

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	BONGCALES		
FIRST NAME	MARIAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SACRO		
3. DATE OF BIRTH (mm/dd/yyyy)	24/08/1996	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☒ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	☐ Male ☒ Female		
6 CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:		
7. HEIGHT (m)	1.53	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY, LEYTE City/Municipality Province
8. WEIGHT (kg)	52	ZIP CODE	6521
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY, LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121266359022	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-252952848-9	20. MOBILE NO.	09368135015/09201035896
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	marian.sacro@vsu.edu.ph
14. TIN NO.	763-843-930		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BONGCALES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARK LOUISE	NAME EXTENSION (JR., SR)	CALYX GIDEON LOUISE S. BONGCALES	02/01/2023
MIDDLE NAME	OBEÑA			
OCCUPATION	ELECTRICIAN			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SACRO			
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BITOY			
25. MOTHER'S MAIDEN NAME				
SURNAME	GRANADA			
FIRST NAME	HERNANE			
MIDDLE NAME	IBÁÑEZ		(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	BAYBAY I CENTRAL SCHOOL	N/A	2003	2009	N/A	2009	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2015	2019	N/A	2019	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT	2021	2022	12 UNITS		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 23, 2023
-----------	---	------	-------------------

IV. CIVIL SERVICE ELIGIBILITY						
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
	LICENSED AGRICULTURIST	80.00	NOV. 5-7, 2019	TACLOBAN CITY, LEYTE	0031921	8/24/2026
	Career Service (Professional)	82.87	20/08/2023	Maasin City, Leyte	NA	NA

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	December 23, 2023	
-----------	---	------	-------------------	--

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

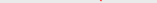
[illegible]

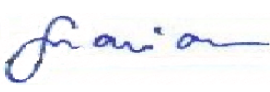
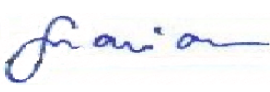
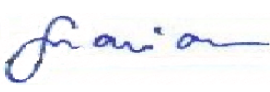
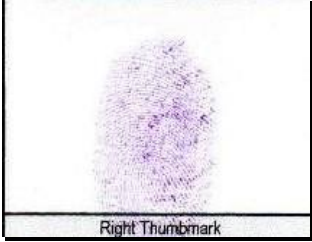
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	EVALUATION		N/A		Philippine Association of Agriculturist Inc.
	READING/WRITING				
	COMMUNICATION				
	Computer				
	Higly Organize				

(Continue on separate sheet if necessary)

<i>(Signature and Date are required)</i>			
SIGNATURE		DATE	December 23, 2023

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)?	☐ YES ☒ NO ☐ YES ☒ 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?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ 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?	☐ YES ☒ 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?	☐ YES ☒ 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?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO If YES, give details: _____														
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ 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?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____														
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <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>RENATO A. MAALA</td> <td>BAYBAY CITY, LEYTE</td> <td>9606090137</td> </tr> <tr> <td>NORMA O. VILLAS</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>9061023570</td> </tr> <tr> <td>LOUISA MARIE B. ANDRADE</td> <td>STA. CRUZ, BAYBAY CITY, LEYTE</td> <td>563-7527</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RENATO A. MAALA	BAYBAY CITY, LEYTE	9606090137	NORMA O. VILLAS	VISCA, BAYBAY CITY, LEYTE	9061023570	LOUISA MARIE B. ANDRADE	STA. CRUZ, BAYBAY CITY, LEYTE	563-7527		
NAME	ADDRESS	TEL. NO.													
RENATO A. MAALA	BAYBAY CITY, LEYTE	9606090137													
NORMA O. VILLAS	VISCA, BAYBAY CITY, LEYTE	9061023570													
LOUISA MARIE B. ANDRADE	STA. CRUZ, BAYBAY CITY, LEYTE	563-7527													
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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0031921</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>PRC ORMOC</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:	PRC ID	ID/License/Passport No.:	0031921	Date/Place of Issuance:	PRC ORMOC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">December 23, 2023</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	December 23, 2023	Date Accomplished
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)															
PLEASE INDICATE ID Number and Date of Issuance															
Government Issued ID:	PRC ID														
ID/License/Passport No.:	0031921														
Date/Place of Issuance:	PRC ORMOC														
															
Signature (Sign inside the box)															
December 23, 2023															
Date Accomplished															
 PHOTO  Right Thumbmark															
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath															