

# 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

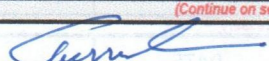
2. SURNAME	ROSAL		
FIRST NAME	MA. SHERLITA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SERVDOR		
3. DATE OF BIRTH (mm/dd/yyyy)	02/11/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Philippines
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	41-E MABINI ST. House/Block/Lot No. Street N/A BRGY. DIST 1V Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
7. HEIGHT (m)	1.56	ZIP CODE	6541
8. WEIGHT (kg)	43		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street MOLOBOLO Subdivision/Village Barangay TUBURAN CEBU City/Municipality Province
10. GSIS ID NO.	2005461936	ZIP CODE	6043
11. PAG-IBIG ID NO.	121236611997		
12. PHILHEALTH NO.	13-250750905-7		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	730-363-958	20. MOBILE NO.	09079236038
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:masherlita.rosal@vsu.edu.ph">masherlita.rosal@vsu.edu.ph</a>

## 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
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	ROSAL		
FIRST NAME	RUBEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SERVIDOR		
25. MOTHER'S MAIDEN NAME	FLORA BARDOQUILLO SERVIDOR		
SURNAME	ROSAL		
FIRST NAME	FLORA		
MIDDLE NAME	SERVIDOR		

## 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	ORMOC CITY CENTRAL SCHOOL	N/A	2004	2010	GRAD	2010	8TH HON. MENTION
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	N/A	2010	2014	GRAD	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOLOGY MAJOR IN MARINE BIOLOGY	2014	2018	GRAD	2018	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	

SIGNATURE		DATE	AUGUST 12, 2020
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[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]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	AUGUST 14, 2020







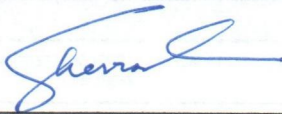
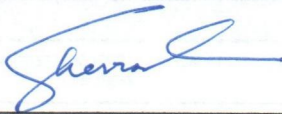

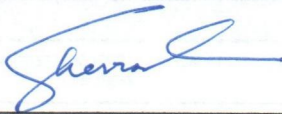
(Continue on)

AUGUST 12, 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, 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: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
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 If YES, give details: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, give details: _____ <input checked="" type="checkbox"/> NO												
39. Have you acquired the status of an immigrant or permanent resident of another country?		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 <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>JAYZON G. BITACURA</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>91760755221</td></tr><tr><td>DR. ANALYN M. MAZO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9171624920</td></tr><tr><td>ANGELITA ORIAS</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9356542701</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	JAYZON G. BITACURA	VISCA, BAYBAY CITY, LEYTE	91760755221	DR. ANALYN M. MAZO	VISCA, BAYBAY CITY, LEYTE	9171624920	ANGELITA ORIAS	VISCA, BAYBAY CITY, LEYTE	9356542701
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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 colspan="2">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:</td><td>PHILHEALTH I.D.</td></tr><tr><td>ID/License/Passport No.:</td><td>13-250750905-7</td></tr><tr><td>Date/Place of Issuance:</td><td>09-03-18/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:	PHILHEALTH I.D.	ID/License/Passport No.:	13-250750905-7	Date/Place of Issuance:	09-03-18/BAYBAY CITY, LEYTE	<table><tr><td> MA. SHERLITA S. ROSAL</td></tr><tr><td> Right Thumbmark</td></tr></table>	 MA. SHERLITA S. ROSAL	 Right Thumbmark		
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SUBSCRIBED AND SWORN to before me this <u>24</u> <u>AUG</u> 2020, affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td>ATTY. RYSAM C. GUINOCOR VSULEGAL OFFICER</td><td>Person Administering Oath</td></tr></table>			ATTY. RYSAM C. GUINOCOR VSULEGAL OFFICER	Person Administering Oath										
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## 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

**Sample: If applying to Supervising Administrative Officer**

- Duration: February 11, 2011 – present
- Position: Human Resource Management Officer III
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Maria Estrada
- Name of Agency/Organization and Location: Department of Human Resources, Metro Manila
  
- List of Accomplishments and Contributions (if any)
  - Developed recruitment plan
  - Designed training program for retirees under EO 366
  
- Summary of Actual Duties
  - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.

- Duration: July 30, 2020 - present
- Position: Instructor I
- Name of Office/Unit: Department of Biological Sciences
- Immediate Supervisor: Dr. Analyn M. Mazo
- Name of Agency/Organization and Location: Department of Biological Sciences
  
- List of Accomplishments and Contributions (if any)
  
- Summary of Actual Duties
  - Responsible in teaching assigned subjects and performs other teaching related functions e.g., prepares and revise teaching materials and visual aids, prepares and gives examinations (mid/final/long/quizzes), checks test papers and returns to students one week after examination, submits grade sheet within prescribed period to lecturers and makes herself available for consultation by her students during scheduled consultation hours.

  
 MA. SHERLITA S. ROSAL  
 Date: AUGUST 12, 2020