

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	FLANDEZ		
FIRST NAME	ARLIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BRAVO		
3. DATE OF BIRTH (mm/dd/yyyy)	4/30/1962	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" 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 type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	153	ZIP CODE	295 Ramon Magsaysay
8. WEIGHT (kg)	105		House/Block/Lot No. Street
9. BLOOD TYPE	B		Bravos Compound Zone 23
10. GSIS ID NO.	62043002061		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	1700-0024-9405		Baybay Leytte
12. PHILHEALTH NO.	13000156834	City/Municipality Province	6521
13. SSS NO.	06-1286324-0	18. PERMANENT ADDRESS	295 Ramon Magsaysay
14. TIN NO.	116-624-442	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V000211		Bravos Compound Zone 23
			Subdivision/Village Barangay
			Baybay Leytte
			City/Municipality Province
			6521
		19. TELEPHONE NO.	053-3353689
		20. MOBILE NO.	09675812123
		21. E-MAIL ADDRESS (if any)	flandezarlin@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FLANDEZ ( DECEASED)		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VIRGILIO	NAME EXTENSION (JR., SR)	ACE VERGEL B. FLANDEZ II	October 30,1984
MIDDLE NAME	PIEZA		ACE VINCENT B. FLANDEZ I	October 30,1984
OCCUPATION	RETIRED		ASIA VIRLIN B. FLANDEZ-GO	March 3,1987
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERISTY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	053-335-3689			
24. FATHER'S SURNAME	BRAVO (DECEASED)			
FIRST NAME	GIL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GRANADA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANCHEZ			
FIRST NAME	REMEGIA			
MIDDLE NAME	GALENZOGA			

(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	ESQUINA ELEMENTARY SCHOOL		1968	1974	Grade VI	1974	Third Hon. Mention
SECONDARY	BAYBAY HIGH SCHOOL		1974	1978	Fourth year	1978	
COLLEGE	UNIVERSITY OF SAN CARLOS	Bachelor of Science in Commerce major in Accounting	1979	1981	101 Units		
	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	Bachelor of Science in Commerce major in Accounting	1982	1985	Graduated		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	ARLIN B. FLANDEZ	DATE	August 9, 2019
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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]

SIGNATURE	ARLIN B. FLANDEZ <i>Flandez</i>	DATE	August 9, 2019
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August 9, 2019



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

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)



## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	ARLIN B. FLANDEZ <i>flandez</i>	DATE	August 9, 2019
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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)?		<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <u>Right Eye</u> <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>Ms. Louella C. Ampac</td><td>VSU, Baybay City, Leyte</td><td></td></tr><tr><td>Ms. Lourdes B. Cano</td><td>VSU, Baybay City, Leyte</td><td></td></tr><tr><td>Ms. Maria Teresa A. Cruz</td><td>VSU, Baybay City, Leyte</td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Ms. Louella C. Ampac	VSU, Baybay City, Leyte		Ms. Lourdes B. Cano	VSU, Baybay City, Leyte		Ms. Maria Teresa A. Cruz	VSU, Baybay City, Leyte	
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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><td rowspan="4"><div>ARLIN B. FLANDEZ</div><div>Signature (Sign inside the box)</div><div>August 9, 2019</div><div>Date Accomplished</div></td></tr><tr><td>Government Issued ID: GSIS</td></tr><tr><td>ID/License/Passport No.: 62043002061</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>		Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div>ARLIN B. FLANDEZ</div> <div>Signature (Sign inside the box)</div> <div>August 9, 2019</div> <div>Date Accomplished</div>	Government Issued ID: GSIS	ID/License/Passport No.: 62043002061	Date/Place of Issuance:	<div> ARLIN B. FLANDEZ</div> <div> Right Thumbmark</div>							
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SUBSCRIBED AND SWORN to before me this <u>09 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<div>ATTY. RYAN C. GUINOCOR</div> <div>VSU LEGAL OFFICER</div>														