

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	POSAS		
FIRST NAME	ARSENIA		NAME EXTENSION (JR., SR)
MIDDLE NAME	MANAGBANAG		
3. DATE OF BIRTH (mm/dd/yyyy)	7/19/1955	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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	
7. HEIGHT (m)	152 cm.	ZIP CODE	House/Block/Lot No. Street Marcos Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
8. WEIGHT (kg)	56.2 kg.		
9. BLOOD TYPE	"O"		
10. GSIS ID NO.	55071902390		
11. PAG-IBIG ID NO.	1700-0025-8810	18. PERMANENT ADDRESS	House/Block/Lot No. Street Marcos Subdivision/Village Barangay Baybay City/Municipality Province
12. PHILHEALTH NO.	13-000014208-6	ZIP CODE	
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	116-626-479	20. MOBILE NO.	09263118360
15. AGENCY EMPLOYEE NO.	V000643	21. E-MAIL ADDRESS (if any)	senia_posas@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Posas		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Felix	NAME EXTENSION (JR., SR)	Melfe Posas	6/8/1977
MIDDLE NAME	Bagarinao		Marvin Posas	3/11/1981
OCCUPATION	Farmer		Marlo Posas	5/26/1982
EMPLOYER/BUSINESS NAME	n/a			
BUSINESS ADDRESS	n/a			
TELEPHONE NO.	n/a			
24. FATHER'S SURNAME	Managbanag			
FIRST NAME	(deseased) Esmeraldo	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Sentillan			
25. MOTHER'S MAIDEN NAME				
SURNAME	Braga			
FIRST NAME	Natividad			
MIDDLE NAME	Tejada		(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 North Central School	Primary Education	1962	1968		1968	Diploma
SECONDARY	Baybay National High School	High School	1968	1972		1972	Diploma
VOCATIONAL / TRADE COURSE	Franciscan College of Immaculate Conception	Secretarial	1980	1982		1982	Diploma
COLLEGE	Franciscan College of Immaculate Conception	BS Accountancy	1990	1991	15 units		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<div><div></div><div>7/16</div></div>	DATE	7/16/19
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	none					


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
1/1/2018	present	Adm. Aide III	VICARP	142968.00		P	Y
3/1/2017	12/31/2017	Adm. Aide III	VICARP	136968.00		P	Y
1/1/2016	12/31/2016	Adm. Aide III	VICARP	494.68		C	Y
1/1/2014	12/31/2015	Adm. Aide III	VICARP	474.77		C	Y
7/1/2013	12/31/2013	Adm. Aide III	VICARP	437.64		C	Y
1/1/2011	6/30/2013	Adm. Aide III	VICARP	332.14		C	Y
1/1/2010	12/31/2010	Adm. Aide III	VICARP	301.95		C	Y
7/1/2008	12/31/2009	Adm. Aide III	VCARP	274.50		C	Y
7/1/2007	12/31/2008	Adm. Aide III	VICARP	274.50		C	Y
3/1/2004	6/30/2007	Clerk 1	VICARP	274.50		c	y
1/1/2004	6/20/2007	Clerk 1	VICARP	274.50		c	y
1/1/2004	2/29/2004	Clerk 1	VICARP	274.50		c	y
1/1/2003	12/31/2003	Clerk 1	VICARP	274.50		c	y
1/1/2002	12/31/2002	clerk 1	VICARP	274.50		c	y
7/1/2001	12/31/2001	Clerk 1	VICARP	274.50		c	y
1/1/2000	6/30/2001	Clerk 1	VICARP	261.41		c	y
1/1/1999	12/31/1999	Clerk 1	VICARP	237.64		c	y
1/1/1998	1/1/1998	Clerk 1	VICARP	237.64		c	y
1/1/1997	12/31/1997	Clerk 1	VICARP	237.64		c	y
1/1/1996	12/31/1996	Clerk 1	VICARP	225.00		c	y
1/1/1995	12/31/1995	Clerk 1	VICARP	179.82		c	y
1/1/1994	12/31/1994	Clerk 1	VICARP	134.36		c	y
1/1/1993	12/31/1993	Clerk 1	VICARP	98.00		c	y
1/1/1992	12/31/1990	Clerk 1	VICARP	98.00		c	y
1/1/1991	12/31/1991	Clerk 1	VICARP	98.00		c	y
1/1/1990	12/31/1990	Clerk 1	VICARP	98.00		c	y
1/1/1989	6/30/1989	Clerical/Lib. Aide	VICARP	32.85		c	y
10/3/1986	12/31/1988	Lib. Aide	ODREx	18.10		c	y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/16/19
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29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK
	(mm/dd/yyyy)			
	From	To		
Parish Pastoral Council	3/5/2004	present		Secretary/member
Kabalikat Civicom	6/9/2006	present		member
CFC	12/10/2009	present		member

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

(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)
cooking, biking, typing	none	Parish Pastoral Council
		Kabalikat Civicom
		Couples for Christ

SIGNATURE	<i>Jim</i>	DATE	2/16/19
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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. Jose L. Bacusmo	OVPRE, VSU	563-7215
Dr. Othello B. Capuno	OVPRE, VSU	563-7458
Prof. Efren Saz	OVPRE,VSU	563-7458

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:

Passport

ID/License/Passport No.:

EB86543000

Date/Place of Issuance:

July 15, 2018, DFA, Tacloban

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this

17 JUL 2019

, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR

VSU LEGAL OFFICER

Person Administering Oath

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