

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	CASANGCAPAN		
FIRST NAME	ATHENA VALERIE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CORBITA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/06/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	Powerhouse 1 House/Block/Lot No. Visayas State University Pangasugan Subdivision/Village Baybay Leyte City/Municipality
7. HEIGHT (m)	1.45 m	ZIP CODE	6521
8. WEIGHT (kg)	65 kg	18. PERMANENT ADDRESS	Powerhouse 1 House/Block/Lot No. Visayas State University Pangasugan Subdivision/Village Baybay Leyte City/Municipality
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	(053) 563-7018
11. PAG-IBIG ID NO.	121313279913	20. MOBILE NO.	0928 714 0110
12. PHILHEALTH NO.	13-250378759-1	21. E-MAIL ADDRESS (if any)	avccasangcapan@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	619-915-865-00000		
15. AGENCY EMPLOYEE NO.	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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CASANGCAPAN			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	EMBODO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CORBITA			
FIRST NAME	CORA			
MIDDLE NAME	MANDAGUAY			

(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	VisCA Foundation Elementary School	Primary and Intermediate Education	2006	2012		2012	9th Honor
SECONDARY	Visayas State University Integrated High School	Junior - Senior High School	2012	2018		2018	With Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	University of San Carlos	Bachelor of Science in Applied Physics	2018	2022		2022	POST Scholar
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

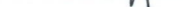
(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 8, 2023
-----------	---	------	----------------

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	August 8, 2023
------------------	---	-------------	----------------

CS FORM 212 (Revised 2017), Page 2 of 4

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

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

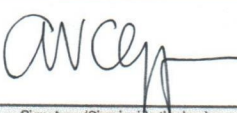
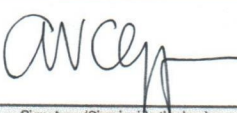
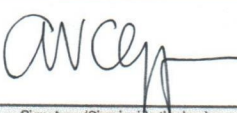






VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Arts and Crafts	Finalist - BPI-DOST Innovation Awards 2022	Carolinian Physics Society
Cooking and Baking		University of San Carlos Astronomy Society
Film Photography		
Gaming Technology		

(Continue on separate sheet if necessary)

SIGNATURE	<i>ANCE</i>	DATE	August 8, 2023
-----------	-------------	------	----------------

CS FORM 212 (Revised 2017) Page 3 of 4

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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Renante R. Violanda</td><td>University of San Carlos</td><td>230-0100 local 145</td></tr><tr><td>Dr. Rommel G. Bacabac</td><td>University of San Carlos</td><td>230-0100 local 145</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Renante R. Violanda	University of San Carlos	230-0100 local 145	Dr. Rommel G. Bacabac	University of San Carlos	230-0100 local 145			
NAME	ADDRESS	TEL. NO.											
Dr. Renante R. Violanda	University of San Carlos	230-0100 local 145											
Dr. Rommel G. Bacabac	University of San Carlos	230-0100 local 145											
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 INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: TIN</td></tr><tr><td>ID/License/Passport No.: 619-915-865-0000</td></tr><tr><td>Date/Place of Issuance: Jan. 2023 - Dmcc City</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: TIN	ID/License/Passport No.: 619-915-865-0000	Date/Place of Issuance: Jan. 2023 - Dmcc City	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>August 8, 2023 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	August 8, 2023 Date Accomplished						
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: TIN													
ID/License/Passport No.: 619-915-865-0000													
Date/Place of Issuance: Jan. 2023 - Dmcc City													
 Signature (Sign inside the box)													
August 8, 2023 Date Accomplished													
<table><tr><td> ATHENA VALERIE C. CASANAPAN</td><td> Right Thumbmark</td></tr></table>		 ATHENA VALERIE C. CASANAPAN	 Right Thumbmark										
 ATHENA VALERIE C. CASANAPAN	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>AUG 09 2023</u> _____ Notary Public for the Province of Leyte, City of Baybay Notarial Commission No. B-22-06-06 Until December 31, 2023 PTR No. BC0113706 issued on Jan. 3, 2023 IBP No. B-22-06-06 issued on Jan. 2, 2023 MCLE COMPLIANCE NO. VII-0008593-Valid until April 1, 2025 Attorney's Roll No. 42391 TIN No. 207-628-029 R. Magsaysay Avenue, Baybay City, Leyte													


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: September 2022 – June 2023
- Position: Part Time Instructor
- Name of Office/Unit: Department of Physics
- Immediate Supervisor: Dr. Rev Rhizza L. Aure
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
 - I was able to conduct lessons with my students.
 - I recorded the results of their quizzes and activities.
 - I submitted the students' grades on time.
 - I was able to participate in format revisions of certain course documents (syllabi, laboratory manual).
- Summary of Actual Duties
 - Responsible for handling students in both Physics lectures and laboratories.


ATHENA VALERIE C. CASANGCAPAN
(Signature over Printed Name
of Employee/Applicant)

Date:09/01/2023