

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.

I. PERSONAL INFORMATION

2. SURNAME	MAARAT		
FIRST NAME	CHARITY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ABENOJA		
3. DATE OF BIRTH (mm/dd/yyyy)	MARCH 09, 1995	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	BAYBAY CITY	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"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.50		House/Block/Lot No. Street
8. WEIGHT (kg)	58		Sitio Tipay Sta. Cruz
9. BLOOD TYPE	N/A		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	1212-0678-4561		City/Municipality Province
12. PHILHEALTH NO.	12-025649482-0		
13. SSS NO.	06-4010037-3	18. PERMANENT ADDRESS	
14. TIN NO.	380-389-095-00000		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.			RAMON MAGSAYSAY STREET
			Subdivision/Village Zone 15
			BAYBAY CITY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	
		20. MOBILE NO.	+639510348551
		21. E-MAIL ADDRESS (if any)	charymaarat@gmail.com

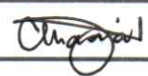
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MAARAT			
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CONEJOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ABENOJA			
FIRST NAME	AIDA			
MIDDLE NAME	CAPILLANES			

(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	Carlos P. Garcia Elementary School	ELEMENTARY	2002	2009	N/A	2003	N/A
SECONDARY	Alternative Learning System	HIGH SCHOOL	2012	2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Bachelor of Science in Computer Science	2013	2020	N/A	2020	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	May 23, 2025

[illegible]

(Continue on separate sheet if necessary)

<b>V. WORK EXPERIENCE</b> <i>(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.</i>		
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29	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 23, 2021
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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		

(Continue on separate sheet if necessary)

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

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/RE-AWARENESS WEBINAR	08/29/2023	08/29/2023	3	PARTICIPANT	VISAYAS STATE UNIVERSITY
	MICROSOFT OFFICE 365 A3 I END USER TRAINING	08/18/2023	08/18/2023	4	PARTICIPANT	VISAYAS STATE UNIVERSITY
	MICROSOFT OFFICE 365 A3 I KNOWLEDGE TRANSFER ADMINISTRATOR'S TRAINING	08/17/2023	08/17/2023	4	PARTICIPANT	VISAYAS STATE UNIVERSITY
	SEMINAR-WORKSHOP SERIES ON VSU INSTRUCTION AND EVALUATION	3/5/2023	3/5/2023	8	FACILITATOR	VISAYAS STATE UNIVERSITY - TOLOSA
	MENTAL HEALTH WELLNESS SEMINAR	04/25/2023	04/25/2023	4	PARTICIPANT	VISAYAS STATE UNIVERSITY
	TURNITIN FEEDBACK STUDIO INSTRUCTOR'S WORKFLOW TRAINING	04/17/2023	04/17/2023	4	FACILITATOR	VISAYAS STATE UNIVERSITY
	TRAINING-WORKSHOP ON UPDATING THE OBE-COURSE SYLLABUS AND TABLE OF SPECIFICATION FOR THE FACULTY	3/4/2023	3/4/2023	8	FACILITATOR	VISAYAS STATE UNIVERSITY - ALANGALANG
	LEARN AND RE-LEARN: VSU TABLE OF SPECIFICATIONS AND TEST ITEM ANALYSIS	4/4/2023	4/4/2023	4	FACILITATOR	VISAYAS STATE UNIVERSITY
	SEMINAR-WORKSHOP ON THE PREPARATION OF OBE-ALIGNED COURSE SYLLABUS, CONSTRUCTION OF TABLE OF SPECIFICATION AND DELIVERY OF INSTRUCTION.ASSESSMENT/TPES	6/3/2023	6/3/2023	8	PARTICIPANT	VISAYAS STATE UNIVERSITY - VILLABA
	ISO 9001:2015 AWARENESS/RE-AWARENESS VIRTUAL SEMINAR	02/15/2023	02/15/2023	3	PARTICIPANT	VISAYAS STATE UNIVERSITY
	MANDATORY ORIENTATION AND RE-ORIENTATION OF ACADEMIC ADVISER, DEPARTMENT ENROLLMENT FOCAL PERSON	10/2/2023	10/2/2023	8	FACILITATOR	VISAYAS STATE UNIVERSITY
	ORIENTATION/RE-ORIENTATION OF DUTIES AND RESPONSIBILTIES OF dDRCs AND AdDRC's, AND CASCADING OF DOCUMENTS AND RECORDS CONTROL PROCEDURE MANUALS AND GUIDELINES	7/9/2022	7/9/2022	3	PARTICIPANT	VISAYAS STATE UNIVERSITY
	VSU NEWLY-HIRED FACULTY ONBOARDING AND TRAINING WORKSHOP ON VSU E-LEARNING ENVIRONMENT	8/9/2022	9/9/2022	16	FACILITATOR	VISAYAS STATE UNIVERSITY
	VSU FACULTY ONBOARDING	5/9/2022	7/9/2022	24	FACILITATOR	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS/RE-AWARENESS VIRTUAL SEMINAR	08/30/2022	08/30/2022	3	PARTICIPANT	VISAYAS STATE UNIVERSITY
	WEBINAR ON VSU E-LEARNING ENVIRONMENT VIRTUAL CLASSROOM MANAGEMENT	6/4/2021	6/4/2021	8	TECHNICAL ASSISTANT	VISAYAS STATE UNIVERSITY
	VSU E-LEARNING ENVIRONMENT TRAINING-WORKSHOP SERIES	11/19/2020	1/14/2021	112	LABORATORY ASSISTANT	VISAYAS STATE UNIVERSITY

(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)
	MS OFFICE				
	ADOBE Photoshop				
	Clerical Skills				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 23, 2023
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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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MARY GRACE M. PALACIO</td><td>DENR-CENRO ORMOC</td><td><a href="mailto:mmayang16@gmail.com">mmayang16@gmail.com</a></td></tr><tr><td>MA. RACHEL KIM L. AURE</td><td>VISAYAS STATE UNIVERSITY</td><td><a href="mailto:kim_aure@vsu.edu.ph">kim_aure@vsu.edu.ph</a></td></tr><tr><td>NANCY D. ABUNDA</td><td>VISAYAS STATE UNIVERSITY</td><td><a href="mailto:nancy.abunda@vsu.edu.ph">nancy.abunda@vsu.edu.ph</a></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MARY GRACE M. PALACIO	DENR-CENRO ORMOC	<a href="mailto:mmayang16@gmail.com">mmayang16@gmail.com</a>	MA. RACHEL KIM L. AURE	VISAYAS STATE UNIVERSITY	<a href="mailto:kim_aure@vsu.edu.ph">kim_aure@vsu.edu.ph</a>	NANCY D. ABUNDA	VISAYAS STATE UNIVERSITY	<a href="mailto:nancy.abunda@vsu.edu.ph">nancy.abunda@vsu.edu.ph</a>
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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><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: PhilHealth</td></tr><tr><td>ID/License/Passport No.: 12-025649482-0</td></tr><tr><td>Date/Place of Issuance: City of Baybay</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: PhilHealth	ID/License/Passport No.: 12-025649482-0	Date/Place of Issuance: City of Baybay	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>May 23, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	May 23, 2025	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>23 MAY 2025</u> affiant exhibiting his/her validly issued government ID as indicated above.													
Doc. No.: <u>1506</u> Page No.: <u>1</u> Book No.: <u>1</u> Series of 20 <u>21</u>	<table><tr><td>ATTY. MICHAEL JODEE SABLAN PUBLIC ATTORNEY I PURSUANT TO R.A. 9406</td></tr><tr><td>Person Administering Oath</td></tr></table>	ATTY. MICHAEL JODEE SABLAN PUBLIC ATTORNEY I PURSUANT TO R.A. 9406	Person Administering Oath										
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