

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 AB 1. CS ID No (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CAPIN		
FIRST NAME	ORLAN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CABATINGAN		
3. DATE OF BIRTH (mm/dd/yyyy)	07/04/1977	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 VILL. PANGSUGAN Subdivision/Village Barangay DAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.77	ZIP CODE	
8. WEIGHT (kg)	76 KL		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street DAWS NORTE Subdivision/Village Barangay CEBU City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6005
11. PAG-IBIG ID NO.	121203563686		
12. PHILHEALTH NO.	12-050385A16-9		
13. SSS NO.	0618587258	19. TELEPHONE NO.	N/A
14. TIN NO.	AUG-539-060-000	20. MOBILE NO.	09632656465
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	Orlanc8@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CAPIN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALMIRA	NAME EXTENSION (JR., SR) N/A	ARVIE C. CAPIN	10/19/2007
MIDDLE NAME	CABRALES			
OCCUPATION	FOOD ATTENDANT			
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	VISCA DAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CAPIN			
FIRST NAME	MAXIMIANO	NAME EXTENSION (JR., SR) N/A		
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	DAWS NORTE ELEMENTARY SCHOOL	ELEMENTARY	1986	1992	N/A	1992	
SECONDARY	CARMEN NATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1999	N/A	1999	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	COLLEGE	2000	2003	N/A	2003	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/06/2002
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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	01/06/2012
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[illegible]

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

INCLUSIVE DATES OF		Type of ID	
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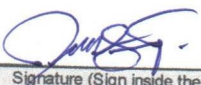
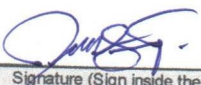




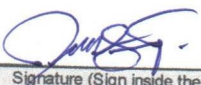


[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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		(Write in full)
DRIVING		PROFESSIONAL ASSOCIATION OF DRIVING INSTRUCTORS
PLUMBING		
CARPENTRY		
DRIVING		
WELDING		

SIGNATURE		DATE	01/06/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you 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		<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 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>DR. ELIZA D. ESPINOSA</td><td>VISAYAS STATE UNIVERSITY</td><td>063-7497</td></tr><tr><td>DR. HUMBERTO R. MONTES JR.</td><td>VISAYAS STATE UNIVERSITY</td><td>063-7726</td></tr><tr><td>DR. JOSE L. BACUSMO</td><td>VISAYAS STATE UNIVERSITY</td><td>063-7458</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. ELIZA D. ESPINOSA	VISAYAS STATE UNIVERSITY	063-7497	DR. HUMBERTO R. MONTES JR.	VISAYAS STATE UNIVERSITY	063-7726	DR. JOSE L. BACUSMO	VISAYAS STATE UNIVERSITY	063-7458
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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														
<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: PHIL HEALTH</td></tr><tr><td>ID/License/Passport No: 12-050385416-9</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY, LEYTE</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: PHIL HEALTH	ID/License/Passport No: 12-050385416-9	Date/Place of Issuance: BAYBAY CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>01/06/2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	01/06/2022	Date Accomplished	<table><tr><td></td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark	
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SUBSCRIBED AND SWORN to before me this <u>08 FEB 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
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