

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	CAPIN	
FIRST NAME	ORLAN	NAME EXTENSION (JR, SR) B/A
MIDDLE NAME	CABATINGAN	
3. DATE OF BIRTH (mm/dd/yyyy)	07/04/1977	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	CARMEN CEBU	If holder of dual citizenship, please indicate the details.
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:	17. RESIDENTIAL ADDRESS House/Block/Lot No. Street VSC FARMER'S VILL. PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.77	18. PERMANENT ADDRESS House/Block/Lot No. Street Subdivision/Village Barangay CARMEN CEBU City/Municipality Province ZIP CODE 6005
8. WEIGHT (kg)	74.1	
9. BLOOD TYPE	O+	
10. GSIS ID NO.	N/A	
11. PAG-IBIG ID NO.	1203563686	
12. PHILHEALTH NO.	12-050385A16-9	
13. SSS NO.	0618587258	19. TELEPHONE NO. N/A
14. TIN NO.	A66-539-060-000	20. MOBILE NO. 09632656465
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any) orlan.cob@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CAPIN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALMIRA	NAME EXTENSION (JR, SR) N/A	ARVIE C. CAPIN	10/19/2007
MIDDLE NAME	CABRALES			
OCCUPATION	FOOD ATTENDANT			
EMPLOYER/BUSINESS NAME	VSC			
BUSINESS ADDRESS	VISCA BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CAPIN			
FIRST NAME	MAXIMILIANO	NAME EXTENSION (JR, SR) N/A		
MIDDLE NAME	ESCOTON			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAPIN			
FIRST NAME	EVANGELINE			
MIDDLE NAME	CABATINGAN			

(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	DAVIS NORTE ELEMENTARY SCHOOL	ELEMENTARY	1986	1992		1992	
SECONDARY	CARMEN NATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1999		1999	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	COLLEGE	2000	2003		2003	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/18/2021
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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	06/18/2021
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[Signature]

06/18/2021

[illegible]

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

[illegible]


VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DIVING	N/A	PROFESSIONAL ASSOCIATION OF DIVING INSTRUCTORS
PLUMBING		
CARPENTRY		
DIVING		
WELDING		

SIGNATURE		DATE	06/18/2021
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NAME	ADDRESS	TEL. NO.
DR. ELIZA D. ESPINOSA	VISAYAS STATE UNIVERSITY	563-7497
DR. HUMBERTO R. MONTES JR.	VISAYAS STATE UNIVERSITY	563-7726
DR. JOSE L. BACUSTO	VISAYAS STATE UNIVERSITY	563-7658

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.



Right Thumbmark

Signature (Sign inside the box)

06/18/2021

Date Accomplished

Person Administering Oath