

# PERSONAL DATA SHEET

**WARNING:** Any misinterpretation 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	TABROSA		
FIRST NAME	LUCILYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LIONG		
3. DATE OF BIRTH (mm/dd/yyyy)	11/2/1973	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	Baybay City	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	A. Bonifacio St. House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.23m	ZIP CODE	6521
8. WEIGHT (kg)	70 kg.		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	A. Bonifacio St. House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	73110201394	ZIP CODE	6521
11. PAG-IBIG ID NO.	130000574075		
12. PHILHEALTH NO.			
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.	186-774-863	20. MOBILE NO.	09161439900
15. AGENCY EMPLOYEE NO.	V000651	21. E-MAIL ADDRESS (if any)	lucilyn.tabrosa@vsu.edu.ph

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TABROSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RAFAEL	NAME EXTENSION (JR., SR)	Justine John Rafael L. Tabrosa	6/24/1999
MIDDLE NAME	MARBA		Jasper Jude L. Tabrosa	10/27/2000
OCCUPATION	NONE		Josh Rafael L. Tabrosa	6/16/2003
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	LIONG			
FIRST NAME	LUCIANO	JR.		
MIDDLE NAME	GUCELA			
25. MOTHER'S MAIDEN NAME	HOYLA			
SURNAME	LIONG			
FIRST NAME	BELINA			
MIDDLE NAME	HOYLA			

(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	Baybay South Central School	Elementary Diploma	1985	1986		1986	2nd Hon. Mention
SECONDARY	Franciscan College of the Immaculate Conception	High School Diploma	1989	1990		1990	
VOCATIONAL / TRADE COURSE							
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Accountancy	1994	1995		1995	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/4/17
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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)

Utaero

DATE \_\_\_\_\_

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

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
playing the organ/piano	none	none
watching movies		

(Continue on separate sheet if necessary)

SIGNATURE	Haron	DATE	1/4/17
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify:  
\_\_\_\_\_

☐ YES☒ NO

If YES, please specify ID No:  
\_\_\_\_\_

☐ YES☒ NO

If YES, please specify ID No:  
\_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Dr, Rosario P. Abela	VSU Lab. High School	563-7027
Dr, Rolando H. Arpilleda	Gabas, Baybay City, Leyte	None
Prof. Lucia S. Norris	VSU Lab. High School	563-7027

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: **Unified Multi-Purpose ID**

ID/License/Passport No.: **CRN 006-0102-6384-4**

Date/Place of Issuance:

Signature (Sign inside the box)

1/4/17

Date Accomplished

SUBSCRIBED AND SWORN to before me this **JAN 11 2018**, affiant exhibiting his/her validly issued government ID as indicated above.

**ATTY. RYSAN C. GUINOCOR**

Person Administering Oath

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