

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 <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 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.		House/Block/Lot No. Street Marcos
8. WEIGHT (kg)	56.2 kg.		Subdivision/Village Barangay
9. BLOOD TYPE	"O"		Baybay City Leyte
10. GSIS ID NO.	55071902390		City/Municipality Province
11. PAG-IBIG ID NO.	1700-0025-8810	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000014208-6		House/Block/Lot No. Street Marcos
13. SSS NO.	NONE		Subdivision/Village Barangay
14. TIN NO.	116-626-479		Baybay Leyte
15. AGENCY EMPLOYEE NO.	V000643		City/Municipality Province
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09263118360
		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	Melle 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		
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			DATE				
[Signature]			4-26-17				



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						
3/1/2017	present	Adm. Aide III	VICARP	136644.00		P	Y
1/1/2017	2/28/2017	Adm. Aide III	VICARP	517.59		C	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	4-26-17
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

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

(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)

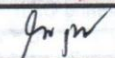
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Reorientation Seminar of Frontliners	7/7/2011		1day		ODAHRD
23rd Joint RRDEN and VICARP RDE Symposium	8/2/2011	8/4/2011	3days		VICARP
Basic ICT Training, FITS-IS and E-Learning for Newly Established Techno Gabay Center	11/15/2011	11/18/2011	4days		VICARP
Basic ICT Training, FITS-IS and E-Learning for Newly Established Techno Gabay	12/5/2011	12/8/2011	4days		VICARP
ICT Refresher and Web Page Development Training of FITS Centers	5/16/2012	5/17/2012	2days		VICARP
Inter-Agency Research and Development/Extension (RDE) Review for Cluster 3	6/14/2012	6/15/2012	2days		NwSSU
24th Joint VICARP and RRDEN RDE Symposium	11/21/2012	11/23/2012	3days		VSU
Training on Rice and Rice-Based Technologies for Areas Affected by Super-Typhoon Yolanda	5/20/2014	5/27/2014	7days		VSU
25th Joint VICARP and RRDEN RDE Symposium	6/18/2014	6/20/2014	3days		VSU
Inter-Agency Research and Development/Extension (RDE) Review	10/27/2014	10/28/2014	2days		NwSSU
Planning Workshop: On the Preparation & Processing of Documents Relative to Procurement	5/27/2015	-	1day		OVPAP
27TH Joint VICARP RDE Symposium	12/3/2015	12/4/2015	2day		Sabin
ISO 9001-2008 Orientation & Writeshop Among Clerks & Secretaries	9/21/2016	-	1day		VSU
28th Joint VICARP RDE Symposium	12/7/2016	12/10/2016	3 days		VSU
Procurement Planning Workshop	9/13/2016	-	1day		VSU
HIV in the Workplace Seminar	12/9/2016	-	1day		VSU

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

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	4-26-17



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

☐ 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	DCC, VSU	none
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 13, 2013, DFA, Tacloban**


Signature (Sign inside the box)  
**gmp**

**4-26-17**

Date Accomplished



Signature  
**ARSENIA M POSAS**



Right Thumbmark

SUBSCRIBED AND SWORN to before me this **APR 27 2017**, affiant exhibiting his/her validly issued government ID as indicated above.

**ATTY. RYSON C. GUINOCOR**  
NOTARY PUBLIC  
UNTIL DECEMBER 31, 2017  
PTR 0495264 - TACLOBAN CITY - 12/17/17  
IBD 4034824 - TACLOBAN CITY - 12/17/17  
MCLE COMP. NO. V-0009520-07/20/15  
ROLL OF ATTORNEYS NO. 57467

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