

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 () ☐ use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

2. SURNAME	ESCASINAS		
FIRST NAME	VIRILIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALAJAS		
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	165m	House/Block/Lot No.	Street
8. WEIGHT (kg)	80kg	Subdivision/Village	VSU
9. BLOOD TYPE	O	BAYBAY CITY	LEYTE
10. GSIS ID NO.	B61 WHVAE 012	City/Municipality	Province
11. PAG-IBIG ID NO.	1700-0024-8775	ZIP CODE	6521
12. PHILHEALTH NO.	13-000015043-7	18. PERMANENT ADDRESS	House/Block/Lot No.
13. SSS NO.	03-6896706-9	Subdivision/Village	Street
14. TIN NO.	116-624-259	BAYBAY CITY	VSU
15. AGENCY EMPLOYEE NO.	V000197	City/Municipality	LEYTE
		ZIP CODE	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	+6365479295/+639161575482
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	ESCASINAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LALAIN	NAME EXTENSION (JR., SR)	RELAN B. ESCASINAS	10/26/1985
MIDDLE NAME	BAÑEZ		RENAN B. ESCASINAS	6/26/1987
OCCUPATION	HOUSE KEEPER		RANIEL B. ESCASINAS	4/29/1994
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	BAYBAY CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESCASINAS			
FIRST NAME	SALUSTIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CASTAÑARES			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALAJAS			
FIRST NAME	MARINA			
MIDDLE NAME	STA. IGLESIA			

(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	MAHAPLAG ELEMENTARY SCHOOL	PRIMARY	1968	1974	GRADUATED	1974	N/A
SECONDARY	BAYBAY HIGH SCHOOL	SECONDARY	1976	1980	GRADUATED	1980	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BS IN CUSTOM ADMINISTRATION	1981		1 SEM		
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/27/21
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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]

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61. 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


[illegible]

(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)
DRIVING	N/A	ADPA
VOLLEYBALL		
LAWN TENNIS		

(Continue on separate sheet if necessary)


SIGNATURE		DATE	9/27/21
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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)		
NAME	ADDRESS	TEL. NO.
DR JOSE L. BACUSMO	VSU, BAYBAY CITY	N/A
DR. NILO ROA	BAYBAY CITY, LEYTE	N/A

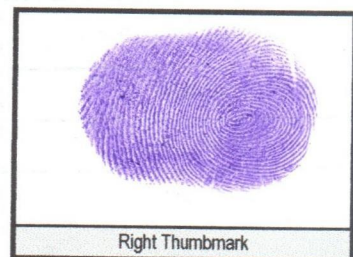
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: DRIVER'S LICENSE
ID/License/Passport No.: H03-04-000694
Date/Place of Issuance: BAYBAY LTO

 Signature (Sign inside the box) 9/27/21 Date Accomplished
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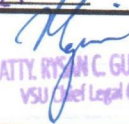


PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 12 OCT 2021, affiant exhibiting his/her validly issued government ID as indicated above.

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