

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	VEGA		
FIRST NAME	MARIA LILIA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PABON		
3. DATE OF BIRTH (mm/dd/yyyy)	4/25/1967	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	If holder of dual citizenship, please indicate the details.	
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:		
7. HEIGHT (m)	5'3"	17. RESIDENTIAL ADDRESS	Purok 3 House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	60KG		6521
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Purok 3 House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.			6521
11. PAG-IBIG ID NO.	1212-76808072		
12. PHILHEALTH NO.	19-000065560-4	ZIP CODE	
13. SSS NO.	0111-7251401-2	19. TELEPHONE NO.	N/A
14. TIN NO.	218-049-835-00	20. MOBILE NO.	09617605332
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	ma.lilia.vega@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VEGA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR)	VEGA, JUNKEN	AUG. 6, 1989
MIDDLE NAME	CABEL		VEGA, JANINE	5/24/1989
OCCUPATION	NONE		VEGA, JEROME	DEC. 2, 1993
EMPLOYER/BUSINESS NAME			VEGA, JEMUEL	5/4/1996
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PABON			
FIRST NAME	MARCIAL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TAMBILING			
25. MOTHER'S MAIDEN NAME	HIPOLITO			
SURNAME	PABON			
FIRST NAME	ROSA			
MIDDLE NAME	CASTIL			

(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	BUNGA ELEMENTARY SCHOOL	GRADUATED	1974	1974	VALEDICTORIAN	1974	
SECONDARY	BUNGA BARANGAY HS, NOW BUNGA NATIONAL HS	GRADUATED	1974	1983	VALEDICTORIAN	1983	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE now VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION major in Broadcasting	1983	1988	GRADUATE	1988	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT major in BUSIESS MANAGEMENT	2013	2019	GRADUATE	2019	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 15, 2021
-----------	--	------	---------------

[illegible]

(Continue on separate sheet if necessary)

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

INCLUSIVE DATES				SALARY/ JOB/PAY		
-----------------	--	--	--	-----------------	--	--

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 15, 2021
------------------	---	-------------	---------------

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		

(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			
	ISO 9001-2015 AWARENESS SEMINAR	9/13/2021	9/13/2021	4.0		Visayas State University
	Corrective Action Reporting Training	7/29/2021	7/29/2021	8.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	Five of the Key Audit Point sin conducting QMS	7/9/2021	7/9/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	Understanding the New ISO 10013-2021	7/2/2021	7/2/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	How to implement business Process Improvement	5/21/2021	5/21/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	Correcting Corrective Actions	5/28/2021	5/28/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	To Document or Not To Document? Documents and Records Management Must-Know	5/4/2021	5/4/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	Risk-Based Thinking Explained	5/7/2021	5/7/2021	1.0		• Angel G. Fernandez, Jr. Principal Consultant, Founder & CEO
	Training on Open Date Kit (ODK)	5/7/2021	5/7/2021	8.0		VISERDAC, VSU
	Training Series on Advanced Quantitative Approaches to Project Impacts					



(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 15, 2021
-----------	---	------	---------------

<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 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>COTER! _____</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <u>SEPARATED</u></p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>CHRISTINA A. GABRILLO</td><td>SOUTHERN, LEYTE</td><td>9470069304</td></tr><tr><td>JOSE L. BACUSMO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9192136283</td></tr><tr><td>LILIAN B. NUNEZ</td><td>GABAS, BAYBAY CITY, LEYTE</td><td>975255910</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	CHRISTINA A. GABRILLO	SOUTHERN, LEYTE	9470069304	JOSE L. BACUSMO	VISCA, BAYBAY CITY, LEYTE	9192136283	LILIAN B. NUNEZ	GABAS, BAYBAY CITY, LEYTE	975255910
NAME	ADDRESS	TEL. NO.												
CHRISTINA A. GABRILLO	SOUTHERN, LEYTE	9470069304												
JOSE L. BACUSMO	VISCA, BAYBAY CITY, LEYTE	9192136283												
LILIAN B. NUNEZ	GABAS, BAYBAY CITY, LEYTE	975255910												
<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>		<div><p>PHOTO</p></div> <div><p>Right Thumbmark</p></div>												
<div><p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p><p>PLEASE INDICATE ID Number and Date of Issuance</p><p>Government Issued ID: <u>PHILHEALTH ID-19-0000655560-4</u></p><p>ID/License/Passport No.: _____</p><p>Date/Place of Issuance: _____</p></div>	<div><p>Signature (Sign inside the box)</p><p>Date Accomplished</p></div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div><p>Person Administering Oath</p></div>														