

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	BENITEZ		
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MONTEROLA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/31/1959	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, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	152.4 m	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Kilim Subdivision/Village Barangay Baybay, City LEYTE City/Municipality Province
8. WEIGHT (kg)	64.2 kg	ZIP CODE	6521
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	House/Block/Lot No. Street Kilim Subdivision/Village Barangay Baybay City LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1210-4827-2421	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025105498-4	20. MOBILE NO.	09553627415
13. SSS NO.	03-5764954-1	21. E-MAIL ADDRESS (if any)	cecilio.benitez@vsu.edu.ph
14. TIN NO.	145-335-132		
15. AGENCY EMPLOYEE NO.	V01184		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BENITEZ			
FIRST NAME	CATALINO, Sr. (DECEASED)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SENO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONTEROLA			
FIRST NAME	MACARIA (DECEASED)			
MIDDLE NAME	CERNA			

(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	KILIM ELEMENTARY SCHOOL	PRIMARY	1968	1973	GRADUATED	1973	N/A
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY	1973	1978	GRADUATED	1978	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION	ASSOCIATE OF SECRETARIAL SCIENCE	1978	1980	GRADUATED	1980	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/12/21
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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	<i>[Signature]</i>	DATE	7/12/21
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[illegible]

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










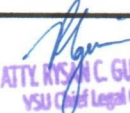
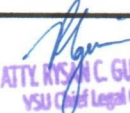
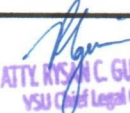
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VIII. OTHER INFORMATION

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	7/12/21
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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)?	<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 type="checkbox"/> YES <input checked="" 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>MARLITO M. BANDE</td><td>VISCA, BABAY CITY, LEYTE</td><td>563 7497</td></tr><tr><td>HUMBERTO R. MONTES, JR.</td><td>VISCA, BABAY CITY, LEYTE</td><td>563 7726</td></tr><tr><td>ELIZA D. ESPINOSA</td><td>VISCA, BABAY CITY, LEYTE</td><td>563 7497</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MARLITO M. BANDE	VISCA, BABAY CITY, LEYTE	563 7497	HUMBERTO R. MONTES, JR.	VISCA, BABAY CITY, LEYTE	563 7726	ELIZA D. ESPINOSA	VISCA, BABAY CITY, LEYTE	563 7497
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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.													
<table><tr><td>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: VSU- V01184</td></tr><tr><td>ID/License/Passport No.: P70008698</td></tr><tr><td>Date/Place of Issuance: DFA TACLOBAN CITY</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: VSU- V01184	ID/License/Passport No.: P70008698	Date/Place of Issuance: DFA TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished					
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SUBSCRIBED AND SWORN to before me this <u>7/12/21</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RICHARD C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. RICHARD C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
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