

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	MUERTIGUE		
FIRST NAME	JESIBEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUFRANGCO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/3/1992	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	MAPGAP, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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"/> Other/s: <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.49 m	ZIP CODE	
8. WEIGHT (kg)	42 kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-2604-8041		
12. PHILHEALTH NO.	12-051363940-1		
13. SSS NO.	06-3226809-0	19. TELEPHONE NO.	N/A
14. TIN NO.	324766935-0000	20. MOBILE NO.	09169108769
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lufrangco79@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MUERTIGUE	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RODNEY	N/A	
MIDDLE NAME	ARIOSAS		
OCCUPATION	PHARMACIST		
EMPLOYER/BUSINESS NAME	WESTERN LEYTE PROVINCIAL HOSPITAL		
BUSINESS ADDRESS	PAN-PHILIPPINE HIGHWAY, BAYBAY CITY, LEYTE		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	LUFRANGCO		
FIRST NAME	PABLO	NAME EXTENSION (JR., SR) Sr.	
MIDDLE NAME	NIEPEZ		
25. MOTHER'S MAIDEN NAME			
SURNAME	GUTAS		
FIRST NAME	ELENA		
MIDDLE NAME	MANLA		

(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	PAJO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BABAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU-LAPULAPU & MANDAUE	BS NURSING	2009	2011 & 2016	103	N/A	N/A
	UNIVERSITY OF THE PHILIPPINES-OPEN UNIVERSITY, LOS BAÑOS, LAGUNA	BS EDUCATION STUDIES	2021	present	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/16/2021
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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		DATE	4/16/2021
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[illegible]

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

[illegible]

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 SKILLS: POWERPOINT, WORD AND EXCEL	N/A	N/A
TYPING		
DRESS MAKING		
BAKING		
FIRST AID		

SIGNATURE		DATE	4/16/2011
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DENNIS P. PEQUE</td> <td>CFES, VSU, BAYBAY CITY, LEYTE</td> <td>563-7552</td> </tr> <tr> <td>ANGELICA P. BALDOS</td> <td>DFS, VSU, BAYBAY CITY, LEYTE</td> <td>563-7552</td> </tr> <tr> <td>EDUARDO O. MANGAOANG</td> <td>RCCRDC, VSU, BAYBAY CITY, LEYTE</td> <td>563-7616</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DENNIS P. PEQUE	CFES, VSU, BAYBAY CITY, LEYTE	563-7552	ANGELICA P. BALDOS	DFS, VSU, BAYBAY CITY, LEYTE	563-7552	EDUARDO O. MANGAOANG	RCCRDC, VSU, BAYBAY CITY, LEYTE	563-7616
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<p>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.</p>													


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: Philhealth ID


ID/License/Passport No.: 12-051767940-1

Date/Place of Issuance: 1/1/14



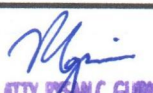
Signature (Sign inside the box)

Date Accomplished: 4/4/2021



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 04 MAY 2021, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYAN C. GUINOCOR
VSA-Noted Legal Officer

Person Administering Oath