

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)

I. PERSONAL INFORMATION			
2. SURNAME	Sy		
FIRST NAME	Joana Lin	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Caintic		
3. DATE OF BIRTH (mm/dd/yyyy)	01/09/1989	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: Philippines
4. PLACE OF BIRTH	Baybay, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 2 House/Block/Lot No. Street Guadalupe (Utod) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6521
8. WEIGHT (kg)	70.00		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121187876791		
12. PHILHEALTH NO.	130253582929		
13. SSS NO.	3421914934	19. TELEPHONE NO.	N/A
14. TIN NO.	712469169000	20. MOBILE NO.	939-343-9199
15. AGENCY EMPLOYEE NO.	VJO02124	21. E-MAIL ADDRESS (if any)	joana.sy@vsu.edu.ph

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	SY	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROEL	NAME EXTENSION (JR., SR)	HELAENA KATHLEEN C. SY 08/26/2013
MIDDLE NAME	PEDERICOS		KYZE KAEDE C. SY 11/19/2022
OCCUPATION	LABORER		
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	CAINTIC		
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR) Jr.	
MIDDLE NAME	ALBA		
25. MOTHER'S MAIDEN NAME	ELENITA TARIPE VALENCIA		
SURNAME	CAINTIC		
FIRST NAME	ELENITA		
MIDDLE NAME	VALENCIA		
(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	Elementary	1995	2001		2001	N/A
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	High School	2001	2005		2005	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	LEYTE STATE UNIVERSITY	Bachelor of Science in Hotel Restaurant and Tourism Management	2005	2009		2009	N/A
GRADUATE STUDIES	N/A						
(Continue on separate sheet if necessary)							
SIGNATURE		DATE		01/08/2025			



## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)			
<b>SIGNATURE</b>		<b>DATE</b>	01/08/2025

[illegible][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)
• Computer Literate (MS word, excel, ppt presentation) • Good in communication Skills	N/A	N/A
Driving Motorcycle		

<b>SIGNATURE</b>		<b>DATE</b>	01/08/2025
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01/08/2025



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 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Vivian Balbarino</td><td></td><td></td></tr><tr><td>Alicia Flores</td><td></td><td></td></tr><tr><td>Loreta Malabanan</td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Vivian Balbarino			Alicia Flores			Loreta Malabanan		
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Alicia Flores													
Loreta Malabanan													
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><tr><td>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: N/A</td></tr><tr><td>ID/License/Passport No.: N/A</td></tr><tr><td>Date/Place of Issuance: N/A</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: N/A	ID/License/Passport No.: N/A	Date/Place of Issuance: N/A	<table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>01/08/2025</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	01/08/2025	Date Accomplished					
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 Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>Person Administering Oath</td></tr></table>		Person Administering Oath											
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