

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. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	SAPAN		
FIRST NAME	MARY JEAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MAGDADARO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/19/1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	ILIGAN CITY, LANA O DEL NORTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines	
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	
7. HEIGHT (m)	1.55	House/Block/Lot No.	Street
8. WEIGHT (kg)	66	APT. # 3	KILBOURNE
9. BLOOD TYPE	B	Subdivision/Village	Barangay
10. GSIS ID NO.	388-48511700-0027-0935	VSU, BAYBAY CITY	LEYTE
11. PAG-IBIG ID NO.	121092071981	City/Municipality	Province
12. PHILHEALTH NO.	1300-0036-8076	ZIP CODE	6521
13. SSS NO.	NA	18. PERMANENT ADDRESS	
14. TIN NO.	162-770-454	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	V00470	APT. # 3	KILBOURNE
		Subdivision/Village	Barangay
		VSU, BAYBAY CITY	LEYTE
		City/Municipality	Province
		ZIP CODE	6521
		19. TELEPHONE NO.	563-7396
		20. MOBILE NO.	09423679323
		21. E-MAIL ADDRESS (if any)	maryjean.sapan@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SAPAN		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROBERTO	NAME EXTENSION (JR., SR)	PAUL ANDREW M. SAPAN	NOVEMBER 13, 2000
MIDDLE NAME	ESTOPALLA		JOSHUA M. SAPAN	APRIL 3, 2005
OCCUPATION	SELF-EMPLOYED			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MAGDADARO			
FIRST NAME	MEDARDO			
MIDDLE NAME	APAS			
25. MOTHER'S MAIDEN NAME	POGONIA			
SURNAME	MAGDADARO			
FIRST NAME	ROSA			
MIDDLE NAME	COQUILLA			
(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LILLOAN ELEMENTARY SCHOOL	Elementary Graduate	1979	1984		1984	NONE
SECONDARY	ORMOC CITY HIGH SCHOOL	High School Graduate	1984	1988		1988	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	NONE
COLLEGE	CEBU STATE COLLEGE	BEED-PE	1992	1995		1995	NONE
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTER IN PE	2005	2016		2016	NONE
	UNIVERSITY OF SAN CARLOS	PhD. EDUC-CI (CANDIDATE)	2019	PRESENT	48 UNITS		FELLOWSHIP

(Continue on separate sheet if necessary)	
SIGNATURE	DATE 10/7/22 9/30/22

IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(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 Expe

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
		9/30/22	

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	PHIL. BAGUIO MISSION	1995	1997	8 HRS/DAY	FULL-TIME MISSIONARY

(Continue on separate sheet if necessary)

[illegible]

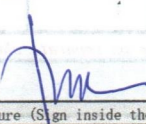
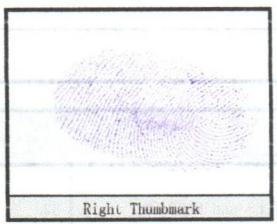
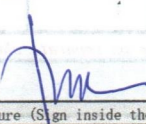
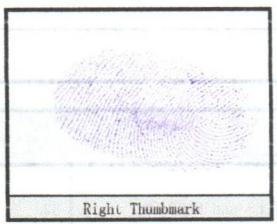
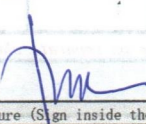
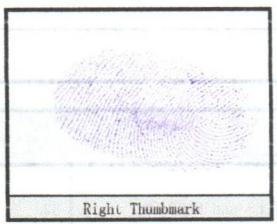
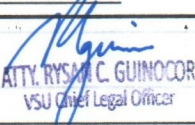
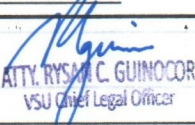
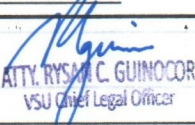
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COUNSELLING	NA	VSU Faculty Association
Computer Literate		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/7/2022	9/30/22
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34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision Bureau or Department where you will be appointed. a. within the third degree? b. within the fourth degree (for Local Government Unit - Career)		<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 _____		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Finished Contract _____												
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 9710) 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. CHARIS B. LIMBO</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>563-7396</td></tr><tr><td>Dr. Aleli A. Villocino</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>563-7396</td></tr><tr><td>Dr. Bayron S. Barredo</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>563-7527</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. CHARIS B. LIMBO	VSU, ViSCA, Baybay City, Leyte	563-7396	Dr. Aleli A. Villocino	VSU, ViSCA, Baybay City, Leyte	563-7396	Dr. Bayron S. Barredo	VSU, ViSCA, Baybay City, Leyte	563-7527
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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.) PLEASE</td><td rowspan="4"> Signature (Sign inside the box) 9/30/22 Date Accomplished</td><td rowspan="4"> Right Thumbmark</td></tr><tr><td>Government Issued ID PRC</td></tr><tr><td>ID/License/Passport !0400487</td></tr><tr><td>Date/Place of Issuance: JULY 15, 1998, MANILA</td></tr></table>			Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE	 Signature (Sign inside the box) 9/30/22 Date Accomplished	 Right Thumbmark	Government Issued ID PRC	ID/License/Passport !0400487	Date/Place of Issuance: JULY 15, 1998, MANILA						
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before me this _____, affiant exhibiting his/her validly issued government ID.														
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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.

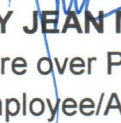
- Duration: July 2019 to PRESENT
- Position: Assistant Professor III
- Name of Office/Unit: Institute of Human Kinetics, College of Education, Visayas State University
- Immediate Supervisor: Charis B. Limbo
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)

On study leave (done with all the course work and comprehensive examination)

- Duration: June 1, 2000 to July 2019
- Position: Assistant Professor III
- Name of Office/Unit: Institute of Human Kinetics, College of Education, Visayas State University
- Immediate Supervisor: Charis B. Limbo
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
 - Prepares and revised teaching materials/guides and submit to department head
 - Prepares and gives examinations (mid/final/long/quizzes)
 - Checks test papers and returns to students one week after examination
 - Submits grade sheets within prescribed period to the Registrar through the department
 - Turns over class records to department heads within two weeks after final examination
 - Makes himself available for consultation by his/her students during scheduled consultation hours
 - Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions
 - Performs coaching and training of athletes
 - Performs functions of a sports coordinator
 - Prepares extension proposals
 - Prepares and prepares reports within the prescribed period
 - Performs administrative functions
 -

- **Summary of Actual Duties**

- Teaches assigned subjects and performs other teaching related functions. Performs research and/or extension, administrative and other functions assigned by the head.
- Teaches assigned subjects and performs other teaching related functions. Performs other functions assigned by the Head.


MARY JEAN M. SAPAN
(Signature over Printed Name
of Employee/Applicant)

Date: **September 15, 2022**