

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	SUGANOB		
FIRST NAME	Carmi	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MANAGBANAG		
3. DATE OF BIRTH (mm/dd/yyyy)	04/06/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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 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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.55	ZIP CODE	6521
8. WEIGHT (kg)	55	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
9. BLOOD TYPE	TYPE O	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-3620-8213	20. MOBILE NO.	0963-376-3281
12. PHILHEALTH NO.	13-025516520-9	21. E-MAIL ADDRESS (if any)	carmi.suganob@vsu.edu.ph
13. SSS NO.	N/A		
14. TIN NO.	356-449-123		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SUGANOB			
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OBON			
25. MOTHER'S MAIDEN NAME				
SURNAME	MANAGBANAG			
FIRST NAME	MERCY			
MIDDLE NAME	MODINA			

(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	ALPHA CHRISTIAN SCHOOL		2004	2010		2010	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL		2010	2014		2014	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2014	2018		2018	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2020	2023	2ND YEAR/ 32 UNITS		

(Continue on separate sheet if necessary)


SIGNATURE		DATE	November 30, 2023
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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.

[illegible]

SIGNATURE		DATE	November 30, 2023
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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			
	REGIONAL HEALTH RESEARCH SYMPOSIUM	29/10/2020	30/10/2020	16		EVHRDC DOST-8 GOVERNMENT CENTER, CANDAHUG, PALO, LEYTE VIA ZOOM
	4TH INTERNATIONAL STEAM RESEARCH CONGRESS	03/02/2021	05/02/2021	24		ISTEAM RESEARCH 2021 VIA ONLINE PLATFORM
	GOOD LABORATORY PRACTICES AND QUALITY ASSURANCE IN FOOD ANALYSIS	18/06/2021		4		DEPARTMENT OF FOOD SCIENCE AND TECHNOLOGY, VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE
	INTERNATIONAL WEBINAR AND WORKSHOP ON FOOD VALUE CHAIN IN THE NEW NORMAL	18/10/2021	22/10/2021	40		VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY, LEYTE, PHILIPPINES VIA ZOOM
	CONSUMERS FOOD SAFETY AWARENESS	11/12/2021		4		VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY, LEYTE, PHILIPPINES VIA ZOOM
	INTERNAL QUALITY AUDIT TRAINING IN CONFORMANCE WITH ISO 19011:2018	08/14/2023	08/15/2023	16		VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY, LEYTE, PHILIPPINES VIA ZOOM
	ISO 9001:2015 AWARENESS AND RE-AWARENESS WEBINAR	08/29/2023		8		VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY, LEYTE
(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)	
	SKILLS - COMPUTER LITERATE, WRITING, READING, CREATIVITY, TEAMWORK		N/A		N/A	
	HOBBIES - COOKING, PLAYING UKULELE					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	November 30, 2023	

<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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); 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DEXTER S. MAGAN</td> <td>BRGY. PANGASUGAN, BAYBAY CITY, LEYTE</td> <td>9053804045</td> </tr> <tr> <td>ROTACIO S. GRAVOSO</td> <td>MARCOS, BAYBAY CITY, LEYTE</td> <td>9335162864</td> </tr> <tr> <td>MA. CINDY S. MARTINEZ</td> <td>BRGY. PANGASUGAN, BAYBAY CITY, LEYTE</td> <td>9311524228</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DEXTER S. MAGAN	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE	9053804045	ROTACIO S. GRAVOSO	MARCOS, BAYBAY CITY, LEYTE	9335162864	MA. CINDY S. MARTINEZ	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE	9311524228
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<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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 50px; text-align: center;">  </td> </tr> <tr> <td style="text-align: center;">Person Administering Oath</td> </tr> </table>			Person Administering Oath										
													
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