

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	MARANGUIT		
FIRST NAME	LAUREANO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SUYOM		
3. DATE OF BIRTH (mm/dd/yyyy)	4/5/1956	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PANGASUGAN BAYBAY CITY 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 <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	IH Bldg. MARCOS BAYBAY CITY LEYTE House/Block/Lot No. Street Baybay City Leyte ZIP CODE 6521-A
7. HEIGHT (m)	5'5	18. PERMANENT ADDRESS	House/Block/Lot No. Street MARCOS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	67 kgs.		ZIP CODE 6501
9. BLOOD TYPE	"O"		19. TELEPHONE NO. NONE
10. GSIS ID NO.	5604050343		20. MOBILE NO.
11. PAG-IBIG ID NO.	1700-00253493		21. E-MAIL ADDRESS (if any)
12. PHILHEALTH NO.	13-00047191-8		
13. SSS NO.	N/A		
14. TIN NO.	116-625-451		
15. AGENCY EMPLOYEE NO.	V000320		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	MARANGUIT		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA LENA	NAME EXTENSION (JR., SR)	NANCY L. MARANGUIT	7/3/1085
MIDDLE NAME	POLO		IAN L. MARANGUIT	5/24/1988
OCCUPATION	HOUSEWIFE		DINDO L. MARANGUIT	5/17/1990
EMPLOYER/BUSINESS NAME	N/A		NIZZA L. MARANGUIT	12/28/1997
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MARANGUIT			
FIRST NAME	SANTOS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GALVEZ			
25. MOTHER'S MAIDEN NAME	SUYOM			
SURNAME	MARANGUIT			
FIRST NAME	EUGENIA			
MIDDLE NAME	VERONA			

(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	SAN AGUSTIN ELEMENTARY	PRIMARY EDUCATION	1	6	GRADUATE	1970	NONE
SECONDARY	VISAYAS AGRICULTURAL COLLEGE	HIGH SCHOOL	1	2	SECOND YEAR	1970-1972	NONE
VOCATIONAL / TRADE COURSE	BAYBAY NORTH	DRIVING				1995	
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7-31-2019
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IV. CIVIL SERVICE ELIGIBILITY						
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
				NUMBER	Date of Validity	
N/A						

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

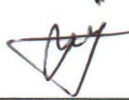
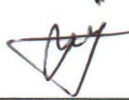
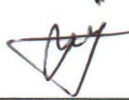



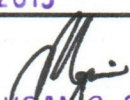
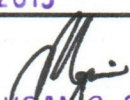
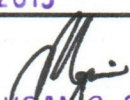
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT/AGENCY OFFICE/COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format *00-0*)	STATUS OF APPOINT- MENT	GOVT SERVICE  (Yes/No)
From	To						
1/1/2019	12/31/2019	FARM WORKER II	DEPARTMENT OF HORTICULTURE	148,452.00	A	P	Y
1/1/2018	12/31/2018	FARM WORKER II	DEPARTMENT OF HORTICULTURE	148,452.00	A	P	Y
1/1/2017	12/31/2017	FARM WORKER II	DEPARTMENT OF HORTICULTURE	142,552.00	A	P	Y
1/1/2016	6/9/2016	FARM WORKER II	DEPARTMENT OF HORTICULTURE	142,304.00	A	P	Y
1/1/2015	12/31/2015	FARM WORKER II	DEPARTMENT OF HORTICULTURE	141,304.00	A	P	Y
3/25/2014	3/24/2014	FARM WORKER II	DEPARTMENT OF HORTICULTURE	141,304.00	A	P	Y
1/1/2013	3/24/2013	FARM WORKER II	DEPARTMENT OF HORTICULTURE	135,504.00	A	P	Y
6/6/2012	5/31/2012	FARM WORKER II	DEPARTMENT OF HORTICULTURE	134,172.00	A	P	Y
6/1/2011	5/31/2011	FARM WORKER II	DEPARTMENT OF HORTICULTURE	124,296.00	A	P	Y
6/24/2010	06/32/2010	FARM WORKER II	DEPARTMENT OF HORTICULTURE	114,432.00	A	P	Y
7/1/2009	6/30/2009	FARM WORKER II	DEPARTMENT OF HORTICULTURE	91,152.00	A	P	Y
7/1/2008	6/30/2008	FARM WORKER II	DEPARTMENT OF HORTICULTURE	82,452.00	A	P	Y
7/1/2007	12/31/2007	FARM WORKER II	DEPARTMENT OF HORTICULTURE	74,952.00	D	C	Y
5/17/2007	6/30/2007	FARM WORKER II	DEPARTMENT OF HORTICULTURE	68,136.00	D	C	Y
5/17/2004	12/31/2004	LABORER I	DEPARTMENT OF HORTICULTURE	66,480.00	D	C	Y
1/1/2004	5/16/2004	LABORER I	DEPARTMENT OF HORTICULTURE	231.00	D	C	Y
1/1/2003	12/31/2003	LABORER I	DEPARTMENT OF HORTICULTURE	231.00	D	C	Y
1/1/2002	12/31/2002	LABORER I	DEPARTMENT OF HORTICULTURE	231.00	D	C	Y
7/1/2001	12/31/2001	LABORER I	DEPARTMENT OF HORTICULTURE	220.00	D	C	Y
1/1/2001	06/31/2001	LABORER I	DEPARTMENT OF HORTICULTURE	220.00	D	C	Y
1/1/2000	12/31/2000	LABORER I	DEPARTMENT OF HORTICULTURE	200.00	D	C	Y
1/1/1999	12/31/1999	LABORER I	DEPARTMENT OF HORTICULTURE	200.00	D	C	Y
1/1/1998	12/31/1998	LABORER I	DEPARTMENT OF HORTICULTURE	200.00	D	C	Y
1/1/1997	12/31/1997	LABORER I	DEPARTMENT OF HORTICULTURE	200.00	D	C	Y
1/1/1996	12/31/1996	LABORER I	DEPARTMENT OF HORTICULTURE	200.00	D	C	Y
1/1/1995	12/31/1995	LABORER I	DEPARTMENT OF HORTICULTURE	172,73.00	D	C	Y
1/1/1994	12/31/1994	LABORER I	DEPARTMENT OF HORTICULTURE	127,26.00	D	C	Y
1/1/1992	12/31/1992	LABORER I	DEPARTMENT OF HORTICULTURE	90.90	D	C	Y
1/1/1991	12/31/1991	LABORER I	DEPARTMENT OF HORTICULTURE	90.90	D	C	Y
3/1/1989	12/31/1990	LABORER I	DEPARTMENT OF HORTICULTURE	90.90	D	C	Y
12/14/1987	6/30/1989	LABORER	DEPARTMENT OF HORTICULTURE	32.85	D	C	Y
7/1/1986	2/28/1987	LABORER	DEPARTMENT OF HORTICULTURE	22.90	D	C	Y
1/1/1985	6/30/1986	LABORER	DEPARTMENT OF HORTICULTURE	19.90	D	C	Y
5/1/1984	4/30/1984	LABORER	DEPARTMENT OF HORTICULTURE	18.10	D	C	Y
3/1/1981	2/28/1981	LABORER	DEPARTMENT OF HORTICULTURE	16.45	D	C	Y
7/15/1980	7/7/1980	LABORER	DEPARTMENT OF HORTICULTURE	13.00	D	C	Y
8/1/1979	1/7/1980	LABORER	DEPARTMENT OF HORTICULTURE	13.00	D	C	Y
1/23/1979	3/31/1979	LABORER	DEPARTMENT OF HORTICULTURE	10.00	D	C	Y
6/1/1978	1/15/1979	LABORER	DEPARTMENT OF HORTICULTURE	10.00	D	C	Y
SIGNATURE				DATE	7-31-2019		







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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>PROF. GLORIA E. BANCALE</td><td>DOH, VSU, VISCA BAYBAY CITY</td><td>053-563-7739</td></tr><tr><td>DR.ROSARIO A. SALAS</td><td>DOH, VSU, VISCA BAYBAY CITY</td><td>053-563-7739</td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	ADDRESS	TEL. NO.	PROF. GLORIA E. BANCALE	DOH, VSU, VISCA BAYBAY CITY	053-563-7739	DR.ROSARIO A. SALAS	DOH, VSU, VISCA BAYBAY CITY	053-563-7739			
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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>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: VSU ID V000320</td></tr><tr><td>ID/License/Passport No.: V000320</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY 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: VSU ID V000320	ID/License/Passport No.: V000320	Date/Place of Issuance: BAYBAY CITY LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>7-31-2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	7-31-2019	Date Accomplished			
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SUBSCRIBED AND SWORN to before me this <u>AUG 05 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER	Person Administering Oath								
													
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