

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	SACRO		
FIRST NAME	CELSO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	FRADES		
3. DATE OF BIRTH (mm/dd/yyyy)	05/28/1972	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	CALOOCAN CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 4 House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.78 m	ZIP CODE	6521
8. WEIGHT (kg)	80		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Zone 4 House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2001712872	ZIP CODE	6521
11. PAG-IBIG ID NO.	170000272711		
12. PHILHEALTH NO.	19-000815363-2	19. TELEPHONE NO.	053-563-7295
13. SSS NO.	06-1757412-3-000	20. MOBILE NO.	09272734501
14. TIN NO.	917-640-617	21. E-MAIL ADDRESS (if any)	cfsacro@yahoo.com
15. AGENCY EMPLOYEE NO.	V000459		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MUAÑA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CORINA	XANDER AIDAN MUAÑA SACRO XYLEENA MUAÑA SACRO	2006-10-24 2010-12-23
MIDDLE NAME	MONTILLANO		
OCCUPATION	TEACHER		
EMPLOYER/BUSINESS NAME	VFES		
BUSINESS ADDRESS	VSU Campus, Visca, Baybay Leyte		
TELEPHONE NO.	563-7190		
24. FATHER'S SURNAME	SACRO		
FIRST NAME	REYNALDO		
MIDDLE NAME	BITOY		
25. MOTHER'S MAIDEN NAME			
SURNAME	FRADES		
FIRST NAME	ORTENCIA		
MIDDLE NAME	FUENTES		

(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	GAAS COMMUNITY SCHOOL	ELEMENTARY	1979	1985		1985	W/HONOR
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	1985	1989		1989	
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ASSOCIATE IN COMPUTER SCIENCE	1994	1996		1996	
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BS in COMMERCE Major in Accounting	1989	1993		1993	
GRADUATE STUDIES	N/A	N/A					

SIGNATURE	DATE
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Troubleshoot and diagnose computer problem	N/A	SECULAR FRANCISCAN ALLIANCE
Reformat personal computer		
Install new hardware and software in a computer		
Knows Adobe photoshop program		

(Continue on separate sheet if necessary)

11/28/14

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Simple neglect of duty <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.
CORAZON U. NUEVO	ML QUEZON ST., BAYBAY CITY	0917-3108-067
MARIA A. NUÑEZ	VSU-CASH OFFICE, BAYBAY LEYTE	053-563-7274
LOUELLA C. AMPAC	VSU-FINANCE OFFICE, BAYBAY LEYTE	053-563-7189

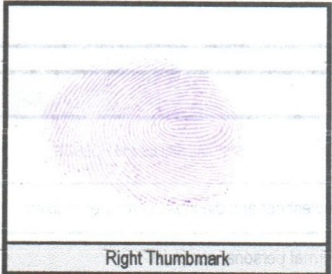
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: COMPANY ID
ID/License/Passport No.: V000459
Date/Place of Issuance: VSU, VISCA, BAYBAY CITY, LEYTE

Signature (Sign inside the box)
11/28/19
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this **10 DEC 2019**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYBAN C. GUINOCOR
VSU LEGAL OFFICER
Person Administering Oath