

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

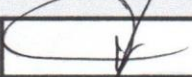
2. SURNAME	LAMO		
FIRST NAME	VICTORINO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MASENDO		
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 2, 1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BO. TAMBIS , HILONGOS, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
		House/Block/Lot No.	Street
		DEPARTMENT OF ANIMAL SCIENCE	MT. PANGASUGAN
		Subdivision/Village	Barangay
		BAYBAY CITY	LEYTE
		City/Municipality	Province
7. HEIGHT (m)	5'4	ZIP CODE	
8. WEIGHT (kg)	50 KLS.	18. PERMANENT ADDRESS	
9. BLOOD TYPE	"0"	House/Block/Lot No.	Street
10. GSIS ID NO.	CM-3876206	Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	1700-0025-2584	HILONGOS	LEYTE
12. PHILHEALTH NO.	13-000061949-4	City/Municipality	Province
13. SSS NO.	N/A	6521-A	
14. TIN NO.	116-624-986	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	V00375	20. MOBILE NO.	09292909047
		21. E-MAIL ADDRESS (if any)	N/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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LAMO			
FIRST NAME	DOMINGO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VELMONTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	MASENDO			
FIRST NAME	MARCELINA			APRIL 28, 1938
MIDDLE NAME	RUIZ		(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	TAMBIS ELEMENTARY SCHOOL	PRIMARY	1967	1973	GRADUATED		N/A
SECONDARY	CONCEPTION BARANGAY HIGH SCHOOL	SECONDARY	1973	1980	GRADUATED		N/A
VOCATIONAL / TRADE COURSE	N/A						N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF COMMERCE MAJOR IN ACCOUNTING	1985	1989	GRADUATED		N/A
GRADUATE STUDIES	N/A						

SIGNATURE		DATE	April 24, 2017
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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 _____

April 24, 2017

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

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 24, 2017
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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.
CECILIA YAP SANDOVAL	BARANGAY GUADALUPE	N/A
JULIUS AV. ABELA	APRT. NO. 30	N/A
DINAH M. ESPINA	APRT. NO. 8	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:	V00375
ID/License/Passport No.:	H03-97-027634
Date/Place of Issuance:	OCTOBER 28, 2015

Signature (Sign inside the box)
April 24, 2017
Date Accomplished



SUBSCRIBED AND SWORN to before me this APR 25 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAL C. GUINOGOR
NOTARY PUBLIC
UNTIL 06/30/2018
Person Administering Oath

DTU 2-9-2017 - DAY 547 LEYTE - 1/12/17
IBP 483024 - TAGLUBAN CITY - 12/19/16
MCLE COMP. NO. V-000587-17/20/15
ROLL OF ATTORNEYS NO. 57467