

## 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.

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	Cebatecun		
3. DATE OF BIRTH (mm/dd/yyyy)	07/09/1977	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 VSM, Parnate Vill Brgy Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province ZIP CODE 6521-A
7. HEIGHT (m)	1.77	18. PERMANENT ADDRESS	House/Block/Lot No. Street Dawe Norte Carmen Cebu Subdivision/Village Barangay Carmen Cebu Cebu City/Municipality Province ZIP CODE 6005
8. WEIGHT (kg)	72.1	19. TELEPHONE NO.	
9. BLOOD TYPE	O+	20. MOBILE NO.	0967 2650867
10. GSIS ID NO.	200-598-0492	21. E-MAIL ADDRESS (if any)	OrlanC06@gmail.com
11. PAG-IBIG ID NO.	1212-0356-3686		
12. PHILHEALTH NO.	12-050389416-9		
13. SSS NO.			
14. TIN NO.	866-539-060-000		
15. AGENCY EMPLOYEE NO.	402017		

## 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	Almina	NAME EXTENSION (JR., SR)	Amie C. Capin
MIDDLE NAME	Cabralles		Oct. 19, 2007
OCCUPATION	Cashier		
EMPLOYER/BUSINESS NAME	Visayas State University		
BUSINESS ADDRESS	VSM, Brgy Pangasugan Baybay City		
TELEPHONE NO.			
24. FATHER'S SURNAME	Cabralles		
FIRST NAME	Proctorio	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Labil		
25. MOTHER'S MAIDEN NAME			
SURNAME	Cabralles		
FIRST NAME	Antonia		
MIDDLE NAME	Jaradai		

(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	Dawe Norte Elementary School	Elementary	1986	1992		1992	
SECONDARY	Carmen National High School	High School	1993	1999		1999	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	Cebu Technological University	College	1999	2003		2003	
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12-18-2023
-----------	---	------	------------



[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][illegible]

(Continue on separate sheet if necessary)

12-18-2023




[illegible]

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

[illegible]

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
License Divers		Professional Association of Diving Instructors
Plumbing		
Carpentry		
Painting		
Welding		

SIGNATURE		DATE	12-18-2023
-----------	---	------	------------



<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
Dr. Eliza D. Espinosa	Visayas State University	1053
Dr. Marlito R. Bando	Visayas State University	1011
Dr. JOSEPH E. PATINDOL	Visayas State University	1052

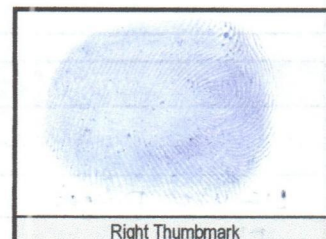
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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: <u>VO2017 / US4</u>
ID/License/Passport No.: <u>VO2017</u>
Date/Place of Issuance: <u>W/A</u>

Signature (Sign inside the box)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 27 DEC 2023, affiant exhibiting his/her validly issued government ID as indicated above.

 <b>ATTY. RYAN C. GUINOCOR</b> VSO Chief Legal Officer
Person Administering Oath



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

**Sample: If applying to Supervising Administrative Officer**

- Duration: November 02, 2021- Present
  - Position: Admin Aide III
  - Name of Office/Unit: ITEEM
  - Immediate Supervisor: Dr. Eliza D. Espinosa
  - Name of Agency/Organization and Location: VSU
  - List of Accomplishments and Contributions (if any)
  - Summary of Actual Duties
    - Responsible in performing administrative and technical tasks. Provide assistance in the management of the Division's programs and activities and performs other related functions.
- 
- Duration: December 30, 2014- October 30, 2021
  - Position: Science Research Aide
  - Name of Office/Unit: ITEEM
  - Immediate Supervisor: Dr. Humberto R. Montes
  - Name of Agency/Organization and Location: VSU
  - List of Accomplishments and Contributions (if any)
  - Summary of Actual Duties
    - Responsible in hatchery management.
    - Assist in conducting SCUBA training.
    - Took part in field activities of the students and other projects of the Aquatic Division.

(Signature over Printed Name  
of Employee/Applicant)

Date: 01/01/24