

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 ( ) ☐ 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		BALLENTES								
FIRST NAME		VERA STEPHANIE						NAME EXTENSION (JR., SR)		N/A
MIDDLE NAME		BAYOG								
3. DATE OF BIRTH (mm/dd/yyyy)		9/25/1990.		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		MIDSAYAP, NORTH COTABATO		If holder of dual citizenship, please indicate the details.						
5. SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female								
6 CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:		17. RESIDENTIAL ADDRESS		BLOCK 6, LOT 4 House/Block/Lot No. Street NIA VILLAGE VILLARICA Subdivision/Village Barangay MIDSAYAP NORTH COTABATO City/Municipality Province				
7. HEIGHT (m)		5'2		ZIP CODE		9410				
8. WEIGHT (kg)		43		18. PERMANENT ADDRESS		House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province				
9. BLOOD TYPE		"O"		ZIP CODE		6521				
10. GSIS ID NO.		On Process		19. TELEPHONE NO.		N/A				
11. PAG-IBIG ID NO.		919350818369		20. MOBILE NO.		0927-584-8166				
12. PHILHEALTH NO.		13-025537323-5		21. E-MAIL ADDRESS (if any)		veraballentes@yahoo.com				
13. SSS NO.		N/A								
14. TIN NO.		762-828-140								
15. AGENCY EMPLOYEE NO.		V000617								

II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME				23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME		N/A		NAME EXTENSION (JR., SR)		N/A		N/A	
MIDDLE NAME		N/A							
OCCUPATION		N/A							
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME		BALLENTES							
FIRST NAME		ADELON							
MIDDLE NAME		VENCER							
25. MOTHER'S MAIDEN NAME									
SURNAME		BAYOG							
FIRST NAME		ALMA							
MIDDLE NAME		LUCASAN							
(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		SOUTHERN CHRISTIAN COLLEGE		ELEMENTARY CERTIFICATE		1997 2003		GRADUATED		2003		N/A	
SECONDARY		SOUTHERN CHRISTIAN COLLEGE		HIGH SCHOOL DIPLOMA		2003 2007		GRADUATED		2007		N/A	
VOCATIONAL / TRADE COURSE		N/A		N/A		N/A N/A		N/A		N/A		N/A	
COLLEGE		VISAYAS STATE UNIVERSITY		DOCTOR OF VETERINARY MEDICINE		2011 2018		GRADUATED		2018		N/A	
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A		N/A	

SIGNATURE		DATE		January 31, 2020	
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[illegible]

(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	January 31, 2020
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[illegible]

(Continue on separate sheet if necessary)


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

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 31, 2020
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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. EUGENE B. LAÑADA	Visayas State University	09176341472
MA. DELIA A. PAGENTE	Brgy. Guadalupe, Baybay City	09174729957
Dr. LIZA MAE A. RAPISURA	Davao City	9055959649

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.



BALENTES, VERA

PHOTO



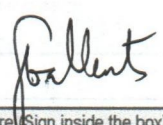
Right Thumbmark

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 0010181

Date/Place of Issuance: September 4, 2019/Ormoc City

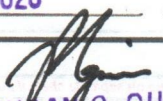


Signature (Sign inside the box)

January 31, 2020

Date Accomplished

SUBSCRIBED AND SWORN to before me this **FEB 11 2020**, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYBAN C. GUINOCOR

VSU LEGAL OFFICER

Person Administering Oath