

# 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	DIAZ		
FIRST NAME	BENSON		NAME EXTENSION (JR., SR)
MIDDLE NAME	SOLIS		
3. DATE OF BIRTH (mm/dd/yyyy)	10-12-1979	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY HOSPITAL	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 BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	5'3"	ZIP CODE	6521
8. WEIGHT (kg)	54 kg.		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0951-0843		
12. PHILHEALTH NO.	13-000103102-8		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	939-654-994	20. MOBILE NO.	0936-977-96
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	NONE

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	DIAZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHARITO	NAME EXTENSION (JR., SR)	JULIUS D. DIAZ	7-02-2009
MIDDLE NAME	DELA CERNA			
OCCUPATION	HOUSE WIFE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	DIAZ			
FIRST NAME	CASCIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	M.			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIAZ			
FIRST NAME	CLARA			
MIDDLE NAME	SOLIS			

(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	CANDADAM ELEM. SCHOOL	GRADUATED	1985	1991		1991	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECOND YEAR HS	1992	1994	2ND YEAR		
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	NONE						
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 9, 2020
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	January 9, 2020
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## 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

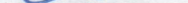
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[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)
WELDER	NONE	NONE
DRIVING		
PAINTING		
BASKETBALL		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 9, 2023
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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.
ENGR. MARIO LILIO VALENZONO	VISAYAS STATES UNIVERSITY	09172341514
ENGR. MARLON BURLAS	ORMOC , CITY	09176341520
DR. JOSE BACUS MO	VSU , BAYBAY CITY, LEYTE	09686900826

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.



BENSON SOLIS DIRAZ  
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: PhilHeath

ID/License/Passport No.: 13-000-103122-B

Date/Place of Issuance:

Signature (Sign inside the box)

Jan. 9, 2023

Date Accomplished

SUBSCRIBED AND SWORN to before me this 19 JAN 2023, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN L. GUINOCOR  
VSU Chief Legal Officer

Person Administering Oath