

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

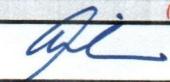
| | | | |
|-------------------------------|---|---|--|
| 2. SURNAME | ISRAEL | | |
| FIRST NAME | ANTONIETA | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | DIAZ | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 6/13/1969 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | |
| 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 | #19 A. MABINI STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521 |
| 7. HEIGHT (m) | 156.5 m | 18. PERMANENT ADDRESS | #19 A. MABINI STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521 |
| 8. WEIGHT (kg) | 60 kg | | ZIP CODE |
| 9. BLOOD TYPE | "O" | 19. TELEPHONE NO. | NA |
| 10. GSIS ID NO. | 69061301224 | 20. MOBILE NO. | 09173041369 |
| 11. PAG-IBIG ID NO. | 1210-7546-6112 | 21. E-MAIL ADDRESS (if any) | annette.israel@vsu.edu.ph / jadi_34@yahoo.com |
| 12. PHILHEALTH NO. | 13-000065403-6 | | |
| 13. SSS NO. | 06-1625485-5 | | |
| 14. TIN NO. | 186-774-847 | | |
| 15. AGENCY EMPLOYEE NO. | V000615 | | |

II. FAMILY BACKGROUND

| | | | | |
|---|------------|---------------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | ISRAEL | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | JOHN | NAME EXTENSION (JR., SR) N/A | JOHANN ANGELO D. ISRAEL | 05/05/2002 |
| MIDDLE NAME | FLANDEZ | | | |
| OCCUPATION | DECEASED | | | |
| EMPLOYER/BUSINESS NAME | NA | | | |
| BUSINESS ADDRESS | NA | | | |
| TELEPHONE NO. | NA | | | |
| 24. FATHER'S SURNAME | DIAZ | | | |
| FIRST NAME | AQUILINO | NAME EXTENSION (JR., SR) N/A | | |
| MIDDLE NAME | ESCUADRA | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | CALUNGSOD | | | |
| FIRST NAME | CHRISTINA | | | |
| MIDDLE NAME | MONTEFOLKA | | | |
| (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 South Central School | Primary Education | 1975 | 1981 | - | 1981 | - |
| SECONDARY | Franciscan College of the Immaculate Conception | Secondary Education | 1981 | 1985 | - | 1985 | - |
| VOCATIONAL / TRADE COURSE | NA | - | - | - | - | - | - |
| COLLEGE | University of San Carlos | Bachelor of Science in Commerce | 1985 | 1989 | - | 1989 | - |
| GRADUATE STUDIES | NA | - | - | - | - | - | - |

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|---|---|------|---------|
| (Continue on separate sheet if necessary) | | | |
| SIGNATURE |  | DATE | 6/15/23 |

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(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

| (Include private employment. Start from your recent work) Description of duties | | | SALARY/ JOB/ PAY GRADE # | STATUS OF | GOVT |
|---|--|--|-----------------------------|-----------|------|
| 1980-1981 | | | | | |
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| 2018-2019 | | | | | |
| 2019-2020 | | | | | |
| 2020-2021 | | | | | |
| 2021-2022 | | | | | |
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| 2065-2066 | | | | | |

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(Continue on separate sheet if necessary)

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6/15/23

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

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|-----------------|---------------------------|
| | | From | To | | |
| | NONE | | | | |
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(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)

| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
|-----|--|--|------------|-----------------|---|--|
| | | From | To | | | |
| | TRAINING ON FRONTLINE AND EXCELLENT CUSTOMER SERVICE | 11/09/2022 | 11/11/2022 | 24 | | PERSONNEL OFFICERS ASSOCIATION OF THE PHILIPPINES (POAP) |
| | WEBUBAR IB "EXPLORING INITIATIVESIN SOLVING WATER AND SANITATION CRISIS | 3/22/2023 | 3/22/2023 | 8 | | VISAYAS STATE UNIVERSITY / ISR |
| | FORUM ON"LAYO NA, PERO LAYO PA: CONVERSATIONS ON CREATING A GENDER-EQUAL AND SOCIALLY-INCLUSIVE UNIVERSITY" | 3/8/2023 | 3/8/2023 | 8 | | VISAYAS STATE UNIVERSITY / ISR / GRC |
| | ORIENTATION-RE-ORIENTATION OF DUTIES AND RESPONSIBILITIES OF dDRCs AND AdDRCs, AND CASCADING OF DOCUMENTS AND RECORDS CONTROL PROCEDURE MANUALS AND GUIDELINES | 9/7/2022 | 9/7/2022 | 8 | | VISAYAS STATE UNIVERSITY / ODQA |
| | ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINAR | 8/30/2022 | 8/31/2022 | 16 | | VISAYAS STATE UNIVERSITY |
| | ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINAR | 11/27/2020 | 11/27/2020 | 8 | | VISAYAS STATE UNIVERSITY |
| | TRAINING ON IDENTIFICATION OF PROPER AND COMPLETE ITEMS TECHNICAL SPECIFICATION AND PARAMETERS AND ORIENTATION OF THE PURCHASE REQUEST (PR) MODULE OF THE SUPPLY PROPERTIES PROCUREMENT MANAGEMENT INFORMATION SYSTEM (SPPMIS) | 8/28/2020 | 8/28/2020 | 8 | | VISAYAS STATE UNIVERSITY / SPPMIS |
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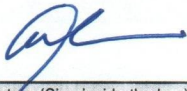
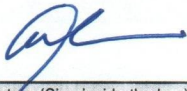
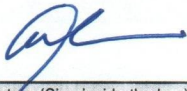



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|----------------------------|-----|--|-----|---|
| | Computer Literate | | None | | LSU-AdPA |
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|-----------|---|------|---------|
| SIGNATURE |  | DATE | 6/15/23 |
|-----------|---|------|---------|

| 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 checked="" type="checkbox"/> YES <input 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. Francisco G. Gabunada, Jr.</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09059132929</td></tr><tr><td>Dr. Ma. Juliet C. Ceniza</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09173095016</td></tr><tr><td>Dr. Victor B. Asio</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>09176341438</td></tr></tbody></table> | | | NAME | ADDRESS | TEL. NO. | Prof. Francisco G. Gabunada, Jr. | VSU, ViSCA, Baybay City, Leyte | 09059132929 | Dr. Ma. Juliet C. Ceniza | VSU, ViSCA, Baybay City, Leyte | 09173095016 | Dr. Victor B. Asio | VSU, ViSCA, Baybay City, Leyte | 09176341438 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| Prof. Francisco G. Gabunada, Jr. | VSU, ViSCA, Baybay City, Leyte | 09059132929 | | | | | | | | | | | | |
| Dr. Ma. Juliet C. Ceniza | VSU, ViSCA, Baybay City, Leyte | 09173095016 | | | | | | | | | | | | |
| Dr. Victor B. Asio | VSU, ViSCA, Baybay City, Leyte | 09176341438 | | | | | | | | | | | | |
| 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. | | <div> PHOTO</div> <div> Right Thumbmark</div> | | | | | | | | | | | | |
| <table><tr><td colspan="2">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:</td><td>UMID</td></tr><tr><td>ID/License/Passport No.:</td><td>006006882860</td></tr><tr><td>Date/Place of Issuance:</td><td>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: | UMID | ID/License/Passport No.: | 006006882860 | Date/Place of Issuance: | Baybay City, Leyte | <table><tr><td> Signature (Sign inside the box) 6/15/23 Date Accomplished</td></tr></table> | |  Signature (Sign inside the box) 6/15/23 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: | UMID | | | | | | | | | | | | | |
| ID/License/Passport No.: | 006006882860 | | | | | | | | | | | | | |
| Date/Place of Issuance: | Baybay City, Leyte | | | | | | | | | | | | | |
|  Signature (Sign inside the box) 6/15/23 Date Accomplished | | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this <u>24 JUL 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <table><tr><td> ATTY. RYSAN C. GUINOCOR Notary Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table> | | |  ATTY. RYSAN C. GUINOCOR Notary Legal Officer | Person Administering Oath | | | | | | | | | | |
|  ATTY. RYSAN C. GUINOCOR Notary Legal Officer | | | | | | | | | | | | | | |
| Person Administering Oath | | | | | | | | | | | | | | |

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: **1997 - present**
 - Position: **Administrative Aide III**
 - Name of Office/Unit: **Office of the BOR/University Secretary**
 - Immediate Supervisor: **Dr. Guinaldo C. Fernandez, Jr.**
 - Name of Agency/Organization and Location: **Visayas State University, Visca, Baybay City**
-
- List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Recording and filing of incoming documents.


ANTONIETA D. ISRAEL
Employee

Date: 6/15/23