

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 () () 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	LIONG		
FIRST NAME	LIONEL	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	HOYLA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/22/1982	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, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	1.66	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street SITIO LAPAWON STO. ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	67	ZIP CODE	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street SITIO LAPAWON STO. ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	n/a	ZIP CODE	6521
11. PAG-IBIG ID NO.	121208787300	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-050144519-4	20. MOBILE NO.	09533749821
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	liong.lionel@vsu.edu.ph
14. TIN NO.	461-237-968		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Villacura		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Christal	NAME EXTENSION (JR., SR)	CHARLIEL JOHN V. LIONG	5/4/2012
MIDDLE NAME	Alcasoda		CHARL LIONARD V. LIONG	11/7/2022
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LIONG			
FIRST NAME	LUCIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GUCELA			
25. MOTHER'S MAIDEN NAME				
SURNAME	HOYLA			
FIRST NAME	BELINA			
MIDDLE NAME	BALLAD		(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 SOUTH CENTRAL SCHOOL	ELEMENTARY	1992	1995	N/A	1995	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1995	1999	N/A	1999	N/A
VOCATIONAL /	ORMOC INTERNATIONALOrmoc International Polytechnic Academy	Health Care Service NCII	Feb. 2010	July 2010	N/A	2010	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ASSOCIATE IN COMPUTER TECHNOLOGY	1999	2012	N/A	UNDERGRAD	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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			
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)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Basic Life Support with CPR 2020 Guidelines with AED, Foreign Body Airway Obstruction and Bag Valve Mask Applications, Occupational First Aide Training	3/12/2024	3/14/2024	32 HRS	Technical	VSU
HRIS Software Onboarding	12/6/2023	12/6/2023	8 HRS	Technical	VSU
Unlocking Excellence: The 5S Revolution for Clerks and Heads of Visayas State University	11/29/2023	11/29/2023	8 HRS	Technical	VSU
ISO 9001:2015 Awareness/ Re-awareness Virtual Seminar	8/29/2023	8/29/2023	8 HRS	Technical	VSU
ISO 9001:2015 Awareness/ Re-awareness Virtual Seminar	2/15/2023	2/15/2023	8 HRS	Technical	VSU
Orientaion/Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, and Cascading of Documents and Record Control Procedure Manuals and Guidelines	9/7/2022	9/7/2022	8 HRS	Technical	VSU
Virtual Data Privacy Act of 2012 Awareness Seminar	4/7/2022	4/7/2022	8 HRS	Technical	VSU
Workshop on Revisiting the Strategic Plan of ODAS & GSO	3/16/2022	3/17/2022	16 hrs	Technical	VSU
Orientation/ Workshop for JO Clerks & Lab Tec.	1/15/2018	1/15/2018	8 HRS	Technical	VSU
Orientation of Policies Among Clerks/ Secretaries	8/15/2017	8/15/2017	8 HRS	Technical	VSU
(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)		
Computer skills	N/A		N/A		
Typing					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	

<div>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)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>													
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>													
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>													
<div>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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>													
<div>41. REFERENCES <small>(Person not related by consanguinity or affinity to applicant /appointee)</small></div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>HONEY SOFIA V. COLIS</td><td>VSU, ViSCA Baybay City, Leyte</td><td>IP 1080</td></tr><tr><td>JENNIFER E. ANDO</td><td>VSU, ViSCA Baybay City, Leyte</td><td>917-656-9577</td></tr><tr><td>MA. FE L. GAYANILO</td><td>VSU, ViSCA Baybay City, Leyte</td><td>9778313300</td></tr></tbody></table> <div>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.</div>				NAME	ADDRESS	TEL. NO.	HONEY SOFIA V. COLIS	VSU, ViSCA Baybay City, Leyte	IP 1080	JENNIFER E. ANDO	VSU, ViSCA Baybay City, Leyte	917-656-9577	MA. FE L. GAYANILO	VSU, ViSCA Baybay City, Leyte	9778313300
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<div><div>Government Issued ID (i.e., Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: TIN NO.</div><div>ID/License/Passport No.: 461-237-968</div><div>Date/Place of Issuance: Ormoc City</div></div>		<div><div></div><div>Signature (Sign inside the box)</div><div></div><div>Date Accomplished</div></div>													
		<div><div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div></div> <div>Person Administering Oath</div>															