


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. CS ID NO. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION							
2. SURNAME	CAPIN						
FIRST NAME	ORLAN					NAME EXTENSION (JR., SR)	
MIDDLE NAME	CABATINGAN						
3. DATE OF BIRTH (mm/dd/yyyy)	7/4/1977	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	CARMEN, CEBU	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 VSU FARMERS VILLAGE PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province				
7. HEIGHT (m)	1.77	ZIP CODE	6521				
8. WEIGHT (kg)	76	18. PERMANENT ADDRESS	House/Block/Lot No. Street DAWIS NORTE Subdivision/Village Barangay CARMEN CEBU City/Municipality Province				
9. BLOOD TYPE	O+	ZIP CODE	6005				
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A				
11. PAG-IBIG ID NO.	121203563686	20. MOBILE NO.	09632656465				
12. PHILHEALTH NO.	12-05385416-9	21. E-MAIL ADDRESS (if any)	orlan.capin@vsu.edu.ph				
13. SSS NO.	0618587258						
14. TIN NO.	466-539-060-000						
15. AGENCY EMPLOYEE NO.							
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	CABRALES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	ALMIRA	NAME EXTENSION (JR., SR)	ARVIE C. CAPIN	10/19/2007			
MIDDLE NAME	VALDERAMA						
OCCUPATION	FOOD ATTENDANT						
EMPLOYER/BUSINESS NAME	VSU						
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE						
TELEPHONE NO.	N/A						
24. FATHER'S SURNAME	CAPIN						
FIRST NAME	MAXIMIANO	NAME EXTENSION (JR., SR)					
MIDDLE NAME	ESCOTON						
25. MOTHER'S MAIDEN NAME							
SURNAME	CABATINGAN						
FIRST NAME	EVANGELINE						
MIDDLE NAME	SOLLANO		(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	DAWIS NORTE ELEMENTARY SCHOOL	ELEMENTARY	1986	1992	GRADUATE	1992	N/A
SECONDARY	CARMEN NATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1999	GRADUATE	1999	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	COLLEGE (Associate in Fisheries Technology)	2000	2003	GRADUATE	2003	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		May 24, 2022	

[illegible]




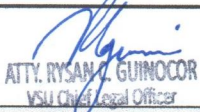


V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	May 24, 2022
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085.

May 24, 2022

<p>34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision 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</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>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</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</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</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ELIZA D. ESPINOSA</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7497</td> </tr> <tr> <td>DR. HUMBERTO R. MOTES JR.</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7726</td> </tr> <tr> <td>DR. JOSE L. BACUSMO</td> <td>VISAYAS STATE UNIVERSITY</td> <td>563-7458</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ELIZA D. ESPINOSA	VISAYAS STATE UNIVERSITY	563-7497	DR. HUMBERTO R. MOTES JR.	VISAYAS STATE UNIVERSITY	563-7726	DR. JOSE L. BACUSMO	VISAYAS STATE UNIVERSITY	563-7458
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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</p>													
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>before me this</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">  ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath </div> </div> <div style="width: 45%; text-align: center;">   Right Thumbmark </div> </div>													