

# 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 if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

## I. PERSONAL INFORMATION

1. SURNAME	DAMPIOS		
2. FIRST NAME	MARLON	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VISTAL		
3. DATE OF BIRTH (dd/mm/yyyy)	14/07/1984	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	Caridad, Baybay City	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<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:	17. RESIDENTIAL ADDRESS	Naga Street Tinag-an Barangay Leyte Province
7. HEIGHT (m)	1.70	ZIP CODE	
8. WEIGHT (kg)	65kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Naga Street Tinag-an Barangay Leyte Province
10. UMID ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1212-0173-9164		
12. PHILHEALTH NO.	13-200691166-1		
13. PhilSys Number (PSN)	4107-6279-0653-8209	19. TELEPHONE NO.	N/A
14. TIN NO.	456-234-646	20. MOBILE NO.	09515125062 / 09056839971
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:marlon.dampios@vsu.edu.ph">marlon.dampios@vsu.edu.ph</a>

## II. FAMILY BACKGROUND

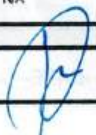
22. SPOUSE'S SURNAME	DAMPIOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	EVANGELINE	NAME EXTENSION (JR., SR)	MARIANE B. DAMPIOS	19/12/2007
MIDDLE NAME	BASAN		MICHAEL ANGELO B. DAMPIOS	11/04/2015
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	09070564615			
24. FATHER'S SURNAME	DAMPIOS			
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MUÑEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	VISTAL			
FIRST NAME	DOLORES			
MIDDLE NAME	PAGPAGON			

(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	CARIDAD ELEMENTARY SCHOOL	PRIMARY	1993	1999	N/A	1999	N/A
SECONDARY	CARIDAD NATIONAL HIGH SCHOOL	HIGH SCHOOL	1999	2002	N/A	2002	N/A
VOCATIONAL / TRADE COURSE	NC III	COMPLETION	2017	2017	N/A	2017	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2003	2008	N/A	4TH YEAR	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 3, 2025
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[illegible]

## V. WORK EXPERIENCE

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

28.	INCLUSIVE DATES (dd/mm/yyyy)	POSITION TITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY	STATUS OF	GOVT SERVICE
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[illegible]

SIGNATURE		DATE	
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## 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)
PLAYING BASKETBALL AND VOLLEYBALL	LEADERSHIP AND DUTY AWARD IN ADVANCED ROTC COURSE	N/A
WELDING AND DRIVING		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 3, 2025
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<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr> <td>JOY A. BELLEN</td> <td>FTE</td> <td>09267916134</td> </tr> <tr> <td>DARIO P. LINA</td> <td>NCRC</td> <td>09982431991</td> </tr> <tr> <td>ALELI A. VILLOCINO</td> <td>OVPSAS</td> <td>09173040879</td> </tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	JOY A. BELLEN	FTE	09267916134	DARIO P. LINA	NCRC	09982431991	ALELI A. VILLOCINO	OVPSAS	09173040879
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ALELI A. VILLOCINO	OVPSAS	09173040879											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <b>DRIVER'S LICENSE</b></p> <p>ID/License/Passport No.: <b>H12-19-000704</b></p> <p>Date/Place of Issuance: <b>JULY 12, 2023, BAYBAY LTO</b></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">               Signature (Sign inside the box)         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             _____              Date Accomplished         </div>												
<div style="border: 1px solid black; padding: 5px; text-align: center;">               Right Thumbmark         </div>													
<p>SUBSCRIBED AND SWORN to before me this <u>02 OCT 2023</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;">   <b>ATTY. KAREN ABIGAIL S. MONTERO</b>              VSU Director, Legal Affairs and Services              Person Administering Oath         </div>													