## PRISCHAL DATA SHEET

WARNING: Any misinterpretatio	n made in the Personal Data Sheet and the W	Vork Experience Sheet shall	cause the filin	g of adminis	strative/crin	ninal case/s again	st the person	concerned.	
	GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDE e boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.			PDS FORM.  1. CS ID No.			(Do not fill up. For CSC use only)		
I PERSONAL INFORMATION		era il not applicable. Do NOT A	DBREVIATE.		1. 03 15 140.		(Bo flot illi dp. i	or occ dae dray)	
2. SURNAME	MASCARIÑAS						ALONO DE TATALON DE LA CONTRACTOR DE LA CO		
FIRST NAME	IKE				ė	NAME EXTENSION	(JR., SR)		
MIDDLE NAME	ELORCHA				9				
3. DATE OF BIRTH	ELONGIA			I					
(mm/dd/yyyy)	April 09, 1990	16. CITIZENSHIP		Filipino Dual Citizenship			by naturalization		
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citizenship,		Pls. indicate c			ountry:		
5. SEX	✓ Male Female	please mulcate the d	etails.					7	
6 CIVIL STATUS	✓ Single Married  Widowed Separated  Other/s:	17. RESIDENTIAL ADDRESS		fouse/Block/Lot No.  VSI  Subdivision/Village			Street U-Pangasugan Barangay		
7. HEIGHT (m)	170 cm			Baybay			Leyte		
8. WEIGHT (kg)	80 kg	ZIP CODE	C	ity/Municipality			Province		
9. BLOOD TYPE	'0'	18. PERMANENT ADDRESS				<del></del>			
		-	Hou	ise/Block/Lot No	0.	Vel	Street J-Pangasuga	n	
10. GSIS ID NO.			Sul	bdivision/Village	е	<b>V3</b> (	Barangay		
11. PAG-IBIG ID NO.	1212-0822-7191		C	Baybay ity/Municipality	APPART OF THE STATE OF THE STAT		Leyte Province		
12. PHILHEALTH NO.	13-0254524930	ZIP CODÉ		6521					
13. SSS NO.	NONE	19. TELEPHONE NO.				NONE			
14. TIN NO.	334-111-293	20. MOBILE NO.	LE NO.		09059734821				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)							
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NONE		23. NAME of CH	IILDREN (Write	e full name and	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	XANDRIA IF	RAH P. MAS	CARIÑAS		07-01	1-2010	
MIDDLE NAME									
OCCUPATION					-				
EMPLOYER/BUSINESS NAME	-								
BUSINESS ADDRESS			4		Mar the branch continue to the device				
TELEPHONE NO.									
24. FATHER'S SURNAME	MASCARIÑAS								
FIRST NAME	RAFAEL	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CAINTIC								
25. MOTHER'S MAIDEN NAME						***************************************			
SURNAME	MASCARIÑAS	WWW.							
FIRST NAME	ELVIRA		<del>                                     </del>						
MIDDLE NAME	ELORCHA			IC.	antinua an sa	parate sheet if neces			
III. EDUCATIONAL BACKGI				(Ci	onanue on se	parate sireet ii neces	isary)		
						LIIOLIEGE LEVEL		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL			1997	2003	GRADUATED	2003		
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL			2003	2010	GRADUATED	2010		
VOCATIONAL / TRADE COURSE									
COLLEGE	STO. NIÑO COLLEGE OF OMOC			2012	2016	GRADUATED	2016		
GRADUATE STUDIES									
SIGNATURE	Summil	Continue on separate sheet if nec	essary)	27/10		CS EODM 34	2 (Revised 2017)	Page 1 of 4	

									A HARMINA
	100 to 1 1 1 0 2 ms and an 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		$\bigcirc$ —						
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	EXAMINATION /	DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT				Date of
BAI	RANGAY ELIGIBII	LITY / DRIVER'S LICENSE	(ii Applicable)	CONFERMENT				NUMBER	Validity
					** **	51			
			194		-				
						-			
						<u> </u>			
			(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE ate amployme	int. Start from your rece	nt work) Descriptio	on of duties should b	e Indicated in the attac	had Work Ex			
28. INCLU	ISIVE DATES						SALARY/ JOB/ PAY		GOVT
From	m/dd/yyyy)	POSITION (Write in full/Do no	ITTLE t abbreviate)		ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	SERVICE (Y/N)
02-18-2019	To PRESENT	SECURITY GUARD		OF OUR ITY OF FLOR			INCREMENT		
					E/VSU Main Campus	566.64/day		CASUAL	YES
12-15-2016	02-17-2019	WATCHMAN		SECURITY OFFICE	E/VSU Main Campus	7,000.00/mo		J.0	NO
		77 -		ntinue on separate sheet					
SIGNA	TURE	Sunn	MIMA	DATE	U 27 19		CS FORM 2	12 (Revised 2017), I	Page 2 of 4

VI. VOLUNTA NORK OR INVOLVEMENT I	N CIVIC / JOVERNMEN	EOPLE /VO	LUNTARY O	RGANIZATI	المراجع		
29. NAME & ADDRESS OF OR		ZATION INCLUSIVE DATES (mm/ddl/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
(Write in full)	1	From	To	The state of the s	· ·	, comon returne of motor	
					55		
					*		
					ě		
VII. LEARNING AND DEVELOPMENT (L&D)		finue on separate s	CHARLEST STREET, STREE				
VII. LEARNING AND DEVELOPMENT (LGD) (Start from the most recent LSD baining program and include)							
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE ATTEN	DATES OF		Type of LD	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/de	<b>У</b> уууу)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
FIRE FIGHTING AND RESCUE TRAINING		From 11-05-2019	To 1109-2019	40 hrs		BUREAU OF FIRE PROTECTION/BAYBAY	
STANDARD FIRST AID TRAINING		10-23-2017	10-26-2017			PHILIPPINE RED CROSS, HILONGOS	
OTANDALD LINGT AID ITAINING		10-23-201/	10-20-201/	32 hrs		CHAPTER	
					***	,	
		STATE AND ASSESSED.	The species of			CACA II. CONTRA	
		2 T 1 122	22 a s M J.			CMMAD II. SURTO AL	
		×		78		100 47 98 12 5943	
I was a state of							
7							
	V	- 147					
VIII OTHER WENGWATION	(Con	tinue on separate s	heet if necessary	)			
VIII. OTHER INFORMATION		LACADOMICOSIO	IOTIONS (FEES	DNITION		MEMOCOOUPD IN ACCOUNT ON THE PROPERTY OF THE P	
31. SPECIAL SKILLS and HOBBIES	32. NON	N-ACADEMIC DISTIN	VCTIONS / RECOG in full)	oni i ion		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DRIVING	NONE				-	NONE	
COOKING							
BASKETBALL							
		V V					
		ntinue on separate	sheet if necessary				
SIGNATURE	AMMINIM		DATE	U 2	7/19	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit -	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	TYES INO  If YES, give details:  Date Filed:  Status of Case/s:					
36.	Have you ever been convicted of any crime or violation any court or tribunal?	Y YES INO If YES, give details:					
37.	Have you ever been separated from the service in any cretirement, dropped from the rolls, dismissal, termination (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local Barangay election)?	election held within the last year (except	YES V NO If YES, give details:				
	b. Have you resigned from the government service during election to promote/actively campaign for a national or leading to the control of the	5 (That State Sta	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or perman	YES NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89						
a. b.	Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	you a member of any indigenous group?  you a person with disability?					
41.	REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)	If YES, please specify ID No:				
_	NAME	ADDRESS	TEL. NO.				
Н	ON. DEXTER S. MAGAN	Brgy. Pangasugan, Baybay City					
DI	R. OTHELLO B. CAPUNO	VSU, Visca, Baybay City, Leyte					
EI	NGR. CELSO GUMAOD	VSU, Visca, Baybay City, Leyte					
42.	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.						
F	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID:	Quininini					
1	D/License/Passport No.:						
	Date/Place of Issuance:	X) Right Thumbmark					
-	SUBSCRIBED AND SWORN to before me this	2 JUL 2019 affiant exhibit	ting his/her validly issued government ID as indicated above.				
	ATTY, RYSANC, GUINOCOR  VSULFGAL Metspr. Administering Oath						