

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	MARICAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO		
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 07,1977	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	BAYBAY, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	792 ILANG ILANG House/Block/Lot No. Street MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.5	6521	6521
8. WEIGHT (kg)	79	ZIP CODE	
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	792 ILANG ILANG House/Block/Lot No. Street MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	6521	6521
11. PAG-IBIG ID NO.	121045720662	ZIP CODE	
12. PHILHEALTH NO.	030500706763		
13. SSS NO.	33-6943383-6	19. TELEPHONE NO.	NONE
14. TIN NO.	01109918	20. MOBILE NO.	09155992609
15. AGENCY EMPLOYEE NO.	V01255	21. E-MAIL ADDRESS (if any)	posasricafire@yahoo.com/maricar.posas@vsu.edu.ph

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	FIRHEY P. CAYUNDA	6/19/2007
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	POSAS		
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO		
25. MOTHER'S MAIDEN NAME	MARTINA GODINES BAGARINAO		
SURNAME	BAGARINAO		
FIRST NAME	MARTINA		
MIDDLE NAME	GODINEZ		

(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	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	6/1/1984	3/1/1990	GRADUATED	1990	N/A
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	6/1/1990	3/1/1994	GRADUATED	1994	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF ANIMAL SCIENCE MAJOR IN ANIMAL HEALTH	6/1/1994	10/1/1998	GRADUATED	1998	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	December 13, 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	DECEMBER 13, 2021
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V. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location of the program	
5. Duration of the program	
6. Key topics covered	
7. Key takeaways	
8. How the program will be applied in the workplace	
9. Other relevant information	

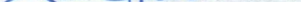
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION


31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
LAWN TENNIS	N/A	N/A
DRIVING		
COMPUTER SKILLS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 13, 2021
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41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. ANABELLA B. TULIN	VSU, BAYBAY CITY, LEYTE	9150727521
DR. JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	9173108076
DR. EDITHA G. CAGASAN	VSU, BAYBAY CITY, LEYTE	9155913358

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.



PHOTO

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, at _____, State of _____, I, the undersigned, being duly sworn, have seen the affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSAN C. GUINOCOR
VSU Chief Legal Officer
Person Administering Oath