

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 () ☐ 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	POSAS		
FIRST NAME	HENRY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PATAC		
3. DATE OF BIRTH (mm/dd/yyyy)	10/6/1965	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	BRGY SAN AGUSTIN	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:		
7. HEIGHT (m)	168cm	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village SAN AGUSTIN Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	83kg	ZIP CODE	6521
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village SAN AGUSTIN Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	CM3876142	ZIP CODE	6521
11. PAG-IBIG ID NO.	080110176008	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-0000156710	20. MOBILE NO.	+639355942991 / +639982559119
13. SSS NO.	06-10004049	21. E-MAIL ADDRESS (if any)	posashenry2020@gmail.com
14. TIN NO.	116-626-525		
15. AGENCY EMPLOYEE NO.	V00417		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	POSAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MA. CRISTINA	NAME EXTENSION (JR., SR)	CHARIDEE A. POSAS	3/22/1986
MIDDLE NAME	ALEJO		JESSA MARIE A. POSAS	12/24/1987
OCCUPATION	HK/BAKER		JAYSON DAVE A. POSAS	10/21/1994
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	POSAS			
FIRST NAME	EUTQUIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAKILING			
25. MOTHER'S MAIDEN NAME				
SURNAME	PATAC			
FIRST NAME	CONCORDIA			
MIDDLE NAME	CORTES			

(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 COM. SCHOOL	ELEMENTARY	1971	1977	N/A	1977	N/A
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	HIGH SCHOOL	1977	1981	N/A	1981	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A		N/A
COLLEGE	VSU	50 UNITS	1983	1985	N/A		N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE


DATE

10-01-2021

[illegible]

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

[illegible]

SIGNATURE		DATE	10-01-2021
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[illegible]

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

[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)
DRIVING (3 WHEELS)	N/A	ADPA MEMBER ADMINISTRATION PERSONNEL ASSOC.
MELLOW & JAZZ SOUNDS HARPIER		
WALKING		
JOGGING		

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	10-01-2021

10-01-2021

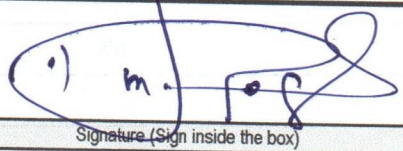
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (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: _____

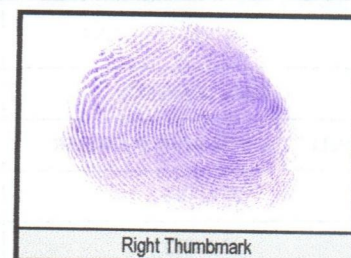
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. SANTOS VILLOCINO	VSU	N/A
MRS VILMA BUNTOYAN	VSU	N/A
N/A	N/A	N/A

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.



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
ID/License/Passport No.:	V000417
Date/Place of Issuance:	08-2012

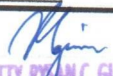
 Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this

12 OCT 2021

, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath
