

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	ALKUINO		
FIRST NAME	NOEL		NAME EXTENSION (JR., SR)
MIDDLE NAME	MASCARIÑAS		
3. DATE OF BIRTH (mm/dd/yyyy)	1/12/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Brgy. Sta Cruz, Baybay City, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	162 m		
8. WEIGHT (kg)	65 kg	ZIP CODE	6521
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	610011202399		
11. PAG-IBIG ID NO.	1700-0029-5022		
12. PHILHEALTH NO.	13-000069894	ZIP CODE	6521
13. SSS NO.	NA	19. TELEPHONE NO.	NA
14. TIN NO.	928-633-568	20. MOBILE NO.	09362158615
15. AGENCY EMPLOYEE NO.	V000560	21. E-MAIL ADDRESS (if any)	noel.alkuino@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LAPASANDA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LIZA	NAME EXTENSION (JR., SR)	VAL LAPASANDA ALKUINO	2/14/2001
MIDDLE NAME	VARRON		FAYE LAPASANDA ALKUINO	10/12/2008
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	9065579489			
24. FATHER'S SURNAME	ALKUINO			
FIRST NAME	JOSE	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	BARTOLINI			
25. MOTHER'S MAIDEN NAME				
SURNAME	MASCARIÑAS			
FIRST NAME	FELISA			
MIDDLE NAME	ABELLANA			

(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	Sta Cruz Elementary School	Primary Education	1968	1973		1973	
SECONDARY	Baybay High School	Secondary Education	1973	1977		1977	
VOCATIONAL / TRADE COURSE	Samson Technical and Fashion School	Automotive Mechanic	1980	1981		1981	
COLLEGE	University of Cebu	BS Information in Computer Science	1990	1993		1993	
GRADUATE STUDIES	NA						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/09/2020
-----------	-------------------------------------------------------------------------------------	------	-----------








[illegible]

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

[illegible]

VIII. OTHER INFORMATION

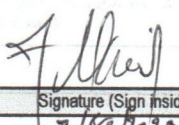
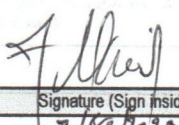
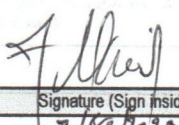
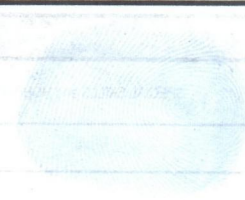
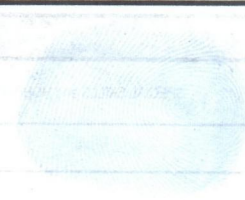
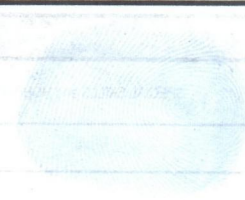
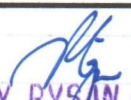
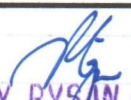
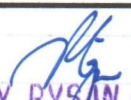
[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	7/09/2020

Allen

7/09/2020



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>Prof. HUMBERTO R. MONTES, JR.</td><td>VSU, Baybay City, Leyte</td><td>NA</td></tr><tr><td>Prof. MARLITO M. BANDE</td><td>VSU, Baybay City, Leyte</td><td>NA</td></tr><tr><td>Prof. SENONA A. CESAR</td><td>VSU, Baybay City, Leyte</td><td>NA</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Prof. HUMBERTO R. MONTES, JR.	VSU, Baybay City, Leyte	NA	Prof. MARLITO M. BANDE	VSU, Baybay City, Leyte	NA	Prof. SENONA A. CESAR	VSU, Baybay City, Leyte	NA
NAME	ADDRESS	TEL. NO.											
Prof. HUMBERTO R. MONTES, JR.	VSU, Baybay City, Leyte	NA											
Prof. MARLITO M. BANDE	VSU, Baybay City, Leyte	NA											
Prof. SENONA A. CESAR	VSU, Baybay City, Leyte	NA											
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: Driver's License</td></tr><tr><td>ID/License/Passport No.: D04-84-007545</td></tr><tr><td>Date/Place of Issuance: Baybay City, Leyte</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: Driver's License	ID/License/Passport No.: D04-84-007545	Date/Place of Issuance: Baybay City, Leyte	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>7/19/2020 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	7/19/2020 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: Driver's License													
ID/License/Passport No.: D04-84-007545													
Date/Place of Issuance: Baybay City, Leyte													
 Signature (Sign inside the box)													
7/19/2020 Date Accomplished													
<table><tr><td> Right Thumbmark</td></tr></table>		 Right Thumbmark											
 Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>10 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath													