

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.

f. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Pausanos		
FIRST NAME	Emelita	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	Sagaral		
3. DATE OF BIRTH (mm/dd/yyyy)	10/23/1981	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	Loay, Bohol	If holder of dual citizenship, please indicate the details.	Philippines
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	House/Block/Lot No. Street Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.56	18. PERMANENT ADDRESS	1113 Andres Abella St House/Block/Lot No. Street Veloso Compound Guadalupe Subdivision/Village Barangay CEBU CITY (Capital) CEBU City/Municipality Province ZIP CODE 6000
8. WEIGHT (kg)	56.00		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	164001888588	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	120504798068	20. MOBILE NO.	906-614-6730
13. SSS NO.	3377808190	21. E-MAIL ADDRESS (if any)	emelita.pausanos@vsu.edu.ph
14. TIN NO.	225085344000		
15. AGENCY EMPLOYEE NO.	V02093		

II. FAMILY BACKGROUND

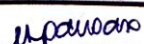
22. SPOUSE'S SURNAME	Pausanos		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Mike	NAME EXTENSION (JR., SR.)	Mikaela Vergell S. Pausanos	03/22/2006
MIDDLE NAME	Behasa		Mikael Vianey S. Pausanos	05/17/2014
OCCUPATION	Driver			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	Visca, Baybay City, Leyte			
TELEPHONE NO.	09351857759			
24. FATHER'S SURNAME	Sagaral			
FIRST NAME	Francisco	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	Avelino			
25. MOTHER'S MAIDEN NAME	Shirley Ilogon Apit			
SURNAME	Sagaral			
FIRST NAME	Shirley			
MIDDLE NAME	Apit			

(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	Loay Central Elem. School	Elementary	1988	1994		1994	N/A
SECONDARY	HOLY TRINITY ACADEMY	High School	1994	1998		1998	N/A
VOCATIONAL/TRADE COURSE	N/A						
COLLEGE	Holy Name University	Bachelor of Science in Commerce (Major in Management)	1998	2002		2002	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/08/2024
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27	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CSC Sub-Professional	83.96	08/07/2022	Maasin City	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

SIGNATURE

DATE

03/08/2024

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)		POSITION / NATURE OF WORK
		From	To	
	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)










VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)					
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)
		From	To		
	Orientation of Guidelines and procedures on Process/Services of the Offices under Administrative Services	02/23/2024	03/23/2024	8	Technical
	Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	08/29/2023	08/29/2023	8	Technical
	GPPE Basic Course Training on the RA 9184 and its Revised Implementing Rules and Regulations Act of 2016	08/22/2023	08/24/2023	24	Technical
	Orientation/Re-Orientation of Duties and Responsibilities of dDRCs and AdDRCs	09/07/2022	09/07/2022	4	Instruction
	HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	4	Technical
	TYPHOON AWARENESS & CALAMITY READINESS	06/09/2022	06/09/2022	4	Technical
	Virtual Data Privacy Act of 2012 Awareness Seminar	04/07/2022	04/07/2022	8	Technical
	WEBINAR ON MENOPAUSE AND OTHER COMMON GYNECOLOGIC PROBLEMS	03/31/2022	03/31/2022	8	Technical
	WOMEN INSPIRING WOMEN	03/07/2022	03/07/2022	8	Technical
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical

(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)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	03/08/2024

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">Resigned from private company</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>												
<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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Ariel Angus</td> <td>Cebu City</td> <td></td> </tr> <tr> <td>Noelyn Q. Taghoy</td> <td>Mandaue City</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Ariel Angus	Cebu City		Noelyn Q. Taghoy	Mandaue City				
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Noelyn Q. Taghoy	Mandaue City												
<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 and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													