## 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 2 SLIRNAME VEGA NA **MARIA LILIA** FIRST NAME PARON MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 25/04/1967 ☑ Filipino □ Dual Citizenship (mm/dd/yyyy) by birth □ by naturalization 4. PLACE OF BIRTH BAYBAY If holder of dual citizenship Pls. indicate country: please indicate the details. 5 SEX ☐ Male **▼** Female ☐ Single 17. RESIDENTIAL ADDRESS ✓ Married Purok 3 6 CIVIL STATUS House/Block/Lot No ☐ Widowed ☐ Separated Street STA CRUZ Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 5'3' City/Municipality Province 8. WEIGHT (kg) 60KG 6521 18. PERMANENT ADDRESS Purok 3 9. BLOOD TYPE A+ House/Block/Lot No. STA. CRUZ 10 GSIS ID NO 518146 Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO 1212-76808072 City/Municipality Province 12. PHILHEALTH NO. 19-000065560-4 ZIP CODE 6521 13 SSS NO 0111-7251401-2 19 TELEPHONE NO N/A 14. TIN NO. 218-049-835-00 20. MOBILE NO. 09617605332 15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (if any) ma.lilia.vega@vsu.edu.ph 23. NAME of CHILDREN (Write full name and list all) SPOUSE'S SURNAME VEGA DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) VEGA, JUNKEN FIRST NAME SAMUEL AUG. 6, 1989 VEGA, JANINE MIDDLE NAME CABEL 24/05/1989 VEGA, JEROME OCCUPATION NONE DEC. 2, 1993 VEGA, JEMUEL EMPLOYER/BUSINESS NAME 04/05/1996 **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME PABON SR. FIRST NAME MARCIAL MIDDLE NAME **TAMBILING** MOTHER'S MAIDEN NAME **HIPOLITO** SURNAME **PABON** FIRST NAME ROSA MIDDLE NAME CASTIL (Continue on separate sheet if necessary) DUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC YEAR LEVEL **UNITS EARNED** (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To **ELEMENTARY BUNGA ELEMENTARY SCHOOL** PRIMARY EDUCATION 1974 1974 GRADUATED 1974 NA BUNGA BARANGAY HIGH SCHOOL, NOW BUNGA SECONDARY SECONDARY EDUCATION 1974 1983 GRADUATED 1983 NA NATIONAL HIGH SCHOOL VOCATIONAL N/A TRADE COURSE VISAYAS STATE COLLEGE OF AGRICULTURE now **BACHELOR OF SCIENCE IN DEVELOPMENT** COLLEGE 1983 1988 GRADUATED 1988 NA VISAYAS STATE UNIVERSITY COMMUNICATION major in Broadcasting MASTER OF MANAGEMENT major in BUSINESS GRADUATE STUDIES VISAYAS STATE UNIVERSITY 2013 2019 GRADUATED 2019 NA MANAGEMENT re on separate sheet if necessary SIGNATURE DATE 26/2023

27. CARE	SERVICE ELIGIBILITY REER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF							LICENSE (if applicable)		
BA	SPECIAL LAWS/CES/CSEE RATING		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION	/ CONFERME	NT	NUMBER	Date o	
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. WORK E	EXPERIENCE		(Conti	nue on separate sheet if ne	cessary)					
		Start from your recent	work) Descriptio	n of duties should be	indicated in the attached	Work Expe	rience sh	eet.		
	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVIC	
From	То					Mary Comment	(Format *00-		(Y/N)	
01/02/2023	06/30/2023 31/12/22	ADMINISTRATIV ADMINISTRATIV			SURANCE CENTER SURANCE CENTER	16,674.00	3	CASUAL	Y	
03/21/2022	06/30/2022	ADMINISTRATIV	The state of the s	+	SURANCE CENTER SURANCE CENTER	16, 125.10	3	CASUAL	Y	
01/02/2022	03/18/2022	ADMINISTRATIVE		QUALITY ASSURANCE CENTER		16, 125.10	3	CASUAL	Y	
8/03/2021	31/12/2021	ADMINISTRATIVE	OFFICER 1	QUALITY AS	QUALITY ASSURANCE CENTER		11	JOB ORDER	Y	
1/11/2020	31/12/2020	MEDIA PRODUCTION	N ASSISTANT	DEPARTMENT OF DEVI	15, 000.00	4	JOB ORDER	Y		
1/03/2009	02/30/2015	ADMINISTRATIVE	OFFICER 1	Australian Center fo	15, 000.00	4	JOB ORDER	Y		
1/03/2015	31/12/2019	ACIAR PROGRAM CO	DORDINATOR	Australian Center fo	20,000.00	11	JOB ORDER	Y		
01/01/1995 30/06/2004		COMMUNITY AFFAIRS OFFICER I		CITY GOVERNMENT OF PARANAQUE		12, 000.00	12	CASUAL	Y	
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29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		te be awar	POSITION / NATURE OF WORK	
GMA ALPHA EPSILON FRATERNITY	From To			1301 OU 0 11 11 11 11 11 11 11 11 11 11 11 11 1		
ONIA ALFRIA EFOILUM FRAMENTI	09/ 2022	09/2023	2.507 12.000	ADI	/ISER - VSU Collegiate Chapter	
ISTRALIAN AWARDS ALUMNI MEMBER	2018	Up to present	Cozne so c		Australian Alumni Member	
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I tast from the most recent L&D training program and include only the relevant L&D training taken for	PROGRAMS A the last five (5) year			Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		/dd/yyyy)	yy) NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
SO 9001-2015 Awareness/Reawareness Virtual Seminar	02/12/2023	02/15/2023	4	Staff	Dr. Edgardo E. Tulin	
raining Workshop on Financial Analysis and Investment Appraisal of Technolog cod-Gobyerno Celebrating Good Governance Champions		12/29/2022	24	Participants Australian	VISERDAC	
36 F 1 25 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09/23/2022	09/23/2022	8.0	Alumni	Australian Alumni Communities	
SO AWARENESS AND RE-AWARENESS SEMINAR	08/30/2022	08/30/2022	8.0	dDRC	Dr. Edgardo E. Tulin	
ITERNAL QUALITY AUDIT TRAINING	08/172022	08/19/2022	24	Supervisory	Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO	
ands-Only Cardiopulmonary Resuscitation eminar on Social Security Act of 1997 RA 8282	07/21/2022	07/21/2022 05/12/2022	4.0	Staff Staff	Exuperia B. Sabalberino, MD,MPH, CES	
eminar on Social Security Act of 1597 AA 0202	04/07/2022	04/07/2022	4.0	Staff	Dr. Porferio Saladaga, Jr. Dr. Rolando R. Marasigan	
uality Customer Relations/Customer Service Excellence	10/19/2021	10/19/2021	8.0	Managerial	TÜV RHEINLAND	
O 9001-2015 AWARENESS SEMINAR	13/09/2021	13/09/2021	4.0	Staff	Visayas State University	
orrective Action Reporting Training	29/07/2021	29/07/2021	8.0	Supervisory	Angel G. Fernandez, Jr. Principal	
ve of the Key Audit Point sin conducting QMS	09/07/2021	09/07/2021	1.0	Supervisory	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
nderstanding the New ISO 10013-2021	02/07/2021	02/07/2021	1.0	Supervisory	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
ow to implement business Process Improvement	21/05/2021	21/05/2021	1.0	Staff	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
orrecting Corrective Actions	28/05/2021	28/05/2021	1.0	Staff	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
To Document or Not To Document? Documents and Records Management Must-Know	04/05/2021	04/05/2021	1.0	Staff	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
tisk-Based Thinking Explained	07/05/2021	07/05/2021	1.0	Supervisory	Consultant, Founder & CEO Angel G. Fernandez, Jr. Principal	
raining on Open Date Kit (ODK)	13/07/2019	13/07/2019	8.0	Staff	Consultant, Founder & CEO VISERDAC, VSU	
raining Series on Advanced Quan <del>titati</del> ve pproaches to Project Impacts	03/12/2018	07/12/2018	40.0	Supervisory	VISERDAC, VSU	
raining Series on Advanced Quantitative Approaches to roject Impacts	09/23/2018	09/23/2018	40.0	Supervisory	VISERDAC, VSU	
		-				
1,30,3150/344	2132128	341608			CHRISTINA A CARRIED	
EALS SUBSIDER	AVIOTAB	A. CRUZ, BAT	12		JOSE L. BACUSMO	
VIII. OTHER INFORMATION	ontinue on separat	e sheet if necessary	1)			
31. SPECIAL SKILLS and HOBBIES 32. N.C.		TINCTIONS / RECO	GNITION	aginori e a la	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI	
Cooking	(Write in ful)		estications	est bathert.	NA	
Singing			a EJECLEGICI	i ent o	on lemispa elocabilitation visitation	
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Control of the contro						

	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed,	(2015) 전문(1918) 12 전문(1918) 12 전문(1918) 12 12 (1918) 12 (1918) 12 (1918) 12 (1918) 12 (1918) 12 (1918) 12 (1918)		,	
	a. within the third degree?	☐ YES ☑	NO		
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?		NO	
			If YES, give details:		
35.	a. Have you ever been found guilty of any administrative offe	nse?	☐ YES ☑	NO	
			If YES, give details:		
	b. Have you been criminally charged before any court?		☐ YES ☑	NO	
			If YES, give details:		
			Date Filed:		
			Status of Case/s:		
	Have you ever been convicted of any crime or violation of an	YES	✓ NO		
	any court or tribunal?	If YES, give details:			
	ANDSTON AND SERVICE OF THE SERVICE O	102011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y ma <u>nda hame. I bra</u>	Cayler El a compañ de como ma vina, la cidade	
	Have you ever been separated from the service in any of the		leased	□ NO	
	dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	If YES, give details: COTERMINUS			
38.	a. Have you ever been a candidate in a national or local elec	☐ YES	₩ NO		
	Barangay election)?	If YES, give details:			
	b. Have you resigned from the government service during the	e three (3)-month period before the last	☐ YES	▼ NO	
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO If YES, give details (country):		
		ST RECORD MASSES			
	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items.	Security of the second		
a.	Are you a member of any indigenous group?	23 CSREED TO SEE YOUR TOUR	☐ YES If YES, please specify:	<b>☑</b> NO	
b.	Are you a person with disability?	77.000 825.000 90 285.000 90	YES	✓ NO	
	Are you a person with disability:	Section 1997 and the second section of the section of the second section of the section of the second section of the sect	If YES, please specify		
C.	Are you a solo parent?		✓ YES	□ NO	
	Tex. 2012/2012 (September 2012)		If YES, please specify		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant to	appointee)		200 11-0	
	NAME	ADDRESS	TEL. NO.		
	CHRISTINA A. GABRILLO	SOUTHERN, LEYTE	9470069304		
	JOSE L. BACUSMO	STA. CRUZ, BAYBAY CITY, LEYTE	9192136283		
	LILIAN B. NUNEZ	GABAS, BAYBAY CITY, LEYTE	975255910		
42.	I declare under oath that I have personally accomplished	I this Personal Data Sheet which is a t	rue, correct and		
	complete statement pursuant to the provisions of pertine			2.7 MA	
	Philippines. I authorize the agency head/authorized represe				
	agree that any misrepresentation made in this docu	ment and its attachments shall caus	e the filing of	РНОТО	
	administrative/criminal case/s against me.				
Go	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)				
	EASE INDICATE ID Number and Date of Issuance				
Go	overnment Issued ID: PHILHEALTH ID-19-0000655560-4	Inles N			
ID	License/Passport No.: P1786256C	ov)			
H		ox)			
Da	te/Place of Issuance: 27Sept2022 - DFA Tacloban	Date Accomplished		Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this2	4 JUL 2023 affiant exhibit	ing his/her validly issued g	overnment ID as indicated above.	
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		ATTY, RYSAN C. GUINDCOR VSU Ories Legal Offices			
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