

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.

I. PERSONAL INFORMATION

2. SURNAME	SEDROME		
FIRST NAME	ISABELITA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	VALLENOS		
3. DATE OF BIRTH (mm/dd/yyyy)	4/28/1958	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BOGO CITY, CEBU	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	5'	ZIP CODE	
8. WEIGHT (kg)	67 kg		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	B58HUIVS013	ZIP CODE	
11. PAG-IBIG ID NO.	0801-113746-08		
12. PHILHEALTH NO.	13-000014351-1		
13. SSS NO.	None	19. TELEPHONE NO.	
14. TIN NO.	116-626-892	20. MOBILE NOs.	09361681316
15. AGENCY EMPLOYEE NO.	V000646	21. E-MAIL ADDRESS (if any)	isabelita.sedrome@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SEDROME	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SIMEON	KAREN SEDROME	1/1/1978
MIDDLE NAME	PASEO	KRISTINE SEDROME-TAN	11/30/1982
OCCUPATION	RETIRED SUPERVISING ADMIN OFFICER	KRISTOFFER SEDROME	2/19/1984
EMPLOYER/BUSINESS NAME	VSU	KATHERINE SEDROME-LECHADORES	10/18/1991
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	VALLENOS (DECEASED)		
FIRST NAME	ARNULFO		
MIDDLE NAME	DELA CERNA		
25. MOTHER'S MAIDEN NAME			
SURNAME	MENDOZA (DECEASED)		
FIRST NAME	PACITA		
MIDDLE NAME	YNOT	(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	BOGO CENTRAL SCHOOL II	PRIMARY	1965	1971	Graduated	1971	N/A
SECONDARY	CEBU ROOSEVELT MEMORIAL COLLEGE	HIGH SCHOOL	1971	1983	Graduated	1983	N/A
VOCATIONAL / TRADE COURSE	COOKING, DRESS MAKING, STUFFED TOYS VOCATIONAL	VOCATIONAL	1992	N/A	Graduated	1992	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS/ UNIVERSITY OF VISAYAS	BSSA/ BEED	1988	1989	N/A	N/A	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	09/09/2022	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)


30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ISO 9001:2015 AWARENESS AND REAWARENESS SEMINAR	8/31/2022	8/31/2022	4 hrs	Technical	VSU
	TARGET SETTING WORKSHOP	8/20/2018	8/21/2018	16 hrs	Technical	ODAHRD
	ANTI-REDTAPE LAW CSC POLICIES ON CASH ADVANCES	9/24/2012	9/24/2012	8 hrs	Technical	ODAHRD
	PERSONALITY DEVELOPMENT SEMINAR	9/20/2012	9/20/2012	8 hrs	Technical	ODAHRD
	GENDER SENSITIVITY TRAINING FOR FRONTLINERS	9/17/2012	9/17/2012	8 hrs	Technical	ODAHRD
	REORIENTATION SEMINAR FOR FRONTLINERS	7/7/2012	7/7/2012	8 hrs	Technical	ODAHRD









(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)
	TYPING, RECORDING, FILING		PTA- SECRETARY 1994-1995		ADPA
	CLERICAL WORKS		PTA- SECRETARY 1995-1995		GSIS
	COOKING, DRESSMAKING, STUFFED TOYS				PAG IBIG FUND

(Continue on separate sheet if necessary)

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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 border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO./Mobile</th></tr></thead><tbody><tr><td>DR. LOURDES B. CANO</td><td>VSU</td><td></td></tr><tr><td>MS. ASTERIA A. SEVILLA</td><td>VSU</td><td></td></tr><tr><td>MS. HONEY SOFIA V. COLIS</td><td>VSU</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO./Mobile	DR. LOURDES B. CANO	VSU		MS. ASTERIA A. SEVILLA	VSU		MS. HONEY SOFIA V. COLIS	VSU					
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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 border="1"><tr><td colspan="2">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:</td><td>VSU ID CARD</td></tr><tr><td>ID/License/Passport No.:</td><td>V000646</td></tr><tr><td>Date/Place of Issuance:</td><td>VSU</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 ID CARD	ID/License/Passport No.:	V000646	Date/Place of Issuance:	VSU	<table border="1"><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">09/09/2022</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		09/09/2022		Date Accomplished	
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PHOTO  ISABELITA V. SEDROME																	
13 SEP 2022																	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																	
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