PERSONAL DATA SHEET

	TO FILLING OUT THE PERSONAL DATA SHE				1. CS ID No.		(Do not fill up. Fo	or CSC use only)	
. PERSONAL INFORMATIO									
2. SURNAME	VILBAR							The second	
FIRST NAME	CARREN MAE	The second second second second	NAME EXTENSION (JR., SR)						
MIDDLE NAME	BASA								
3. DATE OF BIRTH	6/17/1990	16. CITIZENSHIP	District Doub Chicarabia						
(mm/dd/yyyy)	0/1//1990	Pilipilio 🔲 Duai ciuzersriip				by naturalization			
4. PLACE OF BIRTH	CEBU, CITY	If holder of dual citizen	enship, Pls. in			Pls. indicate co		adon	
5. SEX	☐ Male ☐ Female	please indicate the de				No. 1986 April 1986		_	
	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS							
6 CIVIL STATUS	☐ Widowed ☐ Separated		House/Block/Lot No.			Street PANGASUGAN			
	Other/s:	1,000 pt 10 to 12 to 14 to 14 to 14 to 15 to	_	ubdivision/Village	9	P	Barangay		
7. HEIGHT (m)	1.57 M.			BAYBAY CITY City/Municipality			Province		
8. WEIGHT (kg)	67 KG.	ZIP CODE		6521			77041100		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS							
10. GSIS ID NO.	N/A		Но	use/Block/Lot N	0.	P	Street ANGASUGAN		
		-	Si	ubdivision/Villag		Barangay LEYTE			
11. PAG-IBIG ID NO.	121066973737				City/Municipality			Province	
12. PHILHEALTH NO.	13-201308652-8	ZIP CODE	6521						
13. SSS NO.	05-32038-107	19. TELEPHONE NO.		N/A					
14. TIN NO.	705908905	20. MOBILE NO.		09078033394					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		CMVILBAR18@GMAIL.COM					
II. FAMILY BACKGROUNI									
22. SPOUSE'S SURNAME	VILBAR		23. NAME of C	HILDREN (Writ	te full name and	l list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	ALDREN	NAME EXTENSION (JR., SR)		CARL ALDREI B. VILBAR			3/18	3/2011	
MIDDLE NAME	LAGUNA								
OCCUPATION	UTILITY								
EMPLOYER/BUSINESS NAME	VFES,VSU		-						
BUSINESS ADDRESS	VISCA, BAYBAY CITY	/,LEYTE			7 -				
TELEPHONE NO.		4							
24. FATHER'S SURNAME	BASA								
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	QUENTERO								
25. MOTHER'S MAIDEN NAME	SIMANGCA								
SURNAME	BASA								
FIRST NAME	EMELDA								
MIDDLE NAME	DALUGDUGAN		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACK	GROUND								
26.	NAME OF SCHOOL	DASIC EDUCATION/DECD	EE/COLIBCE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/	VEAD	SCHOLARSHIP ACADEMIC	
LEVEL	(Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)				UNITS EARNED (if not graduated)	GRADUATED		
FIFNENTADY	CAN HIAM ELEM COUDOL			From	То		2002	VALEDICTORI	
ELEMENTARY	SAN JUAN ELEM. SCHOOL			6/1/1997	3/1/2003		2003	N	
SECONDARY	SANTO NIÑO ACADEMY			6/1/2003	3/1/2007		2007	1ST HONORABLE	
VOCATIONAL / TRADE COURSE								-	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE	IN NURSING	6/1/2007	10/1/2010	4TH YEAR			
and the second second second second second second			-		1.37.112.010	·····			
GRADUATE STUDIES		(Continue on separate sheet if neo	cessarv)						
SIGNATURE	OR.	DATE	-	06/25/2019		The same of the same of	2 (Revised 2017	10/00/2006/02/20	

7. CARE	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF	D/ 107-05	T ION		LICENSE &f a	pplicable)**
BA		CIAL LAWS/ CES/ CSEE (If Applicable) EXAMINATION / CONFERMENT CONFERMENT CONFERMENT		RMENT '	NUMBER	Date o			
	CS PROFE	SSIONAL	80.5	AUG. 6,2017	UV,CEBU CITY			296713	
			3.55	4 701102		A 41 904	and the second		
			***				36.0		
WORK	EXPERIENCE		(Cor	ntinue on separate sheet i	if necessary)				
nclude pri	vate employme	nt. Start from your rece	nt work) Descriptio	n of duties should be	e indicated in the attach	ed Work Ex		<u>t</u>	
	USIVE DATES nm/dd/yyyy)	POSITION (Write in full/Do no		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
18/2017	PRESENT	OFFICE C	LERK	P	RPEO	9659.36		J.0	Υ
21/2013	7/27/2017	CUSTOMER SVC. RE		AEGIS; TELE	12000.00		REGULAR	N	
					25 de 1				
					-2111				
			282						
			IC a	ntinue on separate sheet	IT macageant!				

I-VOLUNTARÝ WORK OR INVOLVEMI	ENT IN CIVIC / Y-GOVERNMEN	T / PEOPLE / \	VOLUNTARY (ORGANIZATI(W _i		
	S OF ORGANIZATION a in full)		SIVE DATES n/dd/yyyy) To	NUMBER OF HOURS		POSITION	/ NATURE OF WORK
VORLD VISION PHIL. CHILDREN'S ASSOC	CIATION	5/1/2003	5/1/2007		CHAIRPERSOI	N	
EDERATION OF OMEGA BENEFECIARIES	S INC. CHILDREN'S SECTOR	5/1/2003	5/1/2007		PRESIDENT		
SANGGUNIANG KABATAAN (SK) FEDERATION			1/1/2009		SK KAGAWAD)	
ANOODNANO TO BATTAN (OTY 1 ES ELO		1/1/2007	1				
		-	-				
		-	-				
		-					
	C	ontinue on separa	te sheet if necessa	nv)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	PROGRAMS A	ATTENDED				
Start from the most recent L&D/training program and	d include only the relevant L&D/training taken t		years for Division (IVE DATES OF	hief/Executive/Mana	gerial positions) Type of LD		
	NT INTERVENTIONS/TRAINING PROGRAMS te in full)		rendance m/dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/		CONDUCTED/ SPONSORED BY (Write in full)
		From	То	2	Technical/etc)		
NORKSHOP FOR THE FORMULATION OF SO.		1/1/2006	1/1/2006	8		DSWD	FORWARD B MESON S
MUNICIPAL, REGIONAL, NATION		1/1/2003	1/1/2005			-	FORWWORLD VISION PHIL.
LEADERSHIP AND FACIL		1/1/2004	1/1/2006	2		-	FOBI/ WORLD VISION PHIL. FOBI/ WORLD VISION PHIL.
NWES LETTER WRITING/CHIL	D DOCUMENTOR TRAINING	1/1/2003	1/1/2003	8 2			FOBI WORLD VISION PHIL.
		-	-	-		-	
						1	
						-	
		_					
						1	
						1	
							76.4
VIII. OTHER INFORMATION		Continue on separ	ate sheet if necess	ary)			
31. SPECIAL SKILLS and HOBBIES	32		ISTINCTIONS / REC	OGNITION		33 MEM	IBERSHIP IN ASSOCIATION/ORGANIZAT
		32. (Write in full) 33. (Write in full)					
GOOD COMMUNICATION SKILLS		TOP AGENT SPECIALIST AGENT TOP SALES SPECIALIST AGENT					
COMPUTER LITERATE TRAVEL AGENT SKILLS		TOP SALES S	CUALIST AGI	-141			
DANCING, SINGING							
DANOINO, ONOINO							
	One'	Continue on sepa	rate sheet if necess	ary)			

3						
34. Are you related by consanguinity or affinity to the pointing	or recommending authority, or to the					
chief of bureau or office or to the person who has immediate	e supervision over you in the Office,					
Bureau or Department where you will be apppointed,		D. 100				
a. within the third degree? b. within the fourth degree (for Local Government Unit - Cal	YES NO					
b. within the lourth degree (for Local Government onit - Cal	eer Employees)?	☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative of	fense?	YES NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		☐ YES ☑ NO				
2. That o you book of this many of target bolder any count.		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by	☐ YES ☑ NO				
any court or tribunal?	If YES, give details:					
37. Have you ever been separated from the service in any of th		✓ YES □ NO				
retirement, dropped from the rolls, dismissal, termination, e	and of term, finished contract or phased out	If YES, give details:				
(abolition) in the public or private sector?	-45 k-14585- 4k-1k	Due to fami	ly reason			
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO				
		If YES, give details:				
b. Have you resigned from the government service during the		YES NO				
election to promote/actively campaign for a national or loca	If YES, give details:					
39. Have you acquired the status of an immigrant or permanen	39. Have you acquired the status of an immigrant or permanent resident of another country?					
	If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371): (b) Ma	Ot- f D't1-1 D (DA					
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 						
a. Are you a member of any indigenous group?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ YES ☑ NO				
		☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?		☐ YES ☑ NO				
c. Are you a solo parent?		If YES, please specify ID No:				
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
AA PETERNOTO P		TEO, piodoc spoorly ID 140.				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	(Appointee)					
NAME	ADDRESS	TEL. NO.				
MS. TERESITA L QUIÑANOLA	HIPUSNGO, BAYBAY CITY	9981517122	(a)			
MS. STACEY BATOBATO	CEBU,CITY	9778551514	دع			
MS. PHOEBELYN CALUNGSOD	BAYBAY LEYTE	9171228433				
42. I declare under oath that I have personally accomplished the	nis Personal Data Sheet which is a true, co	rrect and complete				
statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to	rules and regulations of the Republic of	I seems that and	CAN			
misrepresentation made in this document and its attachn	nents shall cause the filing of administrat	ive/criminal case/s	EN HAE B. VILBAR			
against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			100			
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: 05 - 32 038 - 1077	Oh!					
ID/License/Passport No.:						
	x)					
Date/Place of Issuance: Hash 80. Legle 01-01-2011		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	1 IIII 2019 , affiant exhibit	ing hig/hor volidly issued government l	Descriptions de la			
	JUL ZUIJ , aniant exhibit	ing his/her validly issued government I	u as indicated above.			
	MI					
All	TY. RYSAN C. GUINOCOR SULEGAL Gelson Administering Oath					