay Leyte<br>City/Municipality Province   |
| 10. GSIS ID NO.               | 2005311411   | ZIP CODE  | 6521   |
| 11. PAG-IBIG ID NO.           | 918135294927   |   |  |
| 12. PHILHEALTH NO.            | 112031093883   |   |  |
| 13. SSS NO.                   | N/A  | 19. TELEPHONE NO.   | N/A  |
| 14. TIN NO.                   | 341- 263- 101  | 20. MOBILE NO.  | 09276023134  |
| 15. AGENCY EMPLOYEE NO.       | V01045   | 21. E-MAIL ADDRESS (if any)                                 | marjorie.amoto@vsu.edu.ph  |

## 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               | N/A       | NAME EXTENSION (JR., SR) N/A | N/A   | N/A                        |
| MIDDLE NAME              | N/A       |                              |   |                            |
| OCCUPATION               | N/A       |                              |   |                            |
| EMPLOYER/BUSINESS NAME   | N/A       |                              |   |                            |
| BUSINESS ADDRESS         | N/A       |                              |   |                            |
| TELEPHONE NO.            | N/A       |                              |   |                            |
| 24. FATHER'S SURNAME     | AMOTO     |                              |   |                            |
| FIRST NAME               | NORMIE    |                              |   |                            |
| MIDDLE NAME              | KADUSALE  |                              |   |                            |
| 25. MOTHER'S MAIDEN NAME |           |                              |   |                            |
| SURNAME                  | GOSON     |                              |   |                            |
| FIRST NAME               | MARCELITA |                              |   |                            |
| MIDDLE NAME              | ABABAT    |                              |   |                            |

(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                | Tagukon Elementary School      | Elementary diploma                            | 6/1/2006             | 3/31/2006 | N/A  | 2006           | Salutatorian                          |
| SECONDARY                 | Tagukon National High School   | High school diploma                           | 6/1/2006             | 3/25/2011 | N/A  | 2011           | Valedictorian                         |
| VOCATIONAL / TRADE COURSE | N/A                            | N/A   | N/A                  | N/A       | N/A  | N/A            | N/A                                   |
| COLLEGE                   | Visayas State University       | Doctor of Veterinary Medicine                 | 6/1/2011             | 6/14/2017 | N/A  | 2017           | None                                  |
| GRADUATE STUDIES          | 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            | None                                  |

(Continue on separate sheet if necessary)

|           |   |      |               |
|-----------|---|------|---------------|
| SIGNATURE |  | DATE | July 30, 2020 |
|-----------|---|------|---------------|



| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) |                     |
|-----|--|---------------------------|--|-----------------------------------|-------------------------|---------------------|
|     |  |                           |  |                                   | NUMBER                  | Date of<br>Validity |
|     | <b>Veterinary Medicine Licensure Exam</b>  | <b>83.2</b>               | <b>Aug. 15,16,17, 2017</b>             | <b>Manila</b>                     | <b>0009286</b>          | <b>9/4/2020</b>     |
|     |  |                           |  |                                   |                         |                     |
|     |  |                           |  |                                   |                         |                     |

**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.

[illegible]

*[Handwritten signature]*

July 30, 2070



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)                          | INCLUSIVE DATES<br>(mm/dd/yyyy) |           | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|--|---------------------------------|-----------|-----------------|---------------------------|
|     |  | From                            | To        |                 |                           |
|     | CHRIST BAPTIST CHURCH, Brgy. Guadalupe, Baybay City, Leyte                 | 2/24/2018                       | 7/27/2018 | N/A             | MISSIONS TREASURER        |
|     | AWANA Ministry, CHRIST BAPTIST CHURCH, Brgy. Guadalupe, Baybay City, Leyte | 6/6/2015                        | 7/27/2018 | 2 hours/ week   | AWANA Leader and Teacher  |
|     |  |                                 |           |                 |                           |
|     |  |                                 |           |                 |                           |
|     |  |                                 |           |                 |                           |
|     |  |                                 |           |                 |                           |

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

| 31. SPECIAL SKILLS and HOBBIES                          | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|---|--|---|
| Playing musical instruments (guitar, ukelele, keyboard) | None   | Philippine Veterinary Medicine Association (PVMA)             |
| Playing takraw, badminton, table tennis and chess       | None   | Philippine Veterinary Medicine Association-Visayas Chapter    |
| singing   | none   | Philippine Society of Animal Science (PSAS)                   |
| watching movies and/ or reading books                   | none   |   |
|   |  |   |
|   |  |   |
|   |  |   |

(Continue on separate sheet if necessary)

|           |   |      |               |
|-----------|---|------|---------------|
| SIGNATURE |  | DATE | July 30, 2020 |
|-----------|---|------|---------------|



|  |  |
|--|--|
| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____  |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br>Date Filed: _____<br>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<br>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<br>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)?<br><br>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<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>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<br>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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: <u>None yet</u> |

|  |               |            |
|--|---------------|------------|
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)   |               |            |
| NAME   | ADDRESS       | TEL. NO.   |
| Christie M. Tauy   | Baybay, City  | 9176005103 |
| Joshua Jireh S. Salomon  | Baybay, Leyte | 9261819930 |
| Flora Mia Y. Duatin  | Baybay, Leyte | 9161344041 |
| 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. |               |            |



MARJORIE G. AMOTO

|  |            |
|--|------------|
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance |            |
| Government Issued ID:  | PRC ID     |
| ID/License/Passport No.:   | 0009286    |
| Date/Place of Issuance:  | 08/31/2017 |

|                                 |
|---------------------------------|
|                                 |
| Signature (Sign inside the box) |
| July 30, 2019                   |
| Date Accomplished               |

|                 |
|-----------------|
|                 |
| Right Thumbmark |

SUBSCRIBED AND SWORN to before me this July 8, 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR  
VSO LEGAL OFFICER  
Person Administering Oath



## WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

- Duration: September 4, 2017- present
- Position: Instructor I
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Santiago T. Peña Jr.
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Prepared research proposals for research as part of the research project in the College
  - Conducted relevant trainings and actively attended activities of the extension projects in the College.
  - Attended and conducted trainings on Gender and Development and Anti- Sexual Harassment in the Academe as part of the Gender and Development Training Pool
  - As an Instructor, provided the best teaching environment to promote intellectual curiosity to my students.
- Summary of Actual Duties
  - Teaches students on particular subjects assigned to me by the College of Veterinary Medicine while also actively participating in the research and extension projects and activities of the College.

  
**MARJORIE G. AMOTO**

(Signature over Printed Name  
of Employee/Applicant)

Date: July 30, 2020