

## 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. 1. CS ID (Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	MANACPO		
FIRST NAME	LINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAUZON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/13/1977	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	DULAG, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ ZONE 1 _____ CARIDAD _____ Subdivision/Village _____ Barangay _____ BAYBAY _____ LEYTE _____ City/Municipality _____ Province _____ ZIP CODE 6521
7. HEIGHT (m)	1.59	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ ZONE 2 _____ SALVACION _____ Subdivision/Village _____ Barangay _____ DULAG _____ LEYTE _____ City/Municipality _____ Province _____ ZIP CODE 6505
8. WEIGHT (kg)	63.0		
9. BLOOD TYPE	A		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	-	20. MOBILE NO.	+639975044048
14. TIN NO.	476-844-517-000	21. E-MAIL ADDRESS (if any)	wimbiel53@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

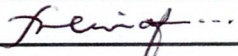
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANACPO			
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CINCO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LAUZON			
FIRST NAME	FLORENCIA			
MIDDLE NAME	SUMAYOD			

(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY	1985	1991	N/A	1991	SALUTATORIAN
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY	1991	1995	N/A	1995	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN PLANT PROTECTION (Weed Science)	1995	1999	N/A	1999	Weed Science Society of the Phil. (WSSP) Scholar
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE IN PLANT PROTECTION	2000	2002	21 units	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/25/2024
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[illegible]

(Continue on separate sheet if necessary)

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

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

[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)
	BAKING CAKES AND PASTRIES		N/A		N/A
	COOKING				
	BALLROOM DANCING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/25/2024
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<p>34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision 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</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> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>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</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</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 _____)</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>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>DR. ERLINDA A. VASQUEZ</b></td> </tr> <tr> <td><b>DR. IVY C. EMNACE</b></td> <td>VSU, Visca, Baybay City, Leyte</td> <td>09659480191</td> </tr> <tr> <td><b>MS. DORYN JAN L. AVILA</b></td> <td>VSU, Visca, Baybay City, Leyte</td> <td>09306479167</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	<b>DR. ERLINDA A. VASQUEZ</b>			<b>DR. IVY C. EMNACE</b>	VSU, Visca, Baybay City, Leyte	09659480191	<b>MS. DORYN JAN L. AVILA</b>	VSU, Visca, Baybay City, Leyte	09306479167
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<p>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</p>													
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<p>Before me this _____, affiant exhibiting his/her validly issued government</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 10px auto; text-align: center;">         Person Administering Oath       </div>													